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## Bountiful Harvest as Numerous Projects Come to Fruition

*by Amy Haddad, PhD*

I enjoy horseback riding. Last week on a sunset ride down a gravel road near Gretna, Nebraska I passed rows of corn on one side and soybeans on the other. The corn was heavy, hanging down from the stalks almost ready to pick but needed a few more weeks to dry. The beans were not as tall as they should be because of a wet spring and dry summer. Planting, growing and the timing of harvest are realities for all of the farmers who live and work in Nebraska. Even for those of us in urban settings, it is hard to miss what the change of seasons means in an agricultural state. Being surrounded by all of these autumnal signs made me think about the seasonal quality of our work at the Center for Health Policy and Ethics. Applied to the work of the Center, the metaphors of planting, growing and harvesting highlight the process involved in project development and reveal the underlying planning and perseverance that goes into bringing our projects to fruition.

One project with a long germination period has been the Master of Science in Health Care Ethics program that was just approved by the Creighton University Graduate Board. The idea for a Center graduate degree began more than nine years ago under the leadership of then Center Director Dr. Ruth Purtilo and Dr. Jos Welie. The proposal for the graduate program went through several versions before its present form. The proposal involved the entire faculty, several associates and staff members, but the time wasn't right for "planting" this program until now. All of the elements, e.g., market demand, instructional technology and delivery, diversity among faculty and the appropriate partners and support, came together this fall. Pending approval of its online delivery format by the Higher Learning Commission, the newly approved M.S. in Health Care Ethics will begin in September 2009. You can read more about the plans for the Center's graduate program in the [article by Chris Jorgensen in this issue of Focus](#).

Another project that has resulted in a bountiful harvest this month is the *Nursing and Health Care Ethics: A Legacy and A Vision* project which we at the Center refer to as "the Legacy Project." Dr. Winifred Ellenchild Pinch and I began planning for the Legacy project almost three years ago beginning with a grant proposal to the National Library of Medicine (NLM). Although the NLM grant wasn't funded, the project was too good of an idea to pass up and, once again, the time was right. Twenty five nurse ethicists participated in a seminar and contributed chapters reflecting on the meaning of their scholarly contributions to the profession of nursing and health care and future implications. The Legacy Project marks an event of historical significance as the nurse ethicists contributing to the book convened in one place (Creighton University, April 2007) to discuss and debate preliminary drafts of their contributions, share perspectives and insights, and refine their work based on these interactions.

Nursesbooks.org, the publishing program of the American Nurses Association, thought the book an appropriate addition to their ethics collection and agreed to publish it. Copies of the book, *Nursing and Health Care Ethics: A Legacy and A Vision*, arrived last week, the first tangible result of years of work. Further growth and outshoots of the Legacy project are in the works such as developing a research agenda for nursing ethics and content analysis of video interviews of the



**Amy M. Haddad, PhD, Director of the Center for Health Policy & Ethics**

participants who were able to join us in Omaha. More information about the Legacy book can be found at [www.nursesbooks.org](http://www.nursesbooks.org).

Finally, a joint planning effort among the University of Nebraska Medical Center Department of Psychiatry, the Douglas County Attorney's office and the Center of more than two years duration resulted in the *Mental Health and Criminal Justice: A Community Collaboration* conference held on September 24, 2008. Details about the conference can be found in the [article by Dr. Christy Rentmeester in this issue of Focus](#). The conference is only the first of several projects that will hopefully grow from this focus on the intersections of mental health, criminal justice and ethics. One concrete outcome is the upcoming panel discussion moderated by Dr. Jos Welie on October 15, 2008 on homelessness and mental health to be held at Creighton in the Skutt Student Center East Ballroom from 3:00 P.M. to 4:30 P.M. The panel will include faculty and students from the Creighton community involved in work with this challenging population of patients. The roundtable that was held on October 1, 2008 on *Police Response to Individuals with Mental Illnesses* also extended the dialogue on the treatment of persons with mental illness by the police. The roundtable involved new faces and voices from law enforcement and mental health workers around the table at Center. The contributions of those outside the Center and the University are indispensable to the nurturance of the projects central to the Center's mission. Finally, none of the Center's work would be possible without able and hard-working laborers in the field. The Center is particularly blessed in this regard and my appreciation goes out to all of the faculty and staff who work so diligently to make things appear effortless.

## 19th Annual Women and Health Lecture Features Jeannette Walls

*by Amy Haddad, PhD*

The Women and Health Lecture has been a free lecture, open to the public, since its inception in 1989. This annual community service project of the Center for Health Policy and Ethics focuses community attention on the special concerns of women's health through the lens of literature to better understand the ethical, social, relational, and emotional dimensions of health and health care.

Speakers are selected based on their interdisciplinary interest and expertise in ethics with a particular focus on women and health related issues. Thus far we featured sociologists, politicians, advocates, physicians, lawyers, nurses, philosophers, judges, theologians, and psychologists. Since 2005, we have highlighted novelists who have talked about health care themes in their writing and personal experiences such as loss and grief that inform their creative processes. The 2008 speaker was author Jeanette Walls. In her memoir, *The Glass Castle*, she gives rise to questions about the rights of parents to raise children in any way they see fit, why some people not only survive but thrive under extremely deprived circumstances, and the limits of familial bonds and forgiveness. These questions fit into the broader concerns of the Center for Health Policy and Ethics about the vulnerable and marginalized in our society. Attendees donated non-perishable food items for the Siena-Francis House pantry at the event. The Lecture was supported by the generous donations of sponsors and patrons as well as the Nebraska Humanities Council. And the Joslyn Art Museum once again opened the doors to the museum prior to the lecture so that attendees could view the exhibits.

Ms. Walls's memoir has been on the New York Times best seller list for more than 135 weeks. Her popularity as an author was evident in the number of people who registered for the event, which filled the Witherspoon Concert Hall at the Joslyn Art Museum to capacity. Following a reception for patrons and sponsors prior to the lecture, Ms. Walls engaged the audience in a lecture titled, "The Glass Castle: Demon Hunting and Other Life Lessons," for which she received a standing ovation. After entertaining questions from the audience, she autographed books in the Fountain Court. One attendee commented on the evaluation: "I learned how one woman was able to take her life's struggles and turn them into such positives for herself." Another stated, "I appreciated the value of telling the family 'story.' I am now more committed to doing this."

The 2009 Women and Health Lecture speaker, Barbara Delinsky, was announced at the end of the evening. The [20th Annual Women and Health Lecture](#) will be held on October 7, 2009 at the Witherspoon Concert Hall at the Joslyn Art Museum. Registration will open on the CHPE website August 1, 2009.



***Author Jeannette Walls delivers the 19th Annual Women and Health Lecture.***



***Volunteers from the Sienna Francis House organize food donated by lecture attendees.***



***Jeannette Walls chats with a lecture attendee after signing the attendee's copy of *The Glass Castle*.***

## Bioethics in the European Theater

*by Winifred J. Ellenchild Pinch, EdD*

The 9th World Congress of Bioethics Meeting was held in Rijeka-Opatija, Croatia in early September. The theme for the meeting was “The Challenge of Cross-Cultural Bioethics in the 21st Century.” Previous congresses sponsored by the International Association of Bioethics took place in Amsterdam, Buenos Aires, San Francisco, Tokyo, London, Brasilia, Sydney and Beijing. The 2008 congress was co-sponsored with the University of Rijeka School of Medicine and the Croatian Society for Clinical Bioethics. Rijeka is a lovely coastal resort town on the Adriatic Sea with many historical and cultural destinations within walking distance of a variety of hotels. In fact a walk from the School of Medicine where the nursing symposium was held, back to my hotel, provided interesting insights into the city, its businesses, and the vibrant harbor area.

This year for the first time, one entire day was dedicated to Bioethics and Nursing presentations. My abstract, based on the “Nursing and Health Care Ethics: A Legacy and A Vision” project (Legacy for short) at the Center, was accepted for presentation during the nursing program. Sonja Kalauz, MSc, RN from Zagreb, Croatia was the President of this symposium. Ms. Kalauz, in her introduction, expressed her great honor in having Croatian nurses able to enter for the first time the world’s bioethics arena by hosting the nursing sessions. She looked forward to the presentation and exchange of ideas and information as colleagues’ experiences from different geographical and cultural areas were shared.

Papers were presented by individuals from Spain, Brazil, Czech Republic, Canada, Turkey, United Kingdom, Portugal, Croatia, and the United States. Topics ranged from an overview of bioethics in nursing to bioethical research, caring ethics, virtue in nursing ethics, influence of empathy on decision making, maltreatment of children, euthanasia, and long-term care. Various methodologies were represented in the papers including empirical research, casuistry, practical ethics, and theoretical discourse.

My paper, “Crafting a Dream: Nursing and Health Care Ethics” traced the development and implementation of the Legacy project. The project encompassed three years (2005 to 2008) with two key events: A working conference held at the Center and the publication of a book. After two years of preparations, in April of 2007 a group of stellar nurse scholars in ethics convened at the Center for a two-day working seminar. Prior to the seminar each participant had composed an essay based on a summary of her professional work in ethics and reflections on the meaning of that work for nursing and the future of health care ethics in general. Subsequent to the conference, the essays were revised and edited to become the critical mass for the book’s content. In addition to the nurse scholars, a nurse historian and a medical sociologist wrote essays after observing the working seminar. Finally, a poet’s contribution introduces each of the eight themes which delineate the sections of the book. The themes were abstracted from the published work of nurse ethicists and represent their voices in health care ethics. The book itself has just been published by the American Nurses Association.



**Program Cover from the 9th World Congress of Bioethics**



**Group of speakers from the 9th World Congress of Bioethics including the author of this article, Winifred J. Ellenchild Pinch, EdD (standing 4th from right)**



**Nursing and Health Care Ethics: A Legacy and A Vision, edited by Winifred J. Ellenchild Pinch, EdD and Amy M. Haddad, PhD**

## The Crumbled Building Blocks of Evidence-Based Medicine

by Thomas Svolos, MD

Certainly one of the greatest trends in medicine over the last decade has been the rise of a new mode of medical practice and medical education. At the risk of being overly simplistic, we might say that there was once a notion of an academic physician as a master of the profession—whose mastery was characterized by experience, judgment, knowledge and clinical know-how, and other more or less “ineffable” aspects of the practice. The master would pass his knowledge on to those studying the practice. Indeed, whole schools of medicine arose around the style of their great leaders. In short, medical practice and education were characterized by a subjective and ethical aspect.

The new mode of medical practice and education instead emphasizes Evidence-Based Medicine and the promulgation of practice guidelines. Through a process of isolation and measurement, medicine (and the patient him or herself) is reduced to that which can be broken into bits, quantified, and evaluated in an application that—in adopting a style from science—at least appears to be objective and scientific. What cannot be quantified and reduced is relegated outside of the field of scientific medicine, thus excluding the doctor-patient relationship in clinical practice (transference, as it is known for the psychoanalyst), or the teacher-student relationship in education (another form of transference, for sure) from the practice or education. In this whole process, physicians give up responsibility and control for the practice to a varied group—payers, insurers, the government, groups of so-called physician experts, all operating now as Committees, who have now assumed (or, been handed over) responsibility for decision-making about practice and education.[\[1\]](#)

Notwithstanding some grumbling among older doctors, physicians as a group have been remarkably complacent about these developments, accepting them without significant critical examination. This reduction and quantification within the realm of medicine has occurred at precisely the same time that we see a developing interest in non-Western or alternative therapies in medicine, as if people are seeking to pick up what is lost in “ordinary” medicine with a different doctor, a complementary doctor, where the physician-patient relationship and the “ineffable” aspects of care are captured within a different relationship. Although mainstream medicine on a whole has accepted these developments, there is a serious literature within psychoanalysis (at least, psychoanalysis of the Lacanian orientation) that has attempted to carefully scrutinize these developments and examine their influence on clinical practice, especially in Europe, where small groups of ideologues are attempting to eradicate an entire tradition of clinical practice in mental health care.[\[2\]](#)

It was something of a surprise, then, to come upon the remarkable study done by Erick Turner and colleagues on “Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy,” published this spring in the *New England Journal of Medicine*.[\[3\]](#) In this study, Turner demonstrated that of approximately 75 studies completed on newer generation antidepressants, almost all of the 37 studies that demonstrated positive results were published in the medical literature. Of the studies demonstrating negative results, the majority were not



***Erick Turner, MD gave a Distinguished Lecture at Creighton University on September 3, 2008, titled "Selective Publication of Clinical Trials: Are Drugs as Effective as 'Advertised' in Peer-Reviewed Medical Journals?"***

published. Finally, of those few studies with negative results that were published, the majority were distorted in such a way that what was originally (per the study design) a negative outcome was reported as a positive outcome. Using a complex statistical tool on effect size, Turner then demonstrated that, as a group, these medications, which the published trials show to have a fairly modest clinical effect, in reality have a far more modest clinical effect when *all* the data (positive *and* negative) gathered about their clinical effect is factored into the analysis. The implication of Turner's analysis is clear: important information about these medications was withheld from physicians and the public, who subsequently based their decisions about the use of these medications on a distorted, overly positive sample of the data that was selectively released into the literature.

In and of itself, this does not come as too much of a surprise. Any clinician familiar with this class of medications knows that they are not very effective. And in light of the many recent revelations about pharmaceutical companies withholding information about medications (such as cardiac mortality in newer anti-inflammatory drugs; suicide risk in antidepressants; and weight gain in some antipsychotics), only the most naïve person would be surprised to learn that companies fail to release negative data. Even for the more scientifically minded physician, the statistical findings should not be too much of a surprise. For in all of the selectively released positive studies, the randomly controlled trials show approximately 65% efficacy of the medication in comparison to approximately 50% efficacy for the placebo. These slimmest of margins in the published data will lead the astute reader to hypothesize the existence of studies that do not show the margin (after all, like many phenomena, these studies are distributed along a kind of Gaussian curve: we were only allowed to see one side of the curve).

What I found most remarkable about Turner's work is the extreme rigor and dispassion with which he approached the subject, using the very tools and techniques of Evidence-Based Medicine to demolish one of the core foundational building blocks of Evidence-Based Medicine, namely the randomly-controlled trials that form the bedrock on which are built the practice guidelines that physicians are told they must follow to deliver quality care. The published literature, which forms the basis for the whole enterprise of Evidence-Based Medicine, contains a significant misrepresentation. It is not an "objective" source of knowledge about these treatments, but a carefully manipulated presentation of the data gathered by a Medical-Industrial Complex keen on controlling what is promulgated as "science" itself. This is most obvious in the "Supplementary Appendix" to Turner's article (found on the website of the *New England Journal of Medicine*) which demonstrates the degree of outright deception in the ways in which some of the negative studies were subsequently reworked and manipulated into positive studies. If these randomized controlled trials are not to be trusted, this whole edifice needs to be re-examined. Physicians, especially in academic medicine, need to reconsider how they think of their practice and transmit that to students and colleagues. Evidence-Based Medicine and practice guidelines need to be considered not as the sole legitimate standard for what is scientific in medicine, but as a set of ideas and recommendations promulgated by individuals and companies with their own agendas, and which therefore need to be treated with appropriate skepticism and a critical eye.

In his January 1961 Farewell Speech, President Eisenhower, while recognizing the importance of the military, offered cautionary words about the dangers of a “military-industrial complex,” which would pose a threat for the “disastrous rise of misplaced power” and threaten to “endanger our liberties or democratic processes” and which must be guarded against by “an alert and knowledgeable citizenry.” Within psychiatry and medicine, the work of Turner and his colleagues indicates that we are seeing nothing less than the rise of a similarly dangerous “Medical-Industrial Complex,” at least in the United States today, one which also holds an immense amount of power and poses similar threats to our liberties and to the democratic processes which are the basis of the social bond that is medicine and the work of physicians. Physicians, especially academic physicians, must reconsider the nature of their relations with this Medical-Industrial Complex and the extent to which they want to be complicit in deceptions such as those promulgated in the work that Turner has carefully studied.

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[1] This very common shift from the single Master to the Committee was described in great detail by psychoanalysts Jacques-Alain Miller and Eric Laurent in their 1996-97 Seminar on “L'Autre qui n'existe pas et ses comités d'éthique.” A session of the Seminar has been translated into English as “The Other who Doesn't Exist and His Ethical Committees” in *Almanac of Psychoanalysis* 1 (1989): 15-35.

[2] See, for example, *Psychoanalytical Notebooks*, issue 16 (2007), especially François Sauvagnat's “The Current State of ‘Evidence-Based Medicine’: Recent Reductionist Trends in Psychiatry and some of their Drawbacks” (85-95) and Eric Laurent's “Blog-Notes: The Psychopathology of Evaluation” (45-75). These changes are situated within a broad philosophical and historical shift by Jacques-Alain Miller in “The Era of the Man without Qualities” (7-42). The politics of these developments as they have unfolded in France are carefully described in *The Pathology of Democracy: A Letter to Bernard Accoyer and to Enlightened Opinion* by Jacques-Alain Miller with Contributions from Bernard Burgoyne and Russell Grigg, London: Karnac Books, 2005. For the Francophone reader, the political philosophy of these developments is discussed in Jacques-Alain Miller and Jean-Claude Milner's *Voulez-Vous Être Évalué?: Entretiens sur une machine d'imposture* [Do you want to be evaluated? Conversations on a deceptive machine], Paris: Bernard Grasset, 2004.

[3] “Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy.” Turner, E. H., Matthews, A. M., Linardatos, E., Tell, R. A., Rosenthal, R. *New England Journal of Medicine*. 358 (2008): 252-260.



## **CHPE and UNMC Host Conference on Criminalization of Mental Illness**

*by Christy Rentmeester, PhD*

On Wednesday, September 24, 2008, Creighton University's Center for Health Policy and Ethics and the University of Nebraska Medical Center hosted a conference "Mental Health and Criminal Justice: A Community Collaboration" at Creighton's new Harper Center for Student Life and Learning. Investigative journalist, activist, father of a young man with schizophrenia, and author of *Crazy: A Father's Search through America's Mental Health Madness*, Pete Earley launched the Community Forum Breakfast and inspired attendees to focus on our common purposes throughout the day. The conference sought to provide a forum for discussing intersections of behavioral health and criminal justice.

Ken Hoge, M.D., Clinical Professor at New York University School of Medicine and Director of the Division of Forensic Psychiatry at Bellevue Hospital, spoke in the morning session. He was followed by Lawrence Gostin, J.D., Professor of Global Health Law at Georgetown University Law Center and of Public Health at Johns Hopkins University who addressed ethical and justice issues at the intersection of mental health and criminal justice systems. Frederick Frese, Ph.D., Coordinator of the Summit County Recovery Project, Assistant Professor of Psychology in Clinical Psychiatry at Northeastern Ohio University College of Medicine and Case Western Reserve University, and Board of Trustees member of the National Alliance for the Mentally Ill (NAMI) spoke as a mental health professional and as a patient who manages schizophrenia.

The afternoon session invited participants to consider cases, register their responses with "clickers," and consider those responses in collaborative dialogue. Those who attended the conference were mental health professionals (physicians, nurses, psychologists, and therapists), law enforcement professionals, community leaders, philanthropists, patients, and patients' loved ones. The conference programs illuminated the lack of mental health services in communities, identified neglected issues, and clarified agendas for making interdisciplinary, community-wide improvements for individuals with severe, chronic mental illnesses.



**Author of *Crazy: A Father's Search through America's Mental Health Madness*, Pete Earley speaks at the Community Forum Breakfast.**

## CHPE Plans Online M.S. in Health Care Ethics

*by Chris Jorgensen, MS*

On September 30, 2008, the Creighton University Graduate Board approved plans for a Master of Science (M.S.) in Health Care Ethics program to be offered through the Center for Health Policy and Ethics. The program will provide students with a comprehensive introduction to the field of bioethics, realizing ten specific student outcomes, ranging from the ability to discern ethical problems, ambiguities, controversies, and assumptions in various health care practices, systems, policies, and laws, to the advanced capacity to synthesize and publicly communicate findings from research and critical reflection on a selected topic of ethical concern.

The proposed M.S. program will target professionals who already have advanced degrees in a health care field, although it is open to applicants with other disciplinary backgrounds such as the humanities, health administration, law or ministry. The program specifically focuses on ethical concerns that arise in the care of underserved populations and will integrate medical humanities and the liberal arts in its pedagogical approach. To maximize access to geographically-remote and non-traditional working student populations, the program will be offered in an online format.

The creation of an online program for an M.S. in Health Care Ethics is consistent with Creighton's recent commitment to expansion of its graduate education offerings and creation of additional online educational opportunities for non-traditional student populations. The program also fully supports CHPE's maxim ("Anchored in ethics, reflecting Jesuit values") and all three of CHPE's Statements of Purpose:

- **Fostering intellectual exchange in solidarity with the human community**  
The content of the program will challenge students and faculty to contemplate and discuss the full spectrum of ethical issues related to health care. The online format of the program will provide opportunities for intellectual consideration and collaboration among individuals from any place in the world.
- **Advancing an ethic of service, justice, and compassion for others**  
Throughout the program, students will deeply consider issues of vulnerability and marginalization, culminating in a practicum experience where they will be challenged to develop a plan for addressing vulnerability concerns of a particular population.
- **Contributing to the formation of ethically committed health professionals**  
Our students, many of whom will be health care professionals, will be required to critically reflect on their own attitudes, actions, and personal development. Their critical reflection, academic coursework, and practicum experience will deepen their commitment to ethical practice in their professions.

Intensive program development in the last year has involved the CHPE faculty (Amy M. Haddad, PhD; Helen Stanton Chapple, PhD; Richard L. O'Brien, MD; Christy A. Rentmeester, PhD; John R. Stone, MD, PhD; Jos V.M. Welie, PhD), two staff members (Marybeth Goddard, MOL; Chris Jorgensen, MS), and one CHPE Faculty Associate (Beth Furlong, PhD). The Center has also received extensive guidance from Gail Jensen, PhD, Dean of the Graduate School, Professor of Physical Therapy, and CHPE Faculty Associate. Program and curriculum development will continue, and pending approval of its online delivery format by the Higher Learning Commission, the inaugural course will be offered in September 2009.

## Making the Tough Decisions

(A Review of *Case Studies in Pharmacy Ethics, 2nd Edition* by Robert M. Veatch and Amy Haddad)

by Harold E. Cohen, RPh  
Editor-in-Chief of *U.S. Pharmacist*

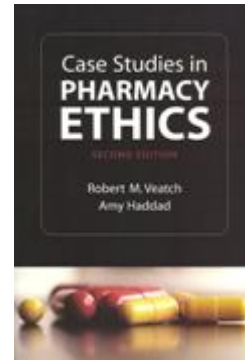
During my retail pharmacy career, nothing made my blood boil more than hearing a patient ask me, "How hard is it to fill a prescription? All you have to do is pour pills from one bottle to another." I must admit, I think pharmacy has come a long way since my early days "behind the counter," and there is a better understanding today as to what pharmacists really do. But there is still much about our profession that John Q. Public doesn't know. For example, at one time or another, every pharmacist is faced with tough decisions that involve professional ethics.

While all medical professionals are required to perform within the legal constraints of their practice, they often face difficult ethical questions that are not necessarily guided by the legal system. What makes ethical decisions complicated is that they are oftentimes controversial, frequently based on deep-rooted moral and religious convictions, and in most cases have no right or wrong answers.

I get a fair amount of books sent to me for review every year, the majority of which are of the reference variety that contain primarily clinical content. While I enjoy glancing through them, publishing a formal book review is usually not within *U.S. Pharmacist's* editorial scope. However, I recently received a book in the mail that immediately caught my attention. The title is *Case Studies in Pharmacy Ethics* (second edition), published by Oxford University Press ([www.oup.com/us](http://www.oup.com/us)). Since I had never seen the first edition, I found this book very interesting and eye-opening, so I thought I would share it with you. In the interest of full disclosure, let me say up front that this book was sent to me unsolicited and I have no financial or other ties to its authors or publisher.

What is so compelling about this book is that it presents a plethora of ethical situations by relating pharmacists' real-life stories in the form of case studies. Coauthors Robert M. Veatch and Amy Haddad tackle some very difficult ethical issues. Just a sampling of the topics include assisted suicide, purchasing drugs from Canada, conscientious refusal to fill certain prescriptions, pain management, issues of confidentiality, and alternative and nontraditional therapies. I am sure you will find yourself immersed in at least one or more case studies with personal application to your practice. The authors bring their unique perspective to each case with their own commentary. While you may or may not agree with their analyses, the discussions are based on their research and experience in dealing with a variety of ethical issues.

The number of case studies in this 300-plus-page paperback are too numerous and varied to discuss in detail here, but there appears to be something for everyone. One of the topics that I remember having to face during my pharmacy practice days was how to deal honestly with patients. One section of the book questions readers as to whether or not there is ever a good time to lie to a patient. For example, suppose you knew the truth about a patient's condition but the physician has not yet disclosed the full diagnosis to the patient. One day the patient walks into your pharmacy and asks you point blank what the prescription is



***Case Studies in Pharmacy Ethics, 2nd Edition, by Robert M. Veatch and Amy Haddad***

- Reprinted with permission from the author and publisher from *US Pharmacist*. 2008;33(5):2.

for. This has happened to me several times during my retail career. It is at that instant an ethical decision must be made. Do you lie in order to protect the patient from the emotional stress of the truth? This is but one very small example of the situations faced daily by the dozens of pharmacists who were interviewed for this book.

It's not easy for most pharmacists to make decisions that may cause an ethical dilemma. While this book may not offer you the answers you are looking for, after reading it, it will be comforting to know that you are not alone in making those tough decisions.

To comment on this article, contact [editor@uspharmacist.com](mailto:editor@uspharmacist.com).

## **CHPE Welcomes Faculty Affiliates Appointed from the School of Pharmacy and Health Professions and the School of Nursing**

*by Marybeth Goddard, MOL*

Faculty Affiliate status with the Center for Health Policy and Ethics is intended for Creighton faculty who are new to the study and/or teaching of ethics and who wish to focus their professional efforts in this area. Being named a Faculty Affiliate offers Creighton faculty members the opportunity to share in the activities of, to learn from and to be mentored by members of the Center. Affiliate members are expected to participate in Center activities, to contribute to the Center's intellectual life, to provide service to the Center and to be engaged in their own special projects related to bioethics or health policy. Such membership requires endorsement by the candidate's department head and dean. The Center is pleased to announce the addition of three new Faculty Affiliates:



**Teresa Cochran, DPT**

Dr. Cochran is Associate Professor and Vice Chair of the Department of Physical Therapy and Co-Director of the Office of Interprofessional Scholarship, Service and Education in the School of Pharmacy and Health Professions. Dr. Cochran's research interests include the ethical dimensions associated with decisions to provide (or withhold) evidence-based rehabilitation interventions for (from) patients who have experienced cerebrovascular accidents or similar neurological trauma.



**Caroline Goulet, PhD**

Dr. Goulet is Associate Professor and Director of Transitional Doctor of Physical Therapy program, as well as Co-Director of the Office of Interprofessional Scholarship, Service and Education in the School of Pharmacy and Health Professions. She also serves as Research Associate at the Movement Sciences Center at Madonna Rehabilitation Hospital. Dr. Goulet's research interests include Motor Control, Motor Learning, Neurological Rehabilitation, Professional Formation, and Geriatrics.



**Susan Tinley, PhD**

Dr. Tinley is Assistant Professor in the Creighton University School of Nursing and an experienced nurse researcher and genetics counselor who will contribute to the Center's expertise in addressing bioethical issues relevant to genetics and genomics in health care.

## More Personnel Changes at CHPE

*by Jos Welie, PhD*

### Promotions

The Center congratulates the following CHPE Faculty Associates and Affiliates with their promotions in academic rank:

- [Dr. Archana Chatterjee](#) – promoted to Professor of Pediatrics (primary department), Professor of Medical Microbiology and Immunology (secondary department), and Professor of Pharmacy Sciences (secondary department) in the School of Pharmacy and Health Professions
- [Dr. Mark Goodman](#) – promoted to Associate Professor of Family Medicine
- [Dr. Todd Salzman](#) – promoted to Professor of Theology

### Departures

The Center wishes to thank the following colleagues for their years of service and wishes them well on their respective journeys:

- **Dr. Cam Enarson**, formerly Vice President for Health Sciences, Dean of the School of Medicine, and Professor of Health Policy and Ethics, has departed Creighton to return to his family in North Carolina. Dr. Cecile Zielinski is serving as Interim Dean and has joined the CHPE Council of Deans in that capacity. Dr. Robert Heaney is serving as Interim Vice President.
- [Dr. Roberta Sonnino](#), formerly Associate Dean for Academic and Faculty Affairs at Creighton's School of Medicine and a Faculty Associate at CHPE has joined the University of Minnesota Medical School as Associate Dean for Faculty Affairs. The good news is that Dr. Sonnino will continue to work with CHPE as a Contributed-Service Faculty member.
- **Ms. Rebecca Crowell** who served for two years as Senior Administrative Assistant at CHPE has moved to Creighton's Physical Therapy Department where she now serves as Assistant Coordinator of the Professional Experience Program.

**FOCUS Editor, Amy Haddad, PhD; Associate Editor, Jos Welie, PhD; Design & Layout, Chris Jorgensen, MS**

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