



Fall 2009

Director's Report

Center for Health Policy and Ethics Partners with Bioethics Programs in the Consortium of Jesuit Bioethics Programs

by Amy Haddad, PhD

Also in This Issue

Creighton Fine Art Students Contribute to Impressive Art Installation for the 20th Annual Women and Health Lecture

by Marybeth E. Goddard, MOL

Family Crises and Other Little Bumps in Life:

2009 Women and Health Lecture

by Karen Boardman, MS

UPLIFT: Secrets from the Sisterhood of Breast Cancer Survivors:

A Conversation with Barbara Delinsky

by Marybeth E. Goddard, MOL

Lessons from the CASTL Institute: Shedding Light on Invisible Learning and Engaging Students as Whole Persons

by Chris Jorgensen, MSLIS

Examining Moral Assumptions about Care: A Discernment on Care and Caring

by Ruth Purtilo, Ph.D., FAPTA

“Ethics of Inquiry” 2009 Carnegie Academy for the Scholarship of Teaching and Learning (CASTL) at Creighton

by Mary Ann Danielson, Ph.D.

Who's Around the Table and What Difference Does It Make?

by Helen Shew, MBA

Applicants Want the Tools to Lead

by Helen Stanton Chapple, PhD

The Long Journey From Bench Science to Clinical Practice – Potential for Ethical Dilemmas

by Caroline Goulet, PhD, and Teresa Cochran, DPT

Graduate Program in Health Care Ethics Underway with First Course

by Richard L. O'Brien, MD, and John R. Stone, MD, PhD

Personnel Changes

by Marybeth E. Goddard, MOL

FOCUS Editor: Amy Haddad, PhD; Associate Editor: Jos Welie, PhD; Design & Layout: Kate Tworek, BA

© 2003-2009 Center for Health Policy & Ethics - Creighton University Medical Center - 2500 California Plaza - Omaha, NE 68178
Tel. 402.280.2017 - Fax 402.280.5735 - Contact Us

Center for Health Policy and Ethics Partners with Bioethics Programs in the Consortium of Jesuit Bioethics Programs

by Amy Haddad, PhD

From the inception of the Center for Health Policy and Ethics, leaders at the Center have interacted with colleagues in leadership positions at a variety of other bioethics programs across the country to complete mutually beneficial projects. About three years ago, the directors of major bioethics programs at Jesuit sponsored universities in the United States decided to formalize the working relationship already in existence among these institutions and formed The Consortium of Jesuit Bioethics Programs. The Consortium represents the bioethics programs at the four Jesuit medical schools (Creighton University, Georgetown University, St. Louis University, and Loyola University Chicago) and three other major bioethics centers (Loyola Marymount University, Regis University, and St. Joseph's University). In general, the Consortium was developed to bring our combined clinical ethics expertise to bear on issues of particular relevance. We began by establishing a Mission Statement to guide our collaboration.



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

The mission of the Consortium is to promote education, research and expertise in bioethics consistent with the values of Jesuit higher education and in service to the Church and our society. The Consortium also established the following objectives:

- To explore how best to integrate our Jesuit, Catholic mission as we make public statements, conduct research, provide consults, and train ethicists and healthcare professionals
- To share information about resources, strategies, delivery issues, and the needs of those in the fields of academic bioethics and healthcare
- To foster the strength of our programs by jointly forging an identity for Jesuit bioethics programs and by developing a strong positive voice in our universities, the Church and society
- To increase the visibility of our programs and to grow and recruit students and faculty for Jesuit bioethics programs
- To develop joint programs (e.g., a conference series) that foster and reinforce the identity of Jesuit bioethics programs
- To pursue resources to support our shared mission
- To foster and encourage international collaboration among Jesuit bioethics programs
- To collaborate with the Catholic Health Association and the larger Catholic health ministry in identifying and pursuing our concrete service goals for healthcare

The directors of the bioethics programs united in the Consortium have met annually at one of the partner universities for a day-long discussion and planning session. The first two meetings were held at St. Louis University. The 2009 meeting was held at Creighton University. The first tangible product of the Consortium beyond developing the mission statement and organizational structure was a statement on end-of-life decision making, "Undue Burden? The Vatican & Artificial Nutrition and Hydration" in the February, 2009 issue of *Commonweal* (Vol. CXXXVI, No. 3) which can be found at www.commonwealmagazine.org. A longer version of the article and introductory comments can be found at the Consortium website at www.jesuitbioethics.net. The *Commonweal* article and all of the statements or scholarly articles produced by the Consortium are products of the Consortium as a whole and reflect our shared Jesuit values. The current President of the Consortium, Mark G. Kuczewski, PhD, The Fr. Michael I. English, SJ, Professor of Medical Ethics and Director, Neiswanger Institute for Bioethics & Health Policy, Stritch School of Medicine, Loyola University Chicago, emphasized the importance of these values in an introduction to the second collective effort of the Consortium-- an editorial-length piece on insuring the uninsured. The editorial appears on the Hastings Center website at <http://www.thehastingscenter.org/BioethicsForum/default.aspx>.

Dr. Kuczewski notes in the introduction, “The values of our Jesuit universities, sometimes summed up in the phrase, “the service of faith and the promotion of justice,” inform what we consider relevant. Similarly the foundational values of our Roman Catholic heritage such as a concern for those who are separated from the benefits of being part of the community (often called the ‘preferential option for the poor’) and an interest in the dignity and worth of all human beings guide our work.”

The Consortium members have worked diligently to find a method and language for our writing and collaborative work. Dr. Kuczewski notes further in his introduction to the editorial on the Hastings Center website that the Consortium values consensus among its members and goes on to elaborate, “While words are always written by particular persons, we work collaboratively and seek to address the key concerns of each. Our statements are in all of our names and we attribute equal authorship to all.”

The next planned collaborative project will focus on ethics and research in Catholic medical centers and will include the specification of overarching principles and core commitments as well as an overview of the specific challenges to Catholic institutions. As private research grows within Catholic institutions, it will become more important to clarify not only what cooperative ventures with such private funding agencies are ethically sound, but also what we are called to focus on as research-worthy projects and outcomes. Visit the Consortium website for more detailed information about the Consortium and links to collaborative projects at www.jesuitbioethics.net.

Creighton Fine Art Students Contribute to Impressive Art Installation for the 20th Annual Women and Health Lecture

By Marybeth E. Goddard, MOL

Under the instruction of Amy Nelson, MFA, Assistant Professor, in Creighton's Fine Arts department, the following students contributed to the very interesting art installation for the 2009 Women and Health Lecture:

Emily Brueckner
Beth Cavendar
Mary Ensz
Katie Garrett
Brent Jasion
Elizabeth Joyce
Bridget O'Donnell
Sarah Stormberg
Jennifer Suleiman
Amy Xie

The students entitled their installation "Growing /Searching/ Knowing: discover our voice within" and drew their inspiration from Barbara Delinsky's recent novel, *While My Sister Sleeps*. The students stated:

The novel deals with complex family relationships and how they connect and affect us. We created an installation using text, abstracted and literal, to demonstrate this theme. We use the process of writing to represent growth and self-discovery. By intertwining text, we show the fragile nature of our ties with others.

For adding an artistic and thought-provoking layer to Ms. Delinsky's lecture, the Center for Health Policy and Ethics is not only grateful to Ms. Nelson and her students but also in awe of their significant talent.



Family Crises and Other Little Bumps in Life:
2009 Women and Health Lecture

By Karen Boardman, MS

Barbara Delinsky, the speaker for the 20th Women and Health Lecture, describes herself as an “accidental writer.” As a young wife and mother, while searching for a job, she read an article about the success of writers of romance novels. She spent three months researching and writing her own book -- this first novel sold. Her books, however, were considered too realistic for romance novels so she switched to mainstream fiction. Thirty years later she has published over 20 mainstream novels, with over 30 million copies sold.

Ms. Delinsky described her writing as both an art and a craft. An art in that her themes are taken from every day life; a craft in putting sentences together in a way that says something. Her books are about “everyday people facing not-so-everyday problems.” Although her novels are not based on her personal experiences, her own life experiences, especially the loss of her mother to breast cancer when she was eight years old, have given her a sensitivity to others and insight into family dynamics. Her hope is that readers can identify with situations and characters for support and direction through their own “rough patches” of life. Although the themes are difficult, she strives for an underlying message of hope in her novels.

Ms. Delinsky characterized her most recently published book, *While My Sister Sleeps*, as a paradigm for her novels. This book addresses the crisis experienced by a family asked to make end of life decisions, a situation faced by many families. The story chronicles the growth of the individual characters and the strengthening of family bonds over the four days that it takes for the family to make the decisions. Even with such a difficult story line, the final message is uplifting – one of appreciation of each other and life. Barbara Delinsky’s next book, *Not My Daughter*, will go on sale in January 2010. This book deals with the theme of teen pregnancy and its impact on four families.



Barbara Delinsky, speaking at the Women & Health Lecture

UPLIFT: Secrets from the Sisterhood of Breast Cancer Survivors: A Conversation with Barbara Delinsky

By Marybeth E. Goddard, MOL

In conjunction with the 20th Annual Women and Health Lecture and in honor of Breast Cancer Awareness Month, CHPE was proud to sponsor Ms. Barbara Delinsky as the keynote speaker at a luncheon held Wednesday, October 7, 2009, at Lauritzen Gardens, Omaha's Botanical Center. Dr. Amy Haddad, Director of the Center for Health Policy and Ethics, served as Mistress of Ceremonies; Fr. John P. Schlegel, President of Creighton University, provided the welcome; and Ms. Marcia Shadle-Cusic, Chaplain for the School of Medicine, gave the afternoon's blessing.

Ms. Delinsky's presentation focused on her personal experience with breast cancer and was entitled, "UPLIFT: Secrets from the Sisterhood of Breast Cancer Survivors – a Conversation with Barbara Delinsky".

Approximately 125 breast cancer survivors and co-survivors attended the event which included, in addition to a lovely lunch, free access to the Gardens and an autographed copy of the inspiration for Ms. Delinsky's presentation – her bestselling book entitled *UPLIFT: Secrets from the Sisterhood of Breast Cancer Survivors*. First published in 2001, *UPLIFT* is a handbook of practical tips and upbeat anecdotes that Ms. Delinsky compiled with the help of 350 breast cancer survivors, their families and friends. Ms. Delinsky donates all of her proceeds from *UPLIFT* to her foundation, which funds an ongoing research fellowship at Massachusetts General Hospital.

Additional co-sponsors of the event included the Nebraska Affiliate of Susan G. Komen for Cure, the Nebraska Humanities Council, Nebraska Cancer Specialists, the Center for Breast Care at Creighton University Medical Center, Lauritzen Gardens, Zeta Tau Alpha Sorority, and A Time to Heal.



Lessons from the CASTL Institute: Shedding Light on Invisible Learning and Engaging Students as Whole Persons

By Chris Jorgensen, MSLIS

As an administrator attending the 2009 National CASTL Institute hosted by Creighton University this past June, I was an odd duck. The Institute website had hooked me with its promise that the program would be “specifically designed to offer faculty, university administrators/staff, and graduate students a variety of opportunities to develop [one’s] SoTL (Scholarship of Teaching and Learning) learning and abilities and to further promote SoTL work at [one’s] various home institutions.”¹ In reality, the vast majority of attendees were teaching faculty already in the throes of developing, completing, or at least thinking about specific SoTL projects to implement in their own classrooms. Somewhat tangentially, my interest revolved mainly around gathering ideas that would aid in the development of our then-embryonic online Master of Science in Health Care Ethics.

Indeed, many of the CASTL Scholars’ presentations were relevant to our program. Some examined learning in an online environment, others investigated courses taught in an accelerated (rather than traditional semester-long) format, and a number considered the effectiveness of service learning models (and illustrated many lessons applicable to the MHE 608 Practicum course in our program). However, I was most intrigued by two themes: making invisible learning visible and the engagement and care for the student as a whole person. Both were explored by Saturday’s keynote speaker Randy Bass, Assistant Provost for Teaching and Learning Initiatives and Executive Director of the Center for New Designs in Learning and Scholarship (CNDLS) at Georgetown University.

When Bass talks about invisible learning, he is really talking about two different things. The first refers to steps in the learning process that are invisible because education is most often focused on final products such as exams, grades, completed research papers, and subject mastery. As part of the *Visible Knowledge Project (VKP)*, Bass and his colleague Brett Eynon attempt to identify the invisible steps between students being introduced to a subject and showing mastery of it. Engaging in SoTL research is one way for faculty to gather information about what is happening in the typically invisible parts of the process. The online environment is also particularly advantageous for making invisible learning visible due to the electronic tools used to teach online. Bass and Eynon write, “In *VKP*, from the beginning, we tested our conviction that digital media could help us to shine new light on--to make visible--and to pay new attention to...crucial stages in student learning.”²

I believe our online Master of Science in Health Care Ethics program is fertile ground for exploration of invisible learning, and I see numerous possibilities to utilize both SoTL methodologies and the plethora of digital tools discussed by Randy Bass to shed light on how our students develop mastery of program content. These tools include using wikis for collaborative knowledge building, blog tagging functions to understand the meta themes that run through a course, a tool called Diigo (www.diigo.com) that allows users to highlight and annotate scholarly sources on the web, and web-based screen capture software Jing (<http://www.jingproject.com>) that allows users to record what’s happening on the user’s computer and add audio narration to explain what is captured.

The second type of invisible learning that Bass and Eynon examined as part of the VKP are “the aspects of learning that go beyond the cognitive to include the affective, the personal, and issues of identity.”³ At the CASTL Institute, Bass described The Englehard Project⁴ at Georgetown University as a means for engaging the whole person by making course content personally valuable to the students. Using a model that Bass calls “curriculum infusion,” faculty teaching Englehard courses integrate an issue

Q: What is SoTL anyway?

A: “SoTL [the Scholarship of Teaching and Learning] is a key way to improve teaching effectiveness, student learning outcomes, and the continuous transformation of academic cultures and communities. Through research questions and methodologies applied to teaching and learning, the making public of that research and its results so that it can be analyzed and critiqued, and through the constructing of a growing body of knowledge about teaching and learning, college and university teaching is seen as a serious intellectual activity that can be evidence and outcome based.”⁵

into their courses that is both relevant to the course content and to students' lives. For example, a math class utilizes data on how the body absorbs alcohol to teach math modeling and inform students about the dangers of binge drinking. Bass said that students consistently reported high levels of engagement in their Englehard classes and expressed a feeling that the faculty teaching Englehard classes care about them as whole persons.

The Englehard Project strikes me as an exemplar of a university-wide program that personifies the Ignatian charism of *cura personalis*, or care for the whole person. Having recently been appointed to the Creighton University Graduate School's Committee on Mission, I hope to examine how the curriculum infusion model of the Englehard Project could be integrated into not only our Master of Science in Health Care Ethics, but all of Creighton's graduate programs.

While the online delivery method brings advantages for our program in terms of the availability of digital tools to make learning more visible, online education has been criticized for depersonalizing the educational experience. Therefore, it is even more crucial in our online program to remember the importance of educating and treating our students as whole persons and deliberately integrate into our curriculum issues and activities that engage them as such.

¹ <http://www.creighton.edu/castl/participationintheinstitute/index.php>

² <http://www.academiccommons.org/files/BassEynonCapturing.pdf>

³ Ibid.

⁴ <http://cndls.georgetown.edu/view/projects/engelhard.pdf>

⁵ <http://academics.georgiasouthern.edu/cet/sotl/index.htm>

Examining Moral Assumptions about Care: A Discernment on Care and Caring

by Ruth Purtilo, Ph.D., FAPTA

Dr. Ruth Purtilo, a contributed services faculty member of the Center, served as Director of the Center from 1994 to 2004. Since Center faculty are often asked about Dr. Purtilo's present work, we wanted to take this opportunity in Focus to catch up and learn about a recent project.

The concept of care in professional ethics is a sacred cow. Still, professionals seldom stand back and reflect on what care entails, instead automatically using "care" as a label to explain the core of what we do and who we are. There are striking exceptions, such as 1997 CHPE fellow Warren Reich and several nursing philosophers and ethicists who have deeply enriched our understanding. And, fortunately, the ethics offerings in the professional schools at Creighton and other universities are helping partially to redress a disconnect between concept and reality that has existed in current generations of professionals. However, I believe that particularly in the face of increasing pressures on the health care system and its professional carers, unexamined assumptions about and distorted uses of this rich concept can justify conduct or attitudes that negatively impact patients, families and the moral values of professionalism.

My concerns about these issues found a forum for exploration during my tenure as a Donaghue Bioethicist-in-residence at the Yale University Interdisciplinary Center for Bioethics and Visiting Professor at Yale Divinity School last year. I offered a multidisciplinary graduate student seminar titled *Examining Moral Assumptions about Care: A Discernment on Care and Caring*. My idea was to approach care not as a sacred cow but rather a potential elephant in the room that sometimes creates a cumbersome barrier between what a care-giver purports to be or do and what the patient or other receiver of care is experiencing. I wanted to accomplish this by probing key moral and social assumptions from which expectations of caring arise in three relationships that treat care as a central moral motif: family, professional-client/patient, and human bonds with nature. We examined the function and impact of these care assumptions on the participants personally, on those they care about/for, including themselves, and on our shared humanity.

Students were encouraged to enroll only if prepared to engage basic questions of care and caring in a personal and honest way by putting themselves centrally into the inquiry and not leaving the exploration solely at the level of an abstract intellectual exercise. Twenty-two students were admitted on the basis of their essays describing a caring relationship each wanted to explore and why he or she wanted to be included in this seminar. Throughout, we inquired, What does it really mean to care? What moral assumptions and values inform understanding of care and caring? Why do we fail to care and what happens when we don't care? We examined care from writings in Greek and Indian mythology, professional and social ethics, moral anthropology, world religions and lay literature.

The seminar included several "discernment" sessions to prevent students from getting caught up solely in the forward trajectory of intellectual knowledge, encouraging them also to take stock of their and their fellow students' feelings, emotions and fears around care; to listen to themselves with all that they are as human beings; to engage in a process of sorting through, sifting, and getting clear about important distinctions; and to allow a freedom of expression in terms of their own experience. Put another way, these sessions created a space for their human spirit, consistent with the Jesuit notion of *cura personalis*, to help assure that they did not lose sight of their personal relationship to care itself and their opportunity to grow more deeply into their professional role from a solid core of inner resources.

Because there was a highly personal element to this aspect of the course, the participating students agreed to honor some basic ground rules of confidentiality and non-judgmental respect for themselves and the other participants. No visitors were invited into the sessions and their weekly journal entries were read by the professor only. All these conditions helped to create a caring environment in which care could be examined.

Several prevalent themes emerged in explorations: the challenge of respecting one's own self care and recognizing its essential function in nourishment needed for genuine care for others; the need to confront the realities of caregiver vulnerability and limitations and be offered more opportunity to explore care-related virtues such as respect, humility, gratitude, forgiveness, compassion, altruism, hope, stewardship, and solidarity; the need for more clarity on what a "moral duty to care" entails in the nitty gritty of everyday living; appreciation for their participation in mythic dimensions of care described as an essential moral activity profoundly affecting survival and flourishing; the value of balancing others' expectations against one's own moral integrity in regards to caring relationships; and the worth of assessing conditions that lead one not to care as well as learning to factor in the price of not caring. We concluded that most of these elements of care and caring seemed applicable not only to human relationships but also had analogues in our relationships with the non-human natural world. As the course progressed the students became attuned to what one student called "the mystery of never being able to give more than I receive," turning upside down a common moral assumption of care-giving. They also embraced the ancient wisdom that care is a burden as well.

These students, ranging in age from 22 to 55 and with vastly different backgrounds and life experiences, surpassed my expectations in the quality of their questions and depth of their insights, dogged perseverance to grasp the sometimes rigorous writings about care and caring, and especially their support of each other in introspective

moments when shortcomings and doubts buzzed the room. I became convinced that having drawn from the well of many disciplines and perspectives they brought home to themselves the potential of care not to be a barrier to human flourishing but to be exposed for the sacred presence it is.

If you are interested in learning more about the seminar, contact Ruth Purtilo at ruthpurtilo@creighton.edu

“Ethics of Inquiry”
2009 Carnegie Academy for the Scholarship of Teaching and Learning (CASTL) at Creighton

By Mary Ann Danielson, Ph.D.

On June 3-6, 2009, Creighton University hosted the seventh annual “National Summer Institute for the Development of Scholars of Teaching and Learning.” Focusing on the “Ethics of Inquiry,” our conversations began with a pre-institute workshop, led by Gail Jensen (CU’s Graduate Dean, Associate Vice President for Faculty Development, and Faculty Associate in the Center for Health Policy and Ethics) and Tony Ciccone (Carnegie’s CASTL Director). The workshop concluded with an administrative leadership forum where Scott Chadwick (Vice President of Academic Affairs at Canisius College) facilitated school-level planning for the advancement of Scholarship of Teaching and Learning (SoTL) work on the various campuses.

Over 70 individuals from the United States and Canada participated in the 3½ days of faculty development workshops and presentations. At the heart of each of these institutes are the presentations by the participating scholars. The 2009 institute competitively selected 28 scholars to present their works-in-progress. Creighton University was well represented with 10 scholars presenting six projects. The 2009 scholars included: Fr. Thomas Simonds and Barbara Brock, Department of Education; Joy Doll and Kathy Flecky, Occupational Therapy Department; Tracy Chapman, Office for eLearning and Technology; William Hamilton, Pharmacy Department; Alice Smith, the Departments of Education and Medical Education; and the multidisciplinary team of Caroline Goulet, Marty Wilken, and Julie Ekstrum, representing the Departments of Physical Therapy, Occupational Therapy, and the School of Nursing.

Organizing the faculty cohorts with their former Carnegie Scholar mentors was Amy Haddad (Director of Creighton’s Center for Health Policy and Ethics). She served as the “mentor’s mentor” and provided the “kick off” luncheon presentation entitled “Balancing Ethical Obligations in the Scholarship of Teaching and Learning.” Her interactive presentation stimulated conversation that resonated in the presentations by other speakers such as Pat Hutchings (Vice President of the Carnegie Foundation for the Advancement of Teaching) and Randy Bass (Assistant Provost for Teaching and Learning Initiatives at Georgetown University).

This unique faculty development workshop/institute is the outgrowth of Creighton’s participation in the Carnegie Academy for the Scholarship of Teaching and Learning (CASTL) Leadership Program. Creighton’s interest in SoTL began in 2001 with the

Examples of previous SoTL work by CU faculty

- Alice Smith: SoTL as Reflective Lens on Teaching <http://winstream.creighton.edu/academic/Alice.wmv>
- Gintaras Duda: SoTL as Classroom (Teaching/Learning) Innovation <http://winstream.creighton.edu/academic/Duda.wmv>
- Eileen Burke-Sullivan: SoTL as Faculty Development <http://winstream.creighton.edu/academic/Eileen.wmv>
- Joy Doll and Kathy Flecky - SoTL as Culture: Program Development <http://winstream.creighton.edu/academic/DollFlecky.wmv>

Carnegie Foundation's "Campus Conversations Program." Following those early conversations, Creighton joined with five other institutions to form the Rockhurst Cluster, which focuses on "Mentoring Newer Scholars of Teaching and Learning." In addition to Rockhurst University, our partner institutions included: Columbia College Chicago, Morehead State University, Truman State University and University of Houston-Clear Lake. Rockhurst University and Columbia College Chicago served as host sites for these early meetings. Creighton University has served as the institute host since 2008.

Creighton University is unique among all of the Leadership Initiative participating schools in its actively participating in two initiatives: "Mentoring Newer Scholars of Teaching and Learning" and "Cognitive-Affective Connections in Teaching and Learning." The goal of the latter cluster is to investigate the affective side of student learning and its relationship to cognitive development, including (but not limited to) aesthetic, ethical, and moral education. Led by Amy Haddad, the cluster team also includes Tracy Chapman, Linda Gabriel, Gail Jensen, Katie Huggett and Mary Ann Danielson, who are working with the "Life of the Mind" Faculty Development Workgroup, featured in the Fall 2009 issue of *Conversations*, the magazine for Jesuit higher education. Both projects have also been highlighted at the CASTL meeting, held in conjunction with the October 2009 International Society for the Scholarship of Teaching and Learning (ISSOTL) conference in Bloomington, Indiana.

With the 2009 CASTL initiative on "Ethics of Inquiry" successfully completed, Creighton now can begin preparations for the next meeting. On June 2-5, 2010, Creighton will host the eighth annual National Summer Institute for the Development of Scholars of Teaching and Learning. The 2010 theme, "Creativity", invites a reflexive examination of what and how we teach, the opportunities and challenges faced by educators, and the creative educational collaborations shared by learner and teacher.

Although the theme changes each year, the focus on developing faculty as scholars of teaching and learning remains the same. As noted by Tony Ciccone, "CASTL is an institute that excels in advancing scholarly inquiry into student learning. In the best tradition of the scholarship of teaching and learning, locally and nationally known scholars share their work and their expertise in order to develop new scholars and leaders in the field. The institute model continues to play a leadership role in inspiring similar programs on other campuses and in disciplinary societies throughout higher education."

Who's Around the Table and What Difference Does It Make?

by Helen Shew, MBA

As part of the *Fall Roundtable Series: Ethical and Social Justice Issues in Health Care*, A'Jamal Rashad Byndon presented a Roundtable entitled "Connecting the Social Justice Threads of the Work We Do TO the Work We Do in the Community". Byndon is a community advocate for the poor and people of color who has dedicated his life to breaking down cultural barriers. Through the "Table Talk" program, Byndon has helped organize informal but structured discussions about race throughout Omaha that have helped overcome fears around the discussion of race, racism, and difference.

Currently Byndon is engaging communities in the discussion around health care and health care reform in public meetings across Omaha. He sees a need to bring new communities and fresh perspectives to these discussions asking this question: "In the course of institutional reflection regarding social justice work, when and how is the notion of giving community members a true voice and a real place at the table addressed?" Byndon asserts that bringing the constituents served by a nonprofit institution into decision-making structures, such as its board of directors and staff positions, has multiple benefits. Organization functions become more closely aligned with the needs of those served - conversely "you cannot provide services to people if you do not know anything about them".

Byndon suggests that institutions take a look, almost like a traffic survey, at who is coming and going through the administrative doors of a nonprofit: do those individuals reflect the constituency they claim to serve? This heightened awareness is a beginning step and can provide needed impetus for the organization to get out into the community. When institutions engage and reflect the communities they serve, social justice threads are more apt to be securely connected to the work carried out in the name of that organization.

Applicants Want the Tools to Lead

By Helen Stanton Chapple, PhD

The Admissions Committee of the new CHPE Master of Science in Health Care Ethics has had great pleasure in reviewing the applications for our new program. The first cohort of students started in September, and they range in age from 23 to 60. The twelve women and seven men in this group offer their backgrounds as physicians, nurses, research workers, chaplains, experts in physical fitness, and one university lecturer to the program and to each other. One student literally worked on the railroad! The online reach of the program enables the Center to serve students from fourteen states in this group, including four students from Nebraska. Interest in the program remains brisk, promising another stimulating group for the January start.

Many of this initial cohort of students expressed their concern for persons poorly served by the health care delivery system in the USA in their admissions essays. It is notable that all prospective students indicated an interest in using their CHPE studies to exert ethics leadership in some way, through teaching, enhancing their credibility in their current positions, crafting policy, aiding others who are wrestling with decisions, or in improving access to the system for those outside of it. This hunger to know more about ethics in order to provide leadership and to reach out to the underserved is a testament to these students' initiative, a statement of faith in the Creighton program, and an auspicious sign for the future of the field of health care ethics itself. We are happy to welcome them to this stimulating work!

The Long Journey From Bench Science to Clinical Practice – Potential for Ethical Dilemmas

By Caroline Goulet, PhD, and Teresa Cochran, DPT

The 1990s were proclaimed the “Decade of the Brain... to enhance public awareness of the benefits to be derived from brain research” (<http://www.loc.gov/loc/brain/>). Advances in technology combined with an increased knowledge base about brain plasticity and mechanisms of neural recovery have contributed to a plethora of rehabilitation research producing solid evidence supporting the use of specific interventions to improve mobility and functional status in patients. The rapid advances notwithstanding, it is important to remember, however, that the road from basic sciences to clinical application is long. In this era where public support influences funding sources, basic science breakthroughs in animal models are often publicly unveiled as potential miracle interventions, while clinical feasibility for widespread use in humans has yet to be demonstrated. On September 20, 2009, Courtine and colleagues reported in the online publication of *Nature Neuroscience* that rats with complete spinal cord injury could walk again if treated with a combination of drugs and epidural electrical stimulation⁴. The very next day, the story was reported on *Today* and could be found on at least 13 websites such as the *New York Times* blogs, *ScienceDaily.com* and *PhysOrg.com* websites⁵. “Paralyzed rats walk again, raising hope for humans”. Those findings are exciting indeed, but the translation of basic science research to clinical practice often takes decades. While clinical practice does evolve in parallel with theories emerging from basic sciences, the development of clinical standards of care requires funding for a lot of additional human subject research as well as studies supporting evidence-based practice, feasibility, clinical reality, clinician education, and reimbursement, among other factors.

But even after basic research results have successfully been translated into clinical feasibility studies, problems remain for the clinician. In 2008, Creighton University Center for Health Policy and Ethics sponsored a discussion with Steven Wolf, PT, PhD, about the policy, practice, and ethical implications of the constraint induced therapy (CIT) research. Although Taub and colleagues had already reported in 1966 that monkeys could learn to use their affected hand after damage to the motor cortex, it was not until 1980 that the rehabilitation potential for humans of Taub’s work with monkeys grounded in the concept of constraint-induced movement therapy (CIMT) was recognized^{1,2}. In 2006, CIMT became more of a clinical reality with the publication in the *Journal of the American Medical Association* of the results of Wolf’s multicenter randomized clinical trials demonstrating the significant impact of intensive (2 weeks, 6-8 hours per day), skilled repetitive task practice and behavioral shaping on the functional use of the affected arm in individuals three to nine months post stroke³. The outcomes of CIMT are profound, as evidenced by the neural remodeling revealed with transcranial magnetic resonance imaging and by persisting functional improvements. But the amount of skilled intervention to produce such results is difficult for patients to access due to several factors including: 1) limited number of approved rehabilitation visits for specific diagnoses, or similar limits or “caps” on reimbursement; 2) geographic availability of specialized services in urban versus rural settings; and 3) variability in practitioner skills because translation of recent scientific evidence to clinical practice has not yet resulted in “common practice”. To this day, rehabilitation clinicians are still trying to determine specific intervention parameters such as intensity and frequency that could make CIMT a valid, realistic, and accessible standard of care.

These two examples about new therapies after spinal cord injuries and stroke respectively highlight the potential ethical distress for rehabilitation professionals. First, there is the public frenzy (and unrealistic hope) to receive interventions that have only been supported in animal research models. Now that we have trumpeted in all the media that scientists “can make paralyzed rats walk”, individuals with spinal cord injury are understandably impatient. But in the absence of evidence in the humans, do we really want basic science to push rehabilitation practice or should we wait for the evidence to be delineated before modifying our current standards of care? A second source of moral stress arises out of the inability of clinicians to routinely provide interventions that are well-supported in recent animal and clinical research but are intensive and expensive. Given the limited length of stay and reimbursement for in- and outpatient rehabilitation services, clinicians have a sense of urgency to get their patients as functional and independent as possible as quickly as possible, often having to teach compensatory behaviors instead of fostering neural recovery.

As the certainty increases about the effectiveness of specific interventions, rehabilitation professionals are increasingly challenged to justify why some patients cannot have access to specific interventions. This is an emerging issue in physical therapy as it evolves into a mature profession characterized by the autonomy of decision making: “Years ago, we accepted information. Now we have ways of testing in humans that lends more science to what people believe to be the art of PT or OT.” (SL Wolf, Creighton University, 2008). The path from theory to animal model to human evidence to clinical reality delineates the transformation of mere information to true knowledge and clinical wisdom: Research creates solid evidence, but taking it out of that context renders it simply “information”.

References

1. Taub E, Ellman SJ, Berman AJ. Deafferentation in monkeys: effect on conditioned grasp response. *Science*. 1966; 151:593-594.

2. Taub, E. (1980). Somatosensory deafferentation research with monkeys: Implications for rehabilitation medicine. In L. P. Ince (Ed.), *Behavioral Psychology in Rehabilitation Medicine: Clinical Applications* (pp. 371-401). New York: Williams & Wilkins.
3. Wolf SL, Winstein CJ, Miller JP, Taub E, Uswatte G, Morris D, Giuliani C, Light KE, Nichols-Larsen D. Effect of constraint-induced movement therapy on upper extremity function 3 to 9 months after stroke - The EXCITE randomized clinical trial. *JAMA*. 2006;296:2095-2104
4. Courtine G, Gerasimenko Y, van den Brand R, Yew A, Musienko P, Zhong H, Song B, Ao Y, Ichiyama RM, Lavrov I, Roy RR, Sofroniew MV, Edgerton VR. Transformation of nonfunctional spinal circuits into functional states after the loss of brain input. *Nature Neuroscience*, 2009; DOI: 10.1038/nn.2401
5. Researchers make paralyzed rats walk again. NewsFeed Researcher. September 22, 2009. http://newsfeedresearcher.com/data/articles_t39/spinal-rats-cord.html. Accessed October 5, 2009.

Graduate Program in Health Care Ethics Underway with First Course

By Richard L. O'Brien, MD, and John R. Stone, MD, PhD

August 31, 2009 marked the beginning of the first course, MHE601 Health Policy, in the Center's new graduate program offering a Master of Science in Health Care Ethics degree. The course is team-taught by Drs. John Stone and Richard O'Brien.

The Students and their Contributions: The students are a very diverse lot. Their range of experiences with ethics runs from little or none to chairing hospital ethics committees.

They are a very engaged group, participating actively in online discussions and writing critical papers analyzing the use, and sometimes non-use, of ethics in formulating and implementing health policy. Their range of perspectives and opinions enrich the experience of all engaged in the course, students and faculty members alike. The students learn a great deal from one another in their discussions, sometimes providing insights that are new to some or all other students. Frequently the instructors are enlightened as well by a particularly good insight or an experience that a student posts.

Aims & Content: This is a required course for students enrolled in the MS in Health Care Ethics program. The expectation is that students will apply the content of the course and what they learn to their professional participation in policy discussions and their roles in policy analysis, formulation and application in institutional, local and national arenas. To prepare students for meeting this expectation, the course includes a comparative and historical look at global and USA policies and ethical analyses. More specifically, students will explore and examine:

- the scope of health policy
- policy options in various areas
- ethical underpinnings of policy and policy making at societal and institutional levels
- the means by which policy is formulated and enacted
- what ethics may contribute to health policy and its development
- intersections between social justice and vulnerable populations in health policy.

Instructors and Methodologies: In this first course, the two instructors are both reviewing and evaluating all discussion and writing submissions. They also discuss and mutually agree about all major communications and how to address issues that arise. This collaboration is quite fruitful.

The different backgrounds of the two instructors positively add to the mix. Both Dr. O'Brien and Dr. Stone have strong backgrounds in biomedicine. Among other things, Dr. O'Brien has been a researcher in immunology and molecular biology, a former Dean of the Creighton University School of Medicine, and Vice President of Health Sciences. He also brings knowledge and analyses based on his long focus on global and national health policy. Dr. Stone has been a community practitioner (cardiology) and involved in community hospital leadership. Further, he draws on his philosophical training and major emphasis on health inequalities. The outcome is that they typically have complementary comments and responses to student work.

Most Valuable for the Instructors: Perhaps the most valuable lesson for the instructors is the tremendous enrichment that such diverse students bring to the course. Furthermore, there is the clear lesson that teaching is also learning.

Esteemed Colleagues Appointed to Faculty Associate and Affiliate Positions

By Marybeth E. Goddard, MOL

The Center for Health Policy and Ethics is pleased to announce the appointment of the following two individuals to Faculty Associates:

Dr. Eugene C. Rich is currently the 2009 Scholar-in-Residence at the Association of American Medical Colleges and Professor of Medicine and the Tenet Healthcare Endowed Chair in the Creighton University School of Medicine.

Throughout his career, Dr. Rich has been active in research, academic administration, and public policy concerning medical education and health care. His research explores the influence of the practice environment on health professional decision-making with a particular focus on practice variation in general medical care. He has a longstanding interest in national health care policy, has served on a variety of relevant national committees and work groups, and has published on health care policy issues of interest to Academic Health Centers. As a 2007 Robert Wood Johnson Health Policy Fellowship, Dr Rich served with the Health subcommittee staff of the House Committee on Ways and Means. Among his accomplishments on the Hill, Dr. Rich staffed the Ways and Means Committee work on legislation to expand Federal initiatives in comparative effectiveness research.

As part of his Faculty Associate appointment, Dr. Rich authors a monthly column on our website entitled, [*Health Policy and Medicine: Inside the Beltway*](#). Dr. Rich's most recent column can be accessed via the CHPE website at http://chpe.creighton.edu/publications/rich_column.htm

Dr. Bruce D. White is a board-certified pediatrician and attorney with fellowship training in clinical medical ethics. He came to St. Joseph's Hospital and Medical Center in Phoenix, Arizona, from Nashville, Tennessee, in March 2004 to serve as a member of the general pediatrics residency and create a clinical ethics fellowship program for the hospital. On June 30, 2009, Creighton University School of Medicine and St. Joseph's Hospital and Medical Center announced an academic affiliation that will create a Creighton medical school presence in Phoenix.

Since 2006, Dr. White has served as chair of the department of pediatrics. He holds faculty appointments as Clinical Professor of Pediatrics in the University of Arizona College of Medicine and Clinical Professor of Pharmacy Practice and Science in the College of Pharmacy, Tucson; and Clinical Professor of Pediatrics in the Creighton University School of Medicine, Omaha.

Dr. White holds pharmacy and law degrees from the University of Tennessee; he is licensed to practice these professions in Tennessee. Over the past few years, Dr. White has contributed to a number of health care related journals and publications. Taylor & Francis published his second book, *Drugs, Ethics, and Quality of Life* in 2007.

Dr. Nicholas Levering Appointed as CHPE Affiliate

The Center welcomes as its newest Faculty Affiliate Nicholas J. Levering, DDS. Dr. Levering is a native of Ohio and completed his pre-dental education at the University of Cincinnati. He graduated from the Ohio State University College of Dentistry in 1975 and completed a master's program in Pediatric Dentistry from the University of Minnesota in 1983. Dr. Levering served in the USN and USAF as a general dentist and then as a pediatric dentist for 24 years. He joined the full-time faculty at Creighton University School of Dentistry in 2004. Dr. Levering is an Associate Professor. Dr. Levering's career in dental ethics at CU began when he volunteered to teach the main dental ethics course during Dr. Welie's 2005-06 sabbatical



Eugene C. Rich, MD, FACP



Bruce D. White, DO, JD



Nicholas J. Levering, DDS

year. Upon his return, Drs. Levering and Welie decided to continue co-teaching the course, and they still do. They also embarked on a joint writing project, examining the ethical aspects of routine treatments such as the use of nitrous oxide sedation in the dental office. Two articles on this topic are forthcoming.

CHPE Faculty Associate Promoted to Vice President of Health Sciences

Don Frey, MD, CHPE Faculty Associate and former Chair of the Department of Family Medicine, has been promoted to Vice President of Health Sciences.

Mark Goodman, MD, CHPE Faculty Associate, will take on Dr. Frey's former responsibilities as Interim Chair of the Department of Family Medicine.



Don Frey, MD; Mark Goodman, MD

Congratulations Dr. Frey and Dr. Goodman!

Long-time Creighton Employee Announces Retirement from CHPE

Toni Blazeovich, a Creighton employee for the past 14 years, most recently as the Center for Health Policy and Ethics' Administrative Assistant II, will retire from the University on October 30, 2009. The following are Toni's thoughts on her time at Creighton and her plans for the future:

After a little over thirteen and one-half years, I say farewell to Creighton, again. I finished undergrad school in the summer of 1962 and "walked" at the graduation ceremony in January 1963.

The years of having babies, being a mom and a room mother, and involvement in non-profit organizations took up most of my life thereafter. When the last of my five children was a junior in high school and my husband was getting ready to retire, I decided to go back to work fulltime. Where did I go? Why good old CU! I started in the Development Office and remained there for ten years, loving almost every minute of it. Deciding it was time for a change, I moved to the Medical Dean's office and remained there for three years. I was then offered the opportunity of moving to the Center for Health Policy and Ethics and have been here for seven and one-half months. Now, it is time to throw in the towel, as they say. It's time to be free to do a few things that I'd like to do and to stay in my house when the winter winds blow so hard.

I have so enjoyed my time at Creighton. It was a joy to be around faculty and staff who have such compassion for those less fortunate and underserved. You don't see this too often in the workplace, but it is alive and well here, especially in the Center. I will truly miss some of the lively discussions held during tea-time.

For my life beyond CHPE and Creighton, there is nothing specific at the present – perhaps a little quilting, volunteering for a couple of areas at my church, and being ready to go out for lunch at the drop of a hat! Italy is beckoning just beyond the horizon. Preliminary plans are in the works for next summer and I am so excited about that as my last visit to the land of my ancestors was in 1989. Then there are those twelve grandchildren, I have to make time for them!

FOCUS Editor: Amy Haddad, PhD; Associate Editor: Jos Welie, PhD; Design & Layout: Kate Tworek, BA

© 2003-2009 Center for Health Policy & Ethics - Creighton University Medical Center - 2500 California Plaza - Omaha, NE 68178
Tel. 402.280.2017 - Fax 402.280.5735 - Contact Us