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Director's Report

The Societal Realm of Ethics and Health Policy by Amy Haddad, PhD



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

Much of the focus of ethics in health care has traditionally been on the issues that arise on an individual level, e.g., between patient and health care professional. The focus on the problems and concerns of individuals within the health care system is supported by several sources including the prominence of individualism as a mainstream American cultural value and the teachings of the Catholic Church. Glaser reminds us that, "The key Christian parables of healing deal with interactions between individuals. The parable of the Good Samaritan—a towering paradigm for Christians involved in health ministries—stamps our imagination with images of individuals responding or not to another individual" (1). Thus, those involved in ethics in health care are strongly attracted to concerns or problems that occur on the individual level and tend to ignore the increasingly complex ethical concerns that exist at a societal level.

However, we know that individuals exist in a social context and that many of the problems individuals face are the result of societal level laws, regulations, or health policies that are unfair and place certain groups at a disadvantage. Furthermore, Catholic social teaching makes clear that the obligations of individuals extend to the society at large. The US Bishops note in their commentary on the principle of solidarity that:

We are one human family, whatever our national, racial, ethnic, economic, and ideological differences. We are our brothers' and sisters' keepers, wherever they may be. Loving our neighbor has global dimensions and requires us to eradicate racism and address the extreme poverty and disease plaguing so much of the world. Solidarity also includes the Scriptural call to welcome the stranger among us—including immigrants seeking work, a safe home, education for their children, and a decent life for their families. In light of the Gospel's invitation to be peacemakers, our commitment to solidarity with our neighbors—at home and abroad—also demands that we promote peace and pursue justice in a world marred by terrible violence and conflict (2).

The very name of the Center requires that the faculty keep an eye on both the individual and society. Although it is possible to solely attend to ethical issues on an individual level, it is not possible to do so in health policy. Working at a societal level of ethics requires the balancing of multiple goods and seeking a reasonable balance among them. Several faculty members at the Center for Health Policy and Ethics have a strong track record in the societal realm of ethics and health policy. For example, Dr. Richard O'Brien has just completed work on the Nebraska Medical Association's report on Health Care Reform in Nebraska with co-author Dr. John Benson, Jr. The report provides a plan to ensure that everyone living in the state has access to affordable, high quality health care. The completion of the Report is a major accomplishment but only the first step in the process of public and professional education that must accompany successful implementation of the various components of the plan that will hopefully lead to health care reform in the state of Nebraska. Thus, Dr. O'Brien has led and will continue to lead numerous discussion sessions in the community on the

various components of the Report.

Additional events and discussions sponsored by CHPE later this spring also focus on the wider world of health care and the common good. For example, a School of Medicine Distinguished Lecture sponsored by CHPE, the Department of Pediatrics, the Department of Medicine, and the Health Sciences Multicultural and Community Affairs Department will focus on access to health care and health disparities for children. Paul Wise, M.D., M.P.H. will present the Distinguished Lecture on April 23, 2008. He is the Richard E. Behrman Professor of Child Health and Society at Stanford. He is a health policy and outcomes researcher whose work has focused on children's health; health-outcomes disparities by race, ethnicity and socioeconomic status; the interaction of genetics and the environment as these factors influence child and maternal health; and the impact of medical technology on disparities in health outcomes. Dr. Wise's presentation will coincide with the national "Cover the Uninsured Week" campaign to draw attention to the increasing number of uninsured people in this country.

A second School of Medicine Distinguished Lecture this spring sponsored by CHPE, the Department of Neurology, and the School of Pharmacy and Health Professions will focus on the research of Steven Wolf, PhD, PT and colleagues that was described in the November 1, 2006 issue of the *Journal of the American Medical Association* (http://jama.ama-assn.org/cgi/content/full/296/17/2095?maxtoshow=&eaf**). Dr. Wolf, the primary investigator, and colleagues reported the results of an NIH funded randomized national clinical trial (EXCITE, the Extremity Constraint Induced Therapy Evaluation). The EXCITE trial involved 7 academic institutions and 222 individuals with predominantly ischemic stroke. The conclusion of the study is that among patients who had a stroke within the previous 3-9 months, constraint induced movement therapy (CIMT) vs usual and customary care produced statistically significant and clinically relevant improvements in arm motor function that persisted for at least 1 year. Since stroke is a major health problem affecting approximately 730,000 new or recurrent stroke victims each year in the United States, the conclusions of the EXCITE trial have profound implications for treatment and the quality of life of survivors of stroke and their families. In addition to the Distinguished Lecture, CHPE has organized a focused discussion on the policy, practice, ethical, and societal implications of Dr. Wolf's research. The focused discussion participants will include colleagues from physical and occupational therapy, neurology, the insurance industry, geriatrics and ethics.

In closing this brief overview of some of the work of the Center at the societal level of ethics, the work of Glaser has particular relevance. In examining complex issues such as health care reform, elimination of health disparities or the appropriate use of new research findings, we must remember that ". . . social systems tend to perpetuate themselves even when they prove manifestly dysfunctional. So, here as elsewhere, prevention and cautious preparation has priority over rushed solutions" (3). It is the central work of CHPE to convene the best thinking to generate sound social options.

References

- (1) Glaser, John W. (1994). *The Three Realms of Ethics*. Sheed and Ward, Kansas City, MO. p. 10.
- (2) United States Conference of Catholic Bishops. (2007). *Forming Consciences for Faithful Citizenship: A Call to Political Responsibility from the Catholic Bishops of the United States*. Washington, D.C., p.

22.

(3) Glaser, John W. (1994). *The Three Realms of Ethics*. Sheed and Ward, Kansas City, MO. p. 19.

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Best Selling Author Jeannette Walls to Speak at Women and Health Lecture

by Amy Haddad, PhD

Jeannette Walls will present the 19th Women and Health Lecture on Tuesday, September 17, 2008 at Witherspoon Concert Hall at the Joslyn Art Museum at 7:00 P.M. The lecture, free to the public, is based on her memoir titled, *The Glass Castle*. The memoir describes a past that Ms. Walls kept secret for more than 20 years because of fear of being ostracized by friends and colleagues in New York where she lived and worked.

Building on the response to the Women and Health lectures since 2005 and the attendees' evaluations of these events, we are again inviting a renowned novelist, Jeannette Walls, to be the speaker for the 19th Annual Lecture. Her presentation will be based on her book, *The Glass Castle*, that has been on the New York Times' bestseller list since its publication in 2005. The content of Ms. Walls' lecture, "*The Glass Castle: Demon Hunting and Other Life Lessons*," fits well with the overall focus of the lecture series on the intersection of the humanities and health. Ms. Walls' memoir is at once engaging, disturbing, and deeply moving. She tackles the difficult task of exploring what it means to be a family, to love and forgive, and to survive under the most impoverished of circumstances.

The major metaphor of the book, the glass castle, refers to a promise Ms. Walls' alcoholic, dreamer father, Rex Walls, made to his children—that he would build them a magical, perfect castle of glass in which to live. Although *The Glass Castle* is deeply personal, there is a universal quality to the work with which readers can identify, even if the childhood experiences of Ms. Walls and her siblings are sometimes hard to imagine. Because of Ms. Walls' vivid imagery, candor and ability to tell her story from her childhood perspective, the book is devoid of bitterness and judgment. Ms. Walls doesn't judge her parents' failures or try to diagnose what problems, psychological or physical, might underlie their behavior. She draws the reader in to see the world of *The Glass Castle* from the perspective of a child who simply loved her parents regardless of what they did or didn't do. The reader is able to project his or her own feelings into what is happening in the story without the adult commentary that often accompanies memoirs. The lecture will include an opportunity for questions from the audience and a book signing with the author.



Best selling author Jeannette Walls, 19th Annual Women and Health Lecturer

CHPE Website Redesigned with Usability and Accessibility in Mind

by Chris Jorgensen, MSLIS

By now, you have noticed that the Center for Health Policy and Ethics' website looks dramatically different from its former incarnation. However, the cosmetic changes to the site, while important in terms of establishing a graphic and textual identity for the Center, are but a fraction of the behind-the-scenes activity that encompassed the redesign process.

In April 2007, in my role as CHPE webmaster, I convened the first meeting of the CHPE Website Redesign Task Force. Members included Richard L. O'Brien, MD, CHPE Faculty Member; Kate Tworek, CHPE Staff Member; Roberta Sonnino, MD, CHPE Faculty Associate; and Robert Garis, PhD, MD, CHPE Faculty Affiliate. The Task Force assisted me greatly in developing a website that would be both useful and usable to its audience.

First, the Task Force worked together to define personas to represent users of the site. A persona is an imaginary but very specific user of the site. In his book, *The Inmates are Running the Asylum*, user-centered design expert Alan Cooper writes, "To create a product that must satisfy a broad audience of users, logic will tell you to make it as broad in its functionality as possible to accommodate the most people. Logic is wrong. You will have far greater success by designing for one single person" (p.124). The personas for the CHPE website were Harold Schwartz, a physician; Phyllis Goodman, a community leader; and Nicole Sedlacek, a medical student.

Based on the goals of our personas, I created a paper prototype of the new CHPE home page and navigational structure with the assistance of Arvind Jagannathan, Assistant Director, Division of Web Development and Phil Beagle, Graphic Designer, both in the School of Pharmacy and Health Professions' (SPAHP) Office of eLearning and Academic Technologies (OLAT). The Task Force helped me develop tasks to test the usability of the home page and navigation, and Kate Tworek and I met individually with fourteen prospective users to test the prototype. Tasks included such things as "If you were looking for a CHPE faculty member with a certain area of expertise, where would you click?" and "You heard there is going to be a speaker at CHPE that you would like to hear. Where would you click to find out when that speaker will be at CHPE?"

Based on the results of our usability tests, we made changes to the paper prototype, and Arvind Jagannathan and Phil Beagle helped us turn the paper version into a working template that could be applied to each website page. Unlike the old site, the new template adheres to accessibility and code standards. Once the template was ready, I spent two months simply cleaning up and reorganizing files, rewriting code, and converting each page to work with the new template.

The new website was launched on January 29, 2008, a feat which could not have been accomplished without the insight of the CHPE Website Redesign Task Force or the expertise and creativity of Arvind Jagannathan and Phil Beagle. Thank you Arvind and Phil! While this



The new CHPE home page



The old CHPE home page

phase in the life of the website is finished, we are far from “done” with it. We would love to hear from our site users. You can direct any comments and suggestions about the site to me at chrisjorgensen@creighton.edu.

Reference

Cooper, A. (2004). *The Inmates are Running the Asylum*. Indianapolis: Sams.

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Community Forum on the Law of Bioethics

by Helen Shew, MBA

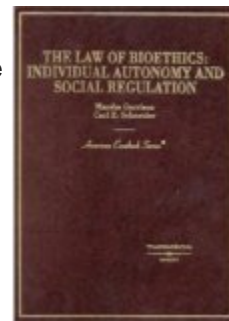
A collaborative initiative of the Creighton University School of Law, the Werner Institute for Negotiation and Dispute Resolution, and the Center for Health Policy and Ethics is a cosponsored community forum with Professor Carl E. Schneider who will present a lecture titled “Has the Law of Bioethics Failed?” that will address legal and ethical issues in end-of-life care on Thursday, April 10, 2008 at 7:00 PM in the Hixson-Lied Auditorium G4. A reception precedes the lecture.

Carl E. Schneider, JD is the Chauncey Stillman Professor for Ethics, Morality, and the Practice of Law and is a Professor of Internal Medicine at the University of Michigan. He has written extensively in bioethics, professional ethics, professional education, family law, and constitutional law. He recently published (with Marsha Garrison) a casebook titled *The Law of Bioethics: Individual Autonomy and Social Regulation*. He is the author of *The Practice of Autonomy: Patients, Doctors, and Medical Decisions* (Oxford University Press, 1998), which examines how power to make medical decisions is and should be divided between doctors and patients and analyzes the role of autonomy in American culture. One reviewer said of the book, it uncovers a “great hole . . . for all to see: the failure of autonomy not only as reality but even as ideal.” In addition, he is preparing a book arguing that the empirical literature demonstrates that the policy of promoting the use of living wills in end-of-life decisions has failed and can only fail.

Professor Schneider is a graduate of Harvard College and the University of Michigan Law School, where he was editor-in-chief of the *Michigan Law Review*. He served as law clerk to Judge Carl McGowan of the United States Court of Appeals for the District of Columbia Circuit and to Justice Potter Stewart of the United States Supreme Court. He became a member of the Law School faculty in 1981 and of the Medical School faculty in 1998. The courses Professor Schneider teaches include law and medicine, the sociology and ethics of the legal profession, family law, and property. He has been a visiting professor at Cambridge University, the University of Tokyo, and Kyoto University and has taught for many years in Germany.



Carl E. Schneider, JD



Carl E. Schneider's book, *The Law of Bioethics: Individual Autonomy and Social Regulation*

The Importance of Health Ethics in Reforming the Health Care System of a Transitional Country

by Sabina Jafarova, MD, MBA, Fulbright Scholar-in-Residence

The central issue of health ethics, how to achieve progressive realization of the human right to treatment in a manner that respects ethical principles and proves sustainable over time, is of major importance and urgency for Azerbaijan, the country I am from.

In Azerbaijan, as in most post-soviet countries, ethical issues in health care have been largely ignored until recently owing to the need to deal with more pressing basic wants of the crumbling health care system inherited from the Soviet Union. Currently the system is under the particular attention of the government and is being reformed with the support and assistance of several international organizations, including the World Bank, where I work. The main health system reform agenda is conducted under the auspices of the Health Sector Reforms Project financed by the Bank. This is an ambitious program and, hopefully, by its end, we will have a completely different health care system. It is vitally important to seize this opportunity to enhance and elaborate the ethics agenda as an integral part of reform discussions and decisions.

To assure ethics contribution to policy development and to support subsequent implementation of recommendations, there is a fast emerging need for professionals trained in bioethics with good knowledge of international practices and understanding of local contexts. In Azerbaijan there is not much expertise and knowledge about health ethics. Without tapping into expertise of developed countries with progressive and ethically sound health systems, the pace of transition to a working healthcare system with ethics principles built in its foundation will be dramatically undermined.

The United States has been dealing effectively with different aspects of health ethics agenda for quite a while. My expectations for this scholarship at the Center of Health Policy and Ethics of Creighton University are to obtain an insider's knowledge of meeting ethical challenges of healthcare in the US, expand my expertise on bioethics, build a network in academic and health care circles, and contribute to the embedding of health ethics into the health care reform process when I return to Azerbaijan.

I am really impressed by how kind and supportive my CHPE and Metropolitan Community College (this is a joint Creighton-MCC scholarship) colleagues have been not only to me but also to my family during our stay. I am confident that I will be able to refer to their rich expertise when I am back in my country.



*Fulbright Scholar-in-Residence,
Sabina Jafarova*

An Interview with CHPE Fulbright Scholar-in-Residence, Sabina Jafarova, MD, MBA

by Beth Furlong, RN, PhD, JD

Dr. Sabina Jafarova is spending this semester as a Fulbright Scholar-in-Residence in Omaha in a partnership between Creighton University and Metropolitan Community College. A pediatric physician with a Masters degree in Management from Baku, Azerbaijan, Dr. Jafarova brings her medical and management experiences and interest in bioethics to the partnership. In addition, she furthers a ten-year relationship that CHPE faculty have had with health professionals from the post-Soviet countries of Azerbaijan, the Republic of Georgia, and Lithuania. While at Creighton University and Metropolitan Community College, she is guest lecturing in several disciplines and departments.

Dr. Jafarova has cared for internally displaced persons and refugees in Azerbaijan with Relief International, a U.S. non-governmental organization (NGO) as well as working with another NGO, Save the Children. For the past nine years she has been a Program Assistant with the World Bank coordinating their HIV/AIDS awareness programs, their Small Grants program, and external affairs activities.

I asked her three questions:

1. What are your goals as a Fulbright Scholar-in-Residence?

She expects to get an insider's knowledge of the ethical challenges in the U.S. health care system, to build a network of colleagues in academic and health care circles, and to contribute to the development of responses to ethical issues in the comprehensive health care reform process of Azerbaijan. The reform program being proposed in Azerbaijan is very ambitious, and she realizes this is an especially significant time to seize the opportunity to enhance and elaborate an ethics agenda as an integral part of reform discussions and decisions.

2. What are some reactions to U.S. life?

She is very appreciative of the hospitality and support shown her, her husband, and daughter by both educational institutions. Her family has valued living in the historical building on Metropolitan Community College's Fort Omaha campus.

3. What have been the most interesting parts of your Fellowship?

Dr. Jafarova has appreciated meeting new people, sharing knowledge about her country, and increasing her knowledge about the United States and the U.S. health system. She looks forward to sharing the expertise garnered during the Fellowship to best facilitate health reform in her country.



Fulbright Scholar-in-Residence, Sabina Jafarova (right), talks with Amy Haddad, PhD, Director of CHPE (middle) and Gail Jensen, PhD, Dean of the Graduate School and Associate Vice President for Faculty Development in the Office of Academic Affairs (left)

Nebraska Medical Association Proposes Universal Health Care Insurance for Nebraska

by Richard L. O'Brien, MD



Advocating for Physicians and the Health of all Nebraskans

Logo of the Nebraska Medical Association

In September 2006 the house of delegates of the Nebraska Medical Association (NMA), noting the high and rapidly rising costs of health care, concerns about quality, and the growing number of uninsured Nebraskans, resolved that the Association should “. . . develop a health care plan outlining high quality, affordable and accessible health care coverage for all Nebraskans.”

Rowen Zetterman, M.D., president of the NMA, appointed a Health Care Reform Task Force co-chaired by Dr. John A. Benson, Jr of the University of Nebraska Medical Center and Dr. Richard L. O'Brien of the Creighton University Center for Health Policy & Ethics. Members of the task force included physicians from across the state representing primary care and many specialties.

The task force began meeting monthly in January 2007; it first developed a set of values and principles to guide its deliberations. It received proposals and advice from many stakeholders including other provider organizations, advocacy groups, citizens, health professions educators, insurers, legislators, and members of the state government executive branch. Based on such input and carefully gathered information about other health care reform efforts, it developed rationales for fourteen recommendations for change.

Those recommendations are based on the premises that all Nebraskans should have equitable access to timely needed care, that health and health care are social goods that benefit all, and that all Nebraskans have a responsibility to assure those goods.

Recommendations include:

- A requirement that all Nebraskans not covered by Medicare be required to have a basic insurance plan that includes preventive services, mental health care, dental care and long term care.
- A requirement that health insurers guarantee issue and renewal of a basic benefit plan at community rated premiums.
- Subsidies of premium and out-of-pocket costs for low income individuals and families. Improved coordination and quality of care by:
 - encouraging the use of “medical homes
 - reimbursement linked to evidence-based clinical practice guidelines
 - reduction of overutilization driven by the current system of reimbursement and defensive medicine
 - establishment and utilization of health information technology
 - reduction of errors and hospital acquired infections
- Emphases on public education, public health and prevention.
- Enhancement of access to health professional providers in currently underserved regions of the state, in particular, rural areas.

The entire report, its values, principles, recommendations, rationales and references can be found at:

<http://nebmed.org/news/pdfs/NMA%20Health%20Care%20Reform%20Booklet%20FINAL.pdf>

The Lewin Group has analyzed and determined the impacts of the task force recommendations. They found that the recommendations would decrease uninsured Nebraskans from 14% to approximately 1%, essentially universal coverage, while increasing total health care costs by only 5-8%, and that's in the short term. If implemented, the plan should reduce significantly the rapid increases of health care costs.

The NMA and the task force are now considering strategies for implementation. It will require the development of a state coalition of support and extensive education of Nebraskan residents. It is recognized that the recommendations are stated in general terms and details of implementation will be worked out by negotiation and compromise with various stakeholders, including professional and business groups and especially those in the legislative and executive branches of state government.

The Association is engaged in building a coalition of supporting organizations and individuals and developing a public education plan and program to assure that ". . . high quality, affordable and accessible health care . . ." is available to all Nebraskans.

Novelist Ann Hood Shines at 18th Women and Health Lecture

by Amy Haddad, PhD

Ann Hood, author of *The Knitting Circle*, presented the lecture at the 18th Women and Health Lecture on November 19, 2007 at Witherspoon Concert Hall at the Joslyn Art Museum at 7:00 P.M. to approximately 500 people. The lecture, free to the public, was based on her book and personal experience of coping with almost unbearable grief. Amy Nelson, MFA, Assistant Professor in Fine and Performing Arts at Creighton and her art students added light and drama to the evening by providing a stage design titled, "Unity in Chaos: A Journey toward Illumination."

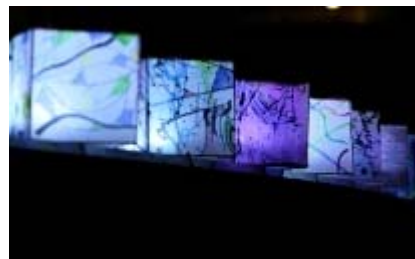
Ann Hood is the author of eight novels including *Somewhere off the Coast of Maine* (1987), *Waiting to Vanish* (1988), *Three-Legged Horse* (1989), *Something Blue* (1991), *Places to Stay the Night*, (1993), *The Properties of Water* (1995) and *Ruby* (1998). Ms. Hood has also written a memoir, *Do Not Go Gentle: My Search for Miracles in a Cynical Time* (1999), a book on the craft of writing, *Creating Character Emotions* (1998), and a collection of short stories entitled, *An Orinthologist's Guide to Life*. She is the recipient of two Pushcart Prizes, a Best American Spiritual Writing Award, and the Paul Bowles Prize for Short Fiction.

The subject of her lecture, "Comfort: A Journey through Grief," was based on her most recent novel, *The Knitting Circle*, that reflects her personal tragedy of losing her daughter to a rare form of strep infection. The evening began with a reception that Ms. Hood attended for sponsors and underwriters of the lecture on the Strauss Bridge at the Joslyn Art Museum. The Witherspoon Concert Hall stage was gently lit with 20 handmade, painted paper lanterns that were the result of a class project by the students in Creighton Fine and Performing Arts faculty member Amy Nelson's art class. The students and Ms. Nelson read *The Knitting Circle* and then spent several classes creating different paintings and drawings representing the "process of knitting rather than the product of knitting." The students went on to say in the program that they used "the process of drawing as a discovery about who we are, our relationship to one another, and the events that have shaped our identity." The paper lanterns literally set the stage for Ms. Hood's lecture.

Ms. Hood spoke about the journey she took after losing her daughter which included taking up knitting, slowly healing and returning to writing. Members of the audience shared what they took away from the lecture in evaluations which included the following comments, "It was amazing to see that the author has continued with her life and has been able to find joy again. I was also glad to hear that others question their faith--during the grieving process as well as in normal faith development," and "Ms. Hood's candor and ability to name the feelings and express her story so very honestly is what I will remember." The lecture concluded with questions from the audience and a book signing in the Joslyn Museum Display Hall.



Novelist Ann Hood speaks at the 18th Women and Health Lecture.



Lanterns created by Creighton art students decorate the stage of Joslyn's Witherspoon Concert Hall for the 18th Annual Women & Health Lecture.



After autographing her novel, *The Knitting Circle*, for a Women and Health Lecture attendee, Ann Hood listens to a familiar story of grief and offers words of comfort.

Promoting Inquiry, Scholarship/Writing, and Collaboration: Public Health and More

by John R. Stone, MD, PhD

CHPE faculty and colleagues, assisted by Kate Tworek, CHPE Faculty Administrative Assistant, recently launched two initiatives to advance their scholarship/writing, knowledge, and collaboration. Each initiative occurs monthly. The first activity employs group review and constructive feedback about faculty writing-in-progress. Faculty will use this familiar approach to advance their individual scholarship/writing aims, but resultant cross-nutrition may well lead to collaborative projects and other offshoots. The second activity, an inquiry effort with a public health focus, involves collective review and discussion of literature about intersections of public health, ethics, and health policy. The following comments say more about this latter effort.

CHPE commenced the inquiry about public health, ethics, and health policy because faculty recognize that successfully addressing many health problems must occur through public health (including preventive medicine) endeavors that address population health needs, improve social inequalities that affect health, and promote healthy lifestyles.

In improving health, healthcare is important, but insufficient. Social inequalities, often unjust, strongly affect health. Of course, lifestyles markedly influence health, but behaviors are strongly associated with social influences. Also, there is increasing recognition in public health that efforts to improve health should include robust collaboration with affected communities. As a consequence, many health science centers like Creighton's are expanding their focus on public health/preventive medicine and community collaboration. Simultaneously, the American Association of Medical Colleges (AAMC) is promoting more stress on public health in graduate medical education or what is commonly referred to as the residency component of medical education.

Emphasis on public health raises many important ethical and policy issues. For example, regarding community collaboration, what do ethical principles of respect for persons and justice imply for such partnerships? What voice or power should affected communities have in decisions? What role might a concept of care play? What are policy and ethical implications regarding a legacy of community distrust of a health science center? What background moral/ethical theories should influence public health work and policies? How should they influence it? Very practically, what resources should Creighton University Medical Center devote to enhancing population health through public health and preventive medicine? Ethically, how should it decide?

Public health ethics has typically stressed the consequentialist goal of maximizing aggregate population good with so-called side constraints of individual liberty or personal autonomy. However, Powers and Faden have recently argued in their important book that social justice should drive public health efforts with efficiency as a side constraint. (Powers M, Faden R. *Social Justice: The Moral Foundations of Public Health and Health Policy*. New York: Oxford University Press; 2006.) Powers and Faden, among others, argue that the intersecting social influences on health require a justice framework that considers how those factors interact. Furthermore, in related arguments many authors have recently



Members of the Faculty Inquiry Group participate in a discussion of a scholarly article.



Jos Welie, PhD, emphasizes a point at a Faculty Writing Group meeting.

argued that satisfactorily addressing health requires collaboration of multiple disciplines. (For example, see *Gender, Race, Class, & Health: Intersectional Approaches*. Schulz AJ, Mullings L, eds. San Francisco: Jossey-Bass; 2006.)

What ethical frameworks and policies should emerge from addressing these questions and intersecting causal influences? Furthermore, just what is public health? Moreover, what roles should healthcare professionals play in addressing population health issues? Over time, the inquiry group will likely address these issues and more.

Richard L. O'Brien, MD, Celebrates 25 Years of Service to Creighton University

by Jos Welie, PhD

Center for Health Policy and Ethics Faculty member Richard (Dick) L. O'Brien, MD, who was integral to the founding of the Center, was honored at the February 2008 President's Convocation for 25 years of service to Creighton University in his capacity as Dean of the School of Medicine, Vice President for Health Sciences, and University Professor in the Center for Health Policy and Ethics. Most of us at CHPE cannot boast such a long tenure at Creighton, so we asked our colleagues to help us paint a picture of Dick's many contributions.

It's hard for any single person to get a good sense of Dick's accomplishments. Beth Furlong, PhD, Associate Professor of Nursing and Faculty Associate at CHPE, guesses that she "only knows the tip of the iceberg about Dick and the many positive things he has accomplished at Creighton, in the Omaha community, and in the nation via his administrative position, his networking, his professional organization and civic memberships, and his behind the scene activities."

"Dick has managed to be excellent in his many different roles," says Jerry Brundo, DDS, Professor of Prosthodontics and Dean Emeritus of the School of Dentistry. "Another outstanding quality about him is the way he managed as Vice President. During his meetings with myself and the other health science deans, he would always want to know how he could help us. He explained that we did not work for him, he worked for us. Honestly, while I was the Dean, he never micro-managed. I was the captain of my ship, and all he wanted to do was to help me succeed. He did, and I succeeded. He was probably the best boss I ever had."

It should be emphasized that this excellence did not just come to Dick; he worked at it. When Dick left his Vice Presidency to join CHPE, first on his agenda was to ask Ruth Purtilo, PhD, then the Director of CHPE, for his homework assignment---a list of foundational books in health care ethics he intended to read during his sabbatical before joining CHPE. Once at CHPE, his relationships with fellow faculty transformed and deepened. Says Beth Furlong, "I am appreciative that I have had the opportunity to know Dick in his role in the Center versus only knowing him in the role of Vice President for Health Sciences. It has been a professional and personal pleasure to have worked with him in many ways as a colleague at CHPE. He has been a colleague at Creighton who I greatly value."

Although Dick was honored for 25 years of service by the University, it would have been more appropriate if he were given an award for 50 years of service as Dick does at least twice as much in the same amount of time as anyone else. For example, he doesn't just walk from appointment to appointment; he runs! Recalls his former Executive Assistant, Shirley Spain, "We all know how much energy Dr. O'Brien has, and anyone who has walked with him knows the speed at which he moves! He would come out of his office en-route to wherever, creating such a 'wind' that if I didn't hold my papers down on my desk, they would fly away!" But fast does not equal rushed, so Shirley Spain



Richard L. (Dick) O'Brien, MD

insists, “Dick stimulates you to think; his queries prompt you to reflect and take the steps necessary to resolution.” Shirley also recalls Dick’s sensitivity to people’s feelings and his great sense of humor.

Dick expects others to keep up with his pace as well. Jim Bothmer, Assistant Vice President for Health Sciences and Director of the Health Sciences Library/Learning Resource Center, recalls a conversation about a decade ago: “Shortly after we began licensing access to electronic information, Dick praised me for getting the few titles that we had at the time. However, he insisted that the printed journal would soon be replaced by the electronic journal--and he wanted it done now! He did not want to wait for the time I indicated it might take to reach that goal. That conversation took place in the late 1990s. Earlier this year, Dick and I had an occasion to talk at an event and he said, ‘Jim, you know I can get anything I want through your website—see, I told you all the printed journals would all be electronic.’ He was right! We now have fewer than 150 print-only titles.”

Jim Bothmer describes one of his first meetings, shortly after his own appointment to Creighton, with then Vice President O’Brien: “Dr. O’Brien walked me through the organizational chart, explained how things worked, and generally gave me a good orientation. I naively asked whether there was a contract I needed to sign. He paused, looked me in the eye, and said, ‘Jim, you serve at the whim of the President and of the Vice President, me!’ End of conversation. He did smile however.”

Jerry Brundo became Dean of the Dental School in 1984. “Dick, as Dean of Medicine, was one of Creighton’s administrators who interviewed me. He from University of Southern California and I from University of California at Los Angeles. Made for an interesting meeting.” Brundo was most impressed by Dick’s memory stating, “One time, we were reviewing a subject that we had discussed years before. I had asked him if he remembered what I had said and he reiterated to me exactly what I had said several years previously. I was very impressed. He is brilliant.”

Shirley Spain states Dick’s vocabulary and command of grammar are also phenomenal. “He was my number-one resource for his expertise. Several times when doing his dictation I would have to ask him about a word or words that I had never heard of! I recall a flurry of memos between him and Dr. Barry Murphy over the use of ‘than’ vs. ‘from’.”

Amy Haddad, Director of CHPE also notes Dick’s attention to detail as well as his ability to see the big picture on many issues but especially health care reform. “The addition of Dr. O’Brien to the faculty of CHPE has indeed been a fruitful one. His contributions to the routine work of CHPE such as developing and organizing the first few years of our Roundtable discussions or serving as editor of FOCUS have been invaluable. His insights and encouragement to pursue difficult discussions concerning the inequities in our health care system have shaped and will influence CHPE scholarship and teaching,” Dr. Haddad said.

From all of us at the Center for Health Policy and Ethics, congratulations on 25 years of service to the University and thank you in advance for many more years to come!

Steven L. Wolf, PhD, PT to Lecture on Rehabilitation Medicine

by Helen Shew, MBA



Steven L. Wolf, PhD, PT

As part of Creighton University's School of Medicine Distinguished Lecture Series, the Center for Health Policy and Ethics will host Steven L. Wolf, PhD, PT, at noon on Wednesday, May 7, 2008 in the Boys Town National Research Hospital Auditorium. The lecture is free and open to the public. Dr. Wolf's lecture, titled "Evidence for Effective Upper Extremity Rehabilitation Among Patients With Stroke: Present Perspectives – Future Prognostications," will focus on results of an NIH funded randomized national clinical trial (EXCITE, the Extremity Constraint Induced Therapy Evaluation). Dr. Wolf's work in rehabilitation medicine crosses disciplinary lines allowing him to present the basic science foundations of his research as well as its clinical implications. His presentation of the conclusions of the EXCITE trial have implications for basic science faculty in the areas of anatomy and neurophysiology and for clinical faculty in the areas of neurology and medicine as well as disciplines outside of medicine, including nursing, physical therapy and occupational therapy. In addition to the Center for Health Policy and Ethics, co-sponsors for the lecture include: Creighton University's Department of Neurology, School of Medicine, CME Division, and School of Pharmacy and Health Professions.

Dr. Wolf will also participate in an invited focused discussion on the policy, practice and ethical implications of the research he is conducting in stroke rehabilitation with a multidisciplinary group of health professionals, educators, and insurance representatives. In addition to Steven Wolf and Amy Haddad, Director of CHPE, the following individuals will participate in this focused discussion:

Teresa Cochran, PT, DPT, School of Pharmacy and Health Professions
Brenda Coppard, PhD, OTR/L, School of Pharmacy and Health Professions

Bob Sandstrom, PhD, PT, School of Pharmacy and Health Professions
Gail Jensen, PhD, PT, FAPTA, Graduate School and School of Pharmacy and Health Professions

John Bertoni, MD, Department of Neurology

Don Frey, MD, Department of Family Medicine

Helen Stanton Chapple, PhD, RN, Center for Health Policy and Ethics

Bill Minier, MD, Vice President of Medical Policy and Medical Director of Blue Cross and Blue Shield of Nebraska.

Wise to Speak at Distinguished Lecture Series

by *Christy Rentmeester, PhD*

Paul Wise, MD, MPH, is the Richard E. Behrman Professor of Child Health and Society at the Stanford University Freeman Spogli Institute for International Studies and the Center for Health Policy. In conjunction with Cover the Uninsured Week and in collaboration with the School of Medicine, Continuing Medical Education Division, Department of Pediatrics, Department of Medicine, and Health Sciences Multicultural and Community Affairs Department, we are delighted to host Dr. Wise as a speaker in the School of Medicine's Distinguished Lecture Series at noon on Wednesday, April 23, 2008 in the Creighton University Medical Center hospital's Morrison Seminar Room.



Paul Wise, MD, MPH

Professor Wise's work focuses on national and international trends in health inequalities among children. For years, he has traveled to Central America and devoted part of his practice to teaching and caring for indigenous children, with whom he communicates in their native Cakchiquel as well as in Spanish. Targeting AIDS and tuberculosis, his service to children in India and South Africa is also exemplary. Additionally, Professor Wise chairs the steering committee of the NIH's Global Network for Maternal and Child Health Research, has served on the Physicians' Task Force on Hunger, and has participated in the American Academy of Pediatrics' Consortium on Health Disparities. His past honors include recognition and awards from the American Public Health Association, the March of Dimes, and the New York Academy of Medicine.

Remarkably broad in scope, Professor Wise's work ranges from genetics to economic policy and focuses upon children's health policy, inequalities in health outcomes by race, ethnicity, and socioeconomic status, and the impact of medical technologies on inequalities in healthcare treatment and outcomes. His publications demonstrate the breadth of his scholarship in national and international public health policy. Most recently, he has written on bioterrorism preparedness and its implications for children, evaluated quality improvement strategies for treating children suffering from asthma, and studied the relationships among disease, political conflict, and displacement of children in countries at war. Professor Wise's work on transgenerational health inequalities also illuminates issues among underserved communities in the United States that are often neglected in bioethics and public health literature.

Focus on CHPE Faculty Associate: Todd Salzman, PhD

Dr. Todd Salzman has been a Faculty Associate with the Center for Health Policy and Ethics for the past two-and-a-half years. He is a Professor of Theology, and Chair of the Department of Theology. He serves on Creighton University Medical Center's Hospital Ethics Committee and chairs the Education Sub-Committee. He researches and teaches courses on the Foundations of Christian Ethics, Sexual Ethics, and Biomedical Ethics.

A chapter of Dr. Salzman's and Dr. Michael Lawler's forthcoming book, *The Sexual Person: Toward a Renewed Catholic Anthropology* (Georgetown University Press, 2008), combines two of his research interests: sexual ethics and biomedical ethics. This chapter explores Catholic teaching on the morality of reproductive technologies that was developed in the Congregation for the Doctrine of the Faith's *Donum Vitae (Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation: Replies to Certain Questions of the Day, 1987)*. The *Instruction* argues against the morality of reproductive technologies on the basis of the inseparability principle, i.e., "the 'inseparable connection, willed by God and unable to be broken by man on his own initiative, between the two meanings of the conjugal act: the unitive meaning and the procreative meaning'." This principle prohibits "artificial procreation" or "artificial fertilization," understood as "the different technical procedures directed towards obtaining a human conception in a manner other than the sexual union of man and woman." However, one notes a distinction in the *Instruction's* argument between homologous artificial fertilization (AFH), where the reproductive gametes are donated by the husband and wife, and heterologous artificial fertilization (AFD), where either the ova, sperm, or both ova and sperm come from a donor. In the former case (AFH), the *Instruction* focuses on a biological interpretation of natural law, which emphasizes maintaining the biological integrity of the sexual act to condemn the use of artificial fertilization. In the latter case (AFD), the *Instruction* focuses on a personalist interpretation of natural law, which emphasizes the relational damage of such procedures to the married couple, child, and broader social relationships as well as the objectification of the donor(s). Rather than rely upon the biological principle to condemn AFH, Dr. Salzman and Dr. Lawler believe that we have recourse to Catholic social teaching which offers a more compelling argument to explore the issue of artificial fertilization.

Catholic social teaching, sometimes referred to as the "best kept secret" of Catholic moral teaching, emphasizes the common good, which is grounded in human dignity and includes a preferential option for the poor, solidarity, stewardship, and distributive justice. The costs of reproductive technologies both in terms of their use of the talents and resources of health care professionals and the financial expense *may* serve as a stronger argument *against* reproductive technologies than the biological natural law principle. When millions of people in the United States and billions of people throughout the world lack health care, is reproductive fertilization a responsible use of resources? Also, the dangers of multiple births for mothers and studies that indicate an increased risk of birth defects for children born from reproductive technologies warrant a cautious approach to these technologies. Dr.



Todd Salzman, PhD

Salzman and Dr. Lawler propose a personalist principle in conjunction with Catholic social teaching as a more adequate principle to morally evaluate artificial reproductive technologies.

In addition to his research, Dr. Salzman participated in the Catholic Health Association's first dialogue, "Forming Leaders for Catholic Health Care and Education," in December 2007. The purpose of this dialogue is to explore and promote lay leadership in Catholic hospitals, especially in health care ministry, as a possible career opportunity for theology students. The focus of the one day retreat was to discuss developing a program and curriculum for educating mission leaders in Catholic health care. Given the shifting demographics of leadership in Catholic hospitals from religious to lay people and the frequent merger between Catholic and non-Catholic hospitals which can jeopardize the Catholic mission and identity, such programs are greatly needed.