

BIOETHICS & HUMANITIES NEWSLETTER



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WELCOME...

Welcome to the monthly Bioethics and Humanities Newsletter provided by the Program in Bioethics and Humanities at the University of Iowa Carver College of Medicine.

Program in Bioethics and Humanities:

Our Mission

We are committed to helping healthcare professionals explore and understand the increasingly complex ethical questions that have been brought on by advances in medical technology and the health care system. We achieve this through education, research, and service within the Carver College of Medicine, University of Iowa Health Care, University of Iowa, and the wider Iowa community.

[More Details About
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PUBLICATION HIGHLIGHT

Practical Wisdom and the Integration of Science and Humanism in Medicine

Lauris C. Kaldjian

[Medical Education](#)

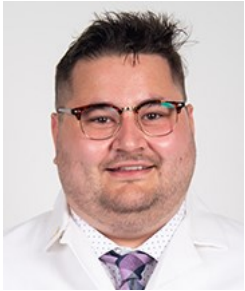
The commentary begins:

Early in my training as a physician, I noticed that some physicians are much more capable than others in caring for patients. In time, I realised why. While most physicians are really smart (they have a large fund of knowledge) and many also demonstrate good clinical judgement (they can apply knowledge to achieve desired outcomes), only some physicians integrated knowledge and good judgement with an ethical perspective. This moral vision allowed them to see patients not as problems to be solved or cases managed but as persons requiring care within the particularity of their physical, psychological, social and spiritual needs. In short, I learned to recognise the difference between knowledge, problem solving and a virtue-based understanding of practical wisdom in medicine. In doing so, I came to appreciate the truth of Edmund Pellegrino's pronouncement that 'Medicine is the most humane of sciences, the most empiric of arts, and the most scientific of humanities'. ¹ Science, practicality and humanism: these three dimensions combined explain excellence in patient-centred care.

To read the full article, [click here](#).



HUMANITIES CORNER



This month's spotlight is on **Johnny Malicoat, a fourth year medical student**. His creative work is a written reflection. He completed this creative work as part of the *Ethics and Humanities Sub-Internship Seminar*. During this Seminar students are asked to complete a written reflection or creative work that responds to a situation they encountered during their sub-internship that illustrated values in ethics, professionalism, or humanism.

When Ethics Meets Humanity in Cancer Care

I remember that morning in the clinic suite as if it were yesterday. We were preparing for an abdominal procedure to resect a mass that had concerning features for malignancy on ultrasound. As the patient arrived in the operating room, I watched her fingers tremble against the crisp white sheets—every knuckle a testament to her anxiety. The circulating nurse, alongside the attending physician, reviewed the consent form at her bedside. Together they ticked through the risks and potential complications, then the attending leaned in and said quietly, “Okay, now we’ll get you off to sleep and get this taken care of.” In barely five minutes, we shifted from a clothed conversation to sterile drapes, leaving the patient’s unspoken fears suspended in the air.

When the retractors lifted her abdominal wall, I recalled the single line from the consent document: “Counseled on malignant potential; patient understood risks.” Yet her posture—shoulders curved inward, eyes cast down—belied any true understanding or calm. Throughout the procedure, my role was to retract the incision and keep the field clear, but my thoughts kept drifting back to that bedside moment. When the specimen finally emerged—pale and lobulated, marred by patches of necrosis—the attending paused and announced, “Grossly, this looks suspicious for cancer. We’ll send it to pathology.” Without missing a beat, the attending resumed the procedure. Later, a preliminary call from pathology confirmed a likely malignant tumor and the attending met with the patient’s family to relay these findings. The attending urged them to “wait for the final report” before drawing conclusions, then shifted the conversation to chemotherapy and radiation—treatments that would reshape her life, for which she was scarcely prepared.

That evening, as I tried to write my postoperative note, the events replayed with uncanny clarity. I turned to the [Physician Charter on Medical Professionalism](#), which insists that “primacy of patient welfare” guide every decision and that “honesty with patients” demand more than clinical precision; it calls for transparent communication of uncertainty and empathetic framing of information. While we had disclosed the possibility of malignancy in clipped, factual terms, we failed to recognize that truth delivered without support can feel like abandonment. Her signature on the consent form did not guarantee understanding, and our haste had crowded out the deeper purpose of that signature: genuine informed choice.

Reading Cohen’s [Viewpoint on Linking Professionalism to Humanism](#) deepened my reflection. Cohen warns that professionalism, when reduced to checklists and observable behaviors, risks becoming hollow if severed from genuine humanism—“the qualities of empathy, compassion, and respect for patient dignity” that are the

HUMANITIES CORNER (CONTINUED)

soul of medicine. On that morning, our collective focus on protocol and efficiency had eclipsed the relational core of our work. I feared we had prioritized throughput over presence, technical mastery over emotional connection. The tension was not one of financial conflict but of competing imperatives: our profession's demand for speed clashing with our moral duty to treat a person as a whole.

I found myself pausing at the keyboard, mindful of Cohen's call for narrative reflection as a tool for "self-awareness and moral imagination" (Cohen 2007). Instead of rushing to finalize my note, I described the patient's visible anxiety, the husband's hushed question, and the attending's measured response. I crafted a plan to return to her bedside once the definitive pathology arrived—however briefly—to offer both context and compassion in that moment of waiting, and to answer questions she could not yet formulate. Though the system prized rapid turnover, I realized that small acts of presence—holding a hand, making eye contact, inviting questions—can sustain trust far more than a perfectly executed closure.

Imagining myself years from now as an attending physician, I see how these lessons might shape my daily practice. Before any incision, I would intentionally create a moment of shared pause, inviting the patient and family into the conversation, and asking, "What worries you most right now?" Genuine listening would become part of preoperative routine, not an optional extra. If unexpected findings emerged, I would strive to frame uncertainty with empathy: "I see features that concern us for cancer, but pathology will give us a definitive answer in a few days. Until then, we will face this together." In so doing, I would enact the Charter's call to manage conflicts between efficiency and patient welfare by aligning our workflow around human needs.

Beyond individual encounters, I would champion a culture of reflective practice within the surgical team. After challenging cases, I would convene brief debriefs that welcome not only technical feedback but also emotional reflections—encouraging residents and nurses to name ethical concerns or moments of moral distress. This practice echoes Cohen's advocacy for integrating humanities into medical education, fostering moral imagination and collective self-reflection. By normalizing discussions of feelings and ethical dilemmas, we affirm that compassion and competence are inseparable.

Finally, I would work to embed systems that support humanistic professionalism. Whether through structured checklists that include an "empathy timeout" before anesthesia or narrative-medicine workshops, I would strive to ensure that institutional policies reinforce, rather than undermine, the primacy of patient welfare and human dignity. After all, the Physician Charter calls on organizations as well as individuals to embed these values into education, policy, and performance evaluation.

That morning in the OR taught me that excellence in medicine extends far beyond scalpel strokes. It lives in the honest word spoken with compassion, the attentive presence offered in moments of uncertainty, and the steadfast commitment to patient welfare even when time is short. The *Physician Charter* and Cohen's humanistic vision remind us that professionalism and humanism are two sides of the same coin: one provides structure and accountability, the other supplies the moral heart that animates our work. By weaving these principles into every patient interaction, we honor the trust placed in us and uphold the true spirit of our profession.

BIOETHICS IN THE LITERATURE

- ⇒ Abbasi AB, Curtis LH, Califf RM. The promise of real-world data for research - what are we missing? [N Engl J Med](#). 2025 Jul 24; 393: 318-321.
- ⇒ Abdulnour RE, Gin B, Boscardin CK. Educational strategies for clinical supervision of artificial intelligence use. [N Engl J Med](#). 2025 Aug 21; 393: 786-797.
- ⇒ Agur Cohen D, Shadmi L, Biderman A, Yakov G. 'As you set out for Ithaca': View- a visual tool for teaching ethical decision making in medical practice. [Perspect Med Educ](#). 2025; 14: 427-435.
- ⇒ Au S, Perepeluk P, Soo A, Simon J. Defining and characterizing inappropriate goals of care designation: A 10-year retrospective multicenter ICU cohort study. [J Pain Symptom Manage](#). 2025 Aug; 70: 170-181.e171.
- ⇒ Beach MC, Harrigan K, Chee B, Ahmad A, Links AR, Zirikly A, et al. Racial bias in clinician assessment of patient credibility: Evidence from electronic health records. [PLoS One](#). 2025; 20: e0328134.
- ⇒ Bhardwaj A. Challenges in effective communication for end-of-life decision making in clinical practice. [Hosp Pract \(1995\)](#). 2025 Feb; 53: 2537618.
- ⇒ Breyre AM, Merkle-Scotland EJ, Yang DH, Hanson K, Jagani S, Tolkoﬀ A, et al. Do not resuscitate (DNR) emergency medical services (EMS) protocol variation in the United States. [Am J Emerg Med](#). 2025 Jul 16; 97: 123-128.
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- ⇒ Cifru A. Friday reflection 51: Failing in place. [Sensible Med](#). 2025 Aug 22.
- ⇒ Clayton EW. Clinicians have crucial roles in diagnosis in an AI world. [JAMA Pediatr](#). 2025 Jul 28. [Online ahead of print]
- ⇒ Chart Collaborative. Reporting guidelines for chatbot health advice studies: Explanation and elaboration for the chatbot assessment reporting tool (CHART). [BMJ](#). 2025 Aug 1; 390: e083305.
- ⇒ Crane JT, Neuhaus CP. Enacting justice in community health centers. [Perspect Biol Med](#). 2025; 68: 370-387.
- ⇒ DuMontier C, Dale W, Revette AC, Roberts J, Sanyal A, Perumal N, et al. Ethics of overtreatment and undertreatment in older adults with cancer. [BMC Med Ethics](#). 2025 Jul 24; 26: 105.
- ⇒ Earl J, Dawson L, Rid A. The social value misconception in clinical research. [Am J Bioeth](#). 2025 Aug; 25: 61-77.



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- ⇒ Ergin E, Goke Arslan G, Cinar Yücel S. A scale development study: Ethical sensitivity towards artificial intelligence and robot nurses. [J Eval Clin Pract](#). 2025 Aug; 31: e70151.
- ⇒ Grekov K, Batten J, Tate T, Anand KJS, Magnus D, Halley MC. Exploring how claims of "suffering" are operationalized in pediatric critical care. [J Pain Symptom Manage](#). 2025 Aug; 70: e167-e175.
- ⇒ Hossain F, Gabbay E, Fins JJ. Clinical ethics and the observant Jewish and Muslim patient: Shared theocentric perspectives in practice. [Camb Q Healthc Ethics](#). 2025 Apr; 34: 247-263.
- ⇒ Lown N. Ambient scribing risks loss of the cognitive benefits of writing. [BMJ](#). 2025 Jul 25; 390: r1518.

“Ambient scribing can certainly help to reduce the burden of recording a consultation. But we need to be mindful of all the aspects of documentation that we are replacing. What cognitive benefits of writing might we forfeit when we adopt these systems?”

(Lown)

- ⇒ Mann S, Barbee H. Public health and ethical risks of rollbacks on Medicaid coverage for gender-affirming care. [JAMA](#). 2025 Aug 7. [Online ahead of print]
- ⇒ Nelson RH, Kious B, Largent E, Moore B, Blumenthal-Barby J. Is suffering a useless concept? [Am J Bioeth](#). 2025 Aug; 25: 12-19.
- ⇒ Padela AI, Hayek R, Tabassum A, Jotterand F, Qadir J. Assisting, replicating, or autonomously acting? An ethical framework for integrating ai tools and technologies in healthcare. [Bioethics](#). 2025 Jul 18. [Online ahead of print]
- ⇒ Park HS, DeGroote N, Lewis RW, Lee K, Lange A, Johnson K, et al. The scope of clinical practice of inpatient and outpatient pediatric palliative care within pediatric oncology. [Pediatr Blood Cancer](#). 2025 Sep; 72: e31832.
- ⇒ Ryan J, Brown HM, Borden A, Devlin C, Kedmy A, Lee A, et al. 'It's really who they are and what they want': Staff perspectives on supporting autonomy for autistic adults with intellectual disabilities. [J Appl Res Intellect Disabil](#). 2025 Jul; 38: e70106.
- ⇒ Shapiro J, Acholonu C, Madrigal V. Ethics in the emergency department: Withholding or terminating resuscitation. [Pediatr Emerg Care](#). 2025 Aug 1; 41: 661-666.
- ⇒ Wang Z, Xin D, Wang F. The quiet part of medicine-caring beyond the protocol. [JAMA Intern Med](#). 2025 Aug 11. [Online ahead of print]
- ⇒ Watson K. Brain death in pregnancy - abortion, advance-directive, or end-of-life law? [N Engl J Med](#). 2025 Jul 24; 393: 313-315.

BIOETHICS IN THE NEWS

- ⇒ Here's what happened when I made my college students put away their phones. [The New York Times](#), August 21, 2025.
- ⇒ As Trump weighs I.V.F., Republicans back new 'natural' approach to infertility. [The New York Times](#), August 21, 2025.
- ⇒ How the racist study of skulls gripped Victorian Britain's scientists. [The Conversation](#), August 21, 2025.
- ⇒ A look at arguments around Colorado's medical assistance in dying law. [NPR](#), August 19, 2025.
- ⇒ The debate over defining death. [The New York Times](#), August 17, 2025.
- ⇒ Brain device that reads inner thoughts aloud inspires strategies to protect mental privacy. [Science](#), August 14, 2025.
- ⇒ Why a Michigan man waited over a month in the hospital for stroke rehab. [NBC News](#), August 14, 2025.
- ⇒ 'A fear pandemic:' Immigration raids push patients into telehealth. [KFF Health News](#), August 14, 2025.
- ⇒ The hidden costs of cutting Medicaid. [NPR](#), August 12, 2025.
- ⇒ Naton's fertility clinics struggle with a growing number of abandoned embryos. [NBC News](#), August 12, 2025.
- ⇒ Schools are looking for chaplains, but the understanding of who—and what—chaplains are varies widely. [The Conversation](#), August 11, 2025.
- ⇒ An AI model for the brain is coming to the ICU. [Wired](#), August 11, 2025.
- ⇒ The ethical boundaries of organ donation. [The New York Times](#), August 11, 2025.
- ⇒ Tennessee readies for execution of man with working implanted defibrillator. [NPR](#), August 5, 2025.
- ⇒ The psychological toll of living in the metaphorical medical waiting room. [STAT News](#), August 4, 2025.
- ⇒ A cancer patient chose assisted death. That wasn't the last hard choice. [The New York Times](#), August 3, 2025.
- ⇒ From printing presses to Facebook feeds: What yesterday's witch hunts have in common with today's misinformation crisis. [The Conversation](#), August 1, 2025.
- ⇒ Donor organ are too rare. We need a new definition of death. [The New York Times](#), July 30, 2025.



BIOETHICS OPPORTUNITIES

UPCOMING

- ⇒ [Pediatric Pain & Palliative Care Annual Conference](#), Thursday, November 6, 2025, 8:00am-4:00pm, Radisson Hotel and Conference Center, Coralville, Iowa

ONGOING

- ⇒ American Journal of Bioethics: [YouTube channel](#) containing previous webinars
- ⇒ Children's Mercy Kansas City: [Pediatric Ethics Podcast series](#)
- ⇒ Consortium on Law and Values in Health, Environment & the Life Sciences: [Events](#)
- ⇒ The Hastings Center: [Webinars](#) and [Events](#)
- ⇒ [Health Ethics](#) podcast with host Bryan Pilkington, PhD (Hackensack Meridian School of Medicine): Find on Google Podcasts, Spotify, Apple Podcasts, and Audible.
- ⇒ The MacLean Center for Clinical Medical Ethics: [YouTube channel](#) containing previous lectures
- ⇒ Michigan State University Center for Bioethics and Social Justice: [Recorded Webinars](#)
- ⇒ Office for Human Research Protections [Luminaries Lecture Series](#)
- ⇒ University of Minnesota Center for Bioethics: [Events](#)

BIOETHICS SERVICES AT THE UIHC

ETHICS CONSULT SERVICE

This service is a clinical resource for UI Health Care personnel who would like help addressing an ethical question or problem related to a patient's care. Consults can be ordered through EPIC or by paging the ethics consultant on call. For more information, [click here](#).



CLINICAL RESEARCH ETHICS SERVICE

We provide free consultation on ethical issues related to research design, tissue banking, genetic research results, informed consent, and working with vulnerable patient populations. In particular, we assist clinical investigators in identifying and addressing the ethical challenges that frequently arise when designing or conducting research with human subjects. These include ethical challenges in sampling design; randomized and placebo-controlled studies; participant recruitment and informed consent; return of individual-level research results; community engagement processes; and more. For more information, [click here](#).