

BIOETHICS & HUMANITIES NEWSLETTER



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
The Program](#)

Inside this issue:

REGISTER NOW! 2
Ethics in Healthcare, May 29, 2026

Program Highlight: Podcast Episode with Lauris Kaldjian, MD, PhD 3

Humanities Corner: Written reflection by Ostap Kukhar, M4 4-5

Bioethics in the Literature 6-8

Bioethics in the News 9

Bioethics Opportunities 10

Bioethics Services at the UIHC 10

ETHICS IN HEALTHCARE CONFERENCE

Friday, May 29, 2026 | 8:00 a.m. – 4:00 p.m.
Medical Education Research Facility (MERF)
Carver College of Medicine, University of Iowa



SESSION ONE

The Moral Calibration of Professional Duty: How Responsible Am I for My Patient's Wellbeing?

Aaron Kunz, DO, MA, MME



SESSION TWO

Between Patient, Parent, and Professional: A Framework for Ethical Pediatric Decision-Making

Erica Salter, PhD, HEC-C



SESSION THREE

AI and the Patient-Clinician Relationship

Micah Prochaska, MD, MSc, SFHM



SESSION FOUR

Frequently Used Resources and References in Clinical Ethics Consultation

Rebecca Benson, MD, PhD

Intended Audience:

Administrators, Attorneys, Chaplains, Nurses, Nurse Practitioners, Physicians, Physician Assistants, Social Workers, Students, Trainees, and Others

**Scan the QR code for full conference
details and a link to registration.**



Space is limited to 60 attendees, please register early.

PROGRAM HIGHLIGHT

The Philosophical Pulse: Open Discourse on Medicine and Medical Education is a podcast hosted by philosopher and medical ethicist **Fabrice Jotterand, PhD, MA** (Oregon Health & Science University) and physician **James Woodruff, MD** (University of Chicago Pritzker School of Medicine). The podcast aims to bridge the gap between abstract philosophical ideas and the realities of everyday clinical practice.

Episode 6 of the podcast, titled *“Practical Wisdom in Clinical Practice and Medical Education,”* featured special guest **Lauris Kaldjian, MD, PhD**, Director of the Program in Bioethics and Humanities and Professor in the Department of Internal Medicine. This episode was released on March 13, 2026.

To listen to episode 6 or explore additional episodes, [click here](#).



HUMANITIES CORNER



This month's spotlight is on **Ostap Kukhar, 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.

"Why the heparin?" the attending asked.

"We always do heparin. All of our patients get it during their hospitalization," came the reply.

Medicine has a bias toward action. Trained to do something rather than let things be, to intervene rather than observe. Many aspects of inpatient care become reflexive and proceed without much deliberation: ordering venous thromboembolism prophylaxis on admission, repeating daily chest radiographs in stable patients, trending laboratory values that do not alter management, or prescribing medications for conditions that would never be treated outside the hospital. Beneath these small, routine decisions lies a broader pattern: a need to act, to respond, to demonstrate vigilance.

These actions often serve our own anxieties as much as our patients' needs. As risk-averse clinicians, we gather information and intervene aggressively to reduce uncertainty and liability, yet we rarely pause to consider the alternative: doing nothing.

You get an asymptomatic laboratory abnormality. Choosing not to act can feel dangerous or unprofessional, even when the finding is benign or chronic for the patient and would never prompt intervention in the outpatient setting. Our instincts push us toward preemption. This impulse is not malicious; physicians want to help. But wanting to help does not always mean acting.

Part of the problem lies in how we are trained. From the earliest stages of medical education, we are taught to anticipate rare complications, to be proactive, and to intervene early. Trainees are praised for ordering the test that "caught something" or suggesting the additional medication that might help. It is far less common to be rewarded for restraint. Telling an attending that today's plan is observation alone can feel inadequate, even lazy, and may be perceived as such by staff, patients, or families.

HUMANITIES CORNER (CONTINUED)

Yet medicine requires judgment not only in choosing what to do, but whether to do anything at all. As in science, every intervention should be compared to the null hypothesis: is this better than doing nothing? That question deserves serious consideration, especially when even seemingly minor interventions, an extra lab draw, a medication, a monitoring protocol, carry real costs and risks.

Consider a patient hospitalized for more than three weeks. Every morning she has labs drawn. Every six hours she is awakened for medications and vital signs. She is woken again for rounds. While she remains ill, it may be entirely reasonable to space laboratory testing to every other day without compromising her care. Doing so could allow uninterrupted sleep, promote recovery, and improve how she feels. The benefit of less stress and rest is frequently underestimated, while the option of spacing or omitting routine labs is too seldom considered.

We forget how intrusive hospitalization is. Being awakened at 4:00 a.m. for vital signs or repeatedly subjected to blood draws takes a toll. Constant measuring and monitoring can displace presence, listening, and attention to the patient's experience.

This bias toward action is not benign. When unchecked, it risks violating beneficence and nonmaleficence, and it raises questions about just use of resources. We should ask ourselves honestly: are we acting for the patient, or for our own reassurance?

Good medicine is not defined by how many interventions we order or how many boxes we check. It is defined by thoughtful attention to patients' well-being and careful consideration of how even small decisions affect them. Sometimes the best care is not another test or medication, but the knowledge and courage to refrain. Restraint is difficult, particularly in a culture which tends to equate action with competence. Yet knowing when to do nothing may be one of the most meaningful acts of care we offer.

BIOETHICS IN THE LITERATURE

- ⇒ Balasubramanian A, Balasubramanian P. Epilepsy, ethics, ethnicity: "Making and unmaking" Elsie Lacks at Crownsville State Hospital in The Immortal Life of Henrietta Lacks. [J Bioeth Inq](#). 2026 Feb 23. [Epub ahead of print]
- ⇒ Balin C, Conston B, DeCamp M, Parker C, Resnik D, Shi M, et al. Does bioethics pay sufficient attention to issues related to chronic disease? A survey of articles published in top bioethics journals from 2001 to 2024. [HEC Forum](#). 2026 Feb 24. [Epub ahead of print]
- ⇒ Banja JD, Xie Y, Smith JR, Rana S, Holder AL. Mitigating bias in machine learning models with ethics-based initiatives: The case of sepsis. [Am J Bioeth](#). 2026 Feb; 26: 96-109.
- ⇒ Debrabander J. Autonomy and the right not to know incidental findings arising during treatment response monitoring. [J Med Ethics](#). 2026 Feb 25. [Epub ahead of print]
- ⇒ Dickert NW, Goldkind SF, Nichol G, Silbergleit R. Emergency care research and exception from informed consent: Addressing the spectrum of capacity for consent. [Ethics Hum Res](#). 2026 Mar-Apr; 48: 31-38.
- ⇒ Galmiche P, Mesnage V, Spranzi M. Facing assisted dying requests where it is illegal: Lessons from clinical ethics consultations. [Bioethics](#). 2026 Mar; 40: 343-349.
- ⇒ Giménez Lorente D, Siles González J. Baruch Spinoza and the ethics of care: Towards a monistic understanding of spiritual care at the end of life. [Nurs Philos](#). 2026 Apr; 27: e70072.
- ⇒ Goff AD, Fins JJ. Curious engagement: Navigating false predicates in ethics consultation. [J Clin Ethics](#). 2026 Spring; 37: 57-62.
- ⇒ Haines KJ, Kjaer MN, Deane AM. Physical restraint use in critical care: Balancing safety and harm. [JAMA](#). 2026 Mar 17. [Epub ahead of print]



BIOETHICS IN THE LITERATURE (CONTINUED)

- ⇒ Haruta J, Miyachi J, Kato K, Kuwabara T, Imae A, Sase Y. Integrating fixed norms and relational responsiveness in medical education: Redefining autonomy. [Med Teach](#). 2026 Mar; 48: 516-518.
- ⇒ Herington J, Cho MK. A justice-first approach to ambient intelligence in healthcare. [Am J Bioeth](#). 2026 Feb; 26: 10-21.
- ⇒ Kim DT, Yu X. A life worth sustaining? Bestowed worth and pediatric care. [Hastings Cent Rep](#). 2026 Mar-Apr; 56: 30-42.
- ⇒ Marsaa K, Kalluri M. Reclaiming humanity in healthcare—The first and most important role for physicians is to relieve suffering associated with illness. [J Gen Intern Med](#). 2026 Feb; 41: 831-835.

“To cure sometimes, to relieve often, and to comfort always, these words have called out to generations of physicians. Now, it is time to get this “comfort always” back into healthcare practice.”

(Marsaa and Kalluri)

- ⇒ Nix HP. Addressing incidental findings in neuroimaging studies: Never easy, rarely rescue. [Ethics Hum Res](#). 2026 Mar-Apr; 48: 16-22.
- ⇒ Prince AER, Berkman B, Ford D, Fox D, Guerrini C, Koopmann A, et al. Putting the L in ELSI: Legal methods for bioethics research. [J Law Biosci](#). 2026 Feb; 13: Isag002.
- ⇒ Randall P. Making medical decisions for children with profound cognitive disabilities: Pluralism and the best interest standard. [Hastings Cent Rep](#). 2026 Mar-Apr; 56: 19-29.
- ⇒ Savla R, Van Hoven AM, Pilkington B. Ethical considerations in the use of weight loss medications. [J Gen Intern Med](#). 2026 Feb; 41: 852-855.

“Physicians must balance evidence-based prescribing while keeping in mind the allocation of limited resources. Patients must critically assess their healthcare choices while engaging in informed discussions with professionals. Policymakers must craft equitable policies that prioritize need over profit.”

(Savla, Van Hoven, and Pilkington)

- ⇒ Serim-Yıldız B, Erdoğan T, Altun S, Öztoprak C. Knowledge of and approach toward ethics in research involving children. [J Empir Res Hum Res Ethics](#). 2026 Apr; 21: 25-38.

BIOETHICS IN THE LITERATURE (CONTINUED)

- ⇒ Shakhsher B, O'Connor M, Makarachi B, Angelos P. The gray zone between quality improvement and human subject research. [J Clin Ethics](#). 2026 Spring; 37: 34-37.
- ⇒ Streller R. The Arena. [Sensible Medicine](#). 2026 Feb 21.
- ⇒ Sumner S. Moral injury among intensive care unit nurses: Roles of moral resilience and a healthy work environment. [Am J Crit Care](#). 2026 Mar; 35: 118-126.
- ⇒ Tekin S, Delehanty M. Beyond doomsday fears: Why we need to consider the potential harms of AI psychotherapy. [Am J Bioeth](#). 2026 Feb; 26: 45-55.
- ⇒ Waltz M, Meagher KM, Canter C, Kucmanic M, Kuczynski KJ, Prince AER, et al. Distinguishing social and medical traits: Perspectives of scientists using polygenic scores. [J Community Genet](#). 2026 Feb 14; 17: 29.
- ⇒ Wasson K, Benton K, Bruckmüller K, Gaule M, Hahlweg P, Jox RJ, et al. Ethical uncertainties: Diverging and emerging regulations of assisted dying/assisted suicide and the potential role of clinical ethics. [Bioethics](#). 2026 Mar; 40: 241-250.
- ⇒ Willett AS, Levy A, Charon R. For clinicians who write essays about patients: Conceptual review of consent and ethical considerations. [J Gen Intern Med](#). 2026 Feb 17. [Epub ahead of print]
- ⇒ Yang B, Lee JJ, Tsai T, Sattler AL, Shah S, Smith MA, et al. Transforming the primary care journey with generative AI: A foundation model to boost efficiency, quality, and engagement. [J Gen Intern Med](#). 2026 Feb; 41: 836-840.

“Generative AI holds significant promise to transform the primary care journey for both patients and providers. In this article, we propose the development of an AI foundational model to tackle many of the current pain points in this journey by supporting chart summarization, clinical decision support, personalized patient instructions, clinical documentation, and asynchronous care delivery. This vision may be closer to reality than we used to believe.”

(Yang et al.)

BIOETHICS IN THE NEWS

- ⇒ 50 years ago, Karen Quinlan's coma sparked the movement for patients' rights near the end of life. [The Conversation](#), March 23, 2026.
- ⇒ Exposed and invisible in an ER hallway bed. [STAT News](#), March 18, 2026.
- ⇒ Alberta seeks to set limits on use of medically assisted dying. [BBC via MSN](#), March 18, 2026.
- ⇒ Social media isn't just speech. It's also a defective, hazardous product. [The New York Times](#), March 14, 2026.
- ⇒ Paying families of organ donors would save lives, these economists say. [NPR](#), March 12, 2026.
- ⇒ In talking to parents about vaccines, pediatricians navigate a sea of misinformation. [The New York Times](#), March 11, 2026.
- ⇒ We visited "ground zero" for hospice fraud: Los Angeles, California. [CBS News](#), March 10, 2026.
- ⇒ Canada now offering same-day assisted suicide, with one elderly woman who changed her mind killed anyway. [Daily Mail](#), March 7, 2026.
- ⇒ A Danish program takes on the stigma of mental illness. [The New York Times](#), March 3, 2026.
- ⇒ Our hospice system subverts the very point of hospice care. [The New York Times](#), March 2, 2026.
- ⇒ The doctors are not alright. [MedPage Today](#), March 2, 2026.
- ⇒ ChatGPT as a therapist? New study reveals serious ethical risks. [Science Daily](#), March 2, 2026.
- ⇒ Henrietta Lacks' estate settles with Novartis over the 'stolen cells' that advanced science. [STAT News](#), February 28, 2026.



BIOETHICS OPPORTUNITIES

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](#).