



2021 Board of Directors Board Book Table of Contents

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2021 Board Important Dates

Board-Staff Retreat

Location: Zoom Meeting due to the Pandemic

The first board meeting of 2021 will be held during the retreat. The 2021 Board-Staff Retreat will be held as follows:

- Friday, January 29, 12 noon – 5 pm:
 - Strategy Sessions on the COVID Vaccine
 - 12 noon – 1:30 pm Public Webinar
 - 1:45 – 3:15 pm Private Meeting
 - Retreat Session 1 | 3:30 – 5:00 pm
- Saturday, January 30, 8 am – 12 noon:
 - Board Meeting | 8:00 – 9:00 am
 - Succession Planning | 9:00 – 10 am
 - Retreat Session 2 | 10:15 – 12 noon

Board Meetings

Location: Zoom meetings until vaccination are in place, then resume in-person combined with Zoom conferencing meetings at Polsinelli PC, 900 W. 48th Place, 9th Floor Shalton Conference Room, Kansas City, MO 64112

The 2021 Board meetings will be held on the second Wednesday of every other month at 7:30 am Central Standard Time:

- March 10
- May 12
- July 14
- September 8
- November 10

Center Events

2020 Annual Event: Thursday, February 25 | Preshow 6:30 pm | Program Performance 7:00 pm

Joan Berkley Bioethics Symposium: TBD

Rosemary Flanigan Lecture: August TBD

2021 Board of Directors Center for Practical Bioethics

Name and Title	Emails	Phone Numbers	Addresses	Notes
Abiodun Akinwuntan, PhD, MPH, MBA Dean & Professor, KU School of Health Professions	aakinwuntan@kumc.edu	W 913-588-0096 C 913-291-4697	KU School of Health Professions 3901 Rainbow Blvd, MS 2007 Kansas City, KS 66160	Exec Assist: Tiffany Pollard 913-588-6770 tpollard2@kumc.edu
Mary Beth Blake, JD Center Founder – life member with vote	marybblake570@outlook.com	C 913-707-6375	9112 Mill Creek Rd Lenexa, KS 66219	
Brian Carter, MD Sirridge Endowed Professor of Medical Humanities and Bioethics at UMKC & Co-Director for the Children's Mercy's Certificate in Pediatric Bioethics	bscarter@cmh.edu	W 816-701-5268 C 615 319-2299	Home: 8225 Belinder Rd Leawood, KS 66206 Children's Mercy Kansas City 2401 Gillham Road Kansas City, MO 64108	Admin Asist: Jennifer Pearl 816-701-5284 jepearl@cmh.edu
Karen Cox, RN, PhD, FACHE, FAAN President, Chamberlain University	KarenCox@chamberlain.edu	W 630-512-8900 C 816-810-4975	Work: Chamberlain University, 3005 Highland Parkway, Downers Grove, IL 60515 Home: 4929 Westwood Rd Kansas City, MO 64112-1135	Exec Assistant: Elaine Vernioia, MBA 630.512.8882 evernoia@chamberlain.edu
Darrin D'Agostino, DO, MPH, MBA Executive Dean & VP for Health Affairs, Professor of Internal Medicine KCUMB	ddagostino@kcumb.edu	W 816-654-7202 C 817-372-6590	Kansas City University of Medicine and Bioscience 1750 Independence Ave Kansas City, MO 64106 Home: 5112 W. 67 th St., Prairie Village, KS 66208	Executive Assistant: Ashlee Dickerson 816-654-7206 adickerson@kcumb.edu
Alan S. Edelman Resource Development Committee Chair	alane317@gmail.com	C 913-707-8885 H 913-345-1985	2913 W 124th St Leawood, KS 66209	
Sukumar Ethirajan, MD Dr.E.T.'s Concierge Care	kancer@me.com	W 913-735-3873 C 913-710-3879 F 913-396-6502	Dr.E.T.'s Concierge Care 12140 Nall Ave, Suite 305 Overland Park, KS 66209 Home: 11120 Brookwood Ave Leawood, KS 66211-3091	
Tresia Franklin, CEBS, CFA, CCP Treasurer, Chair Finance Committee Community Volunteer	tfranklin1369@gmail.com	C 816-213-1969 H 816-822-7119	Home: 631 W 59th St., Kansas City, MO 64113	
Diane Gallagher Vice President, Value-Add, American Century Investments	Diane_Gallagher@americancentury.com	W 816-340-3063 C 913-221-8284	American Century Investments 4500 Main Street Kansas City, MO 64111 Home: 2201 W 79 th Terrace Prairie Village, KS 66208	

Name and Title	Emails	Phone Numbers	Addresses	Notes Page 4
Eva Karp, DHA, MBA, RN-C, FACHE Board Chair SVP, Chief Clinical & Patient Safety Officer, Cerner Corporation	ekarp@cerner.com	W 816-201-3037 W Cell 816-885-3019 C 816-888-9387 not in service	Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117 Home: 6208 N Mattox Rd Kansas City, MO 64151	Assistant: Kirsten West kirsten.west@cerner.com C: 816 315-2833
Jane Lombard, MD, MBA Medical Director El Camino Health	jlomb3017@aol.com	650-279-2028	El Camino Health, 2490 Grant Rd, Mountain View, CA 94040 Home: 25980 Quail Lane Los Altos Hills, CA 94022	
Sam Meers Executive Vice President, Health & Finance, Barkley	samm@meers.com smeers@barkleyus.com	816-898-2920	Barkley Kansas City 1740 Main Street Kansas City, MO 64108 Home: 601 W 63rd St, Kansas City, MO 64113-1525	
Maggie Neustadt, JD CPHRM, FASHRM VP Risk & Claims Management, Saint Luke's Health System	mneustadt@saint-lukes.org maggieneustadt@gmail.com	W 816-932-2089 C 816-805-5118	Saint Luke's Health System 901 E. 104th St KC, MO 64131 Home: 8802 W. 155th Terr Overland Park, KS 66221	Assistant: Tina Hoff Pedersen thoff-pedersen@saint-lukes.org 816- 932-3783
Stephen Salanski, MD (Steve) Vice Chair, Governance Committee Chair Medical Director Partners in Primary Care Clinics	ssalanski@transcendphm.com	C 816-536-3451 C W 816 289-4875	282 SE Sumpter Ct Lee's Summit, MO 64063	
Sandra Stites, MD Immediate Past Chair Kansas City Women's Clinic Group	sandraresea@aol.com	W 913-894-8500 C 816-718-2808	Kansas City Women's Clinic, PA 10600 Quivira Rd, 3rd Floor, Overland Park, KS 66215 Home: 204 W. 51st Terr Kansas City, MO 64112	
Mark R. Thompson, JD Shareholder, Seigfreid Bingham	mthompson@sb-kc.com	W 816-265-4120 C 913-209-9307 W after 5 pm 816-265-4120	2323 Grand Blvd. Suite 1000 Kansas City, MO 64108 Home: 6109 Morningside Drive, Kansas City, MO 64113	Assistant: Nina David 816-265-4131 ndavid@sb-kc.com
Liza Townsend, JD, MSW Secretary Community Volunteer	lizarowlandtownsend@gmail.com	C 816-520-7096	5320 Belleview Ave Kansas City, MO 64112	
Peter Wilkinson Vice President of Product Development, Rx Savings Solutions	pwilkinson@rxsavingsolutions.com Pmwilkinson18@gmail.com	W 913-485-8637 C 913-485-8637	Home: 10543 Rosehill Rd Overland Park, KS 66215 Rx Savings Solutions 11225 College Blvd. #400, Overland Park, KS 66210	



2021 Board Committees

Executive Committee (§5.1.1)

- Eva Karp, Board and Executive Committee Chair
- Steve Salanski, Vice Chair and Governance Committee Chair
- Sandra Stites, Immediate Past Chair
- Tresia Franklin, Treasurer and Finance Committee Chair
- Liza Townsend, Secretary
- Alan Edelman, Resource Development Chair

Staff: John Carney

Finance (§5.1.2)

2021 Meeting Dates: TBD

- Tresia Franklin, Chair
- Darrin D'Agostino
- Diane Gallagher
- Marc Hammer (Non-board)
- Richard Jungck (Non-board)
- John Toren (Non-board)

*Staff: Cindy Leyland
Jan Evans*

Governance (§5.1.4)

2021 Meeting Dates: 1st Fri of every other month, 8 am: Feb 5, April 2, June 4, Aug 6, Oct 1, Dec 3

- Steve Salanski, Chair
- Abiodun Akinwuntan
- Mary Beth Blake
- Karen Cox
- Maggie Neustadt
- Mark R. Thompson

*Staff: Cindy Leyland
John Carney*

Audit (§5.1.3)

- Richard Jungck, Chair
- Tresia Franklin
- Marc Hammer
- John Toren

*Staff: Cindy Leyland
Jan Evans*

Resource Development & Major Gifts (§5.1.5)

2021 Meeting Dates: 1st Tues of every other month, time TBD: Feb 2, April 6, June 1, Aug 3, Oct 5, Dec 7

- Alan Edelman, Chair
- Brian Carter
- Sukumar Ethirajan
- Jane Lombard
- Sam Meers
- Liza Townsend
- Peter Wilkinson

- Membership
- Annual Dinner Board Liaison
- Major Gifts
- Leadership Fund
- Planned Giving
- Individual and Board Gifts
- Foundations and Corporations
- New National Prospects

*Staff: John Carney
Cindy Leyland*

Center for Practical Bioethics
(Founding and Non-Founding Directors)*
Terms and Classes for January 1, 2021 through December 31, 2023

Seat	Terms Expiring	Director (1 st year)	Eligible for Re-Election	Officers and Exec. Committee
	Dec 2021			
1		Peter Wilkinson ('16)	Y – 2 nd Term	
2		Jane Lombard ('16)	Y – 2 nd Term	
3		Brian Carter ('19)	Y – 1 st Term	
4		Karen Cox ('19)	Y – 1 st Term	
5		Tresia Franklin ('19)	Y – 1 st Term	Treasure/Finance Committee Chair
6		Diane Gallagher ('20)	Y# #	
	Dec 2022			
7		Abiodun Akinwuntan ('17)	Y – 2 nd Term	
8		Sam Meers ('20)	Y – 1 st Term	
9		Liza Townsend ('17)	Y – 2 nd Term	Secretary
10		Sandra Stites ('14)	Y – 3 rd Term	Imm. Past Chair
11		Steve Salanski ('17)	Y – 2 nd Term	Vice Chair/ Governance Committee Chair
12		Mark R. Thompson ('20)	Y – 1 st Term	
	Dec 2023			
13		Alan Edelman ('18)	Y – 2 nd Term	Resource Development Chair
14		Sukumar Ethirajan ('15)	Y – 3 rd Term	
15		Maggie Neustadt ('20)	Y# – 1 st Term	
16		Eva Karp ('17)	Y# - 2 nd Term	Board Chair
17		Darrin D'Agostino ('17)	Y# - 2 nd Term	
18		Open		
19		Mary Beth Blake, JD [†]		Founding Director
20		N/A		

* The board shall consist of 15 to 18 non-founding directors plus founding directors [Section 3.2, corporate bylaws]. Non-Founding directors serve three (3) year staggered terms and are eligible for up to three (3) consecutive terms. Service to complete a vacated term shall not be considered a 3-year term limitation.[Section 3.3, corporate bylaws]. Those elected to office in the corporation may continue as directors for the term of elected office.

First elected to complete a one-year unexpired term (expiring Dec. 2017 or 2020 – see Class of 23)

First elected to complete two-year unexpired term (expiring Dec 2021- see Class).

† Founding Director



Board Roles and Responsibilities

Purpose

The Board of Directors has a legal, fiduciary and ethical duty to oversee the operation of the Center for Practical Bioethics including but not limited to ensuring that a strategic plan is in place that has been reviewed and approved by the board, (board members may contribute to the plan by serving on a guidance committee during the preparation, but developing the plan is the responsibility of the President/CEO); monitoring the progress of the Center according to its mission, strategic plans, and goals; ensuring adequate fund development for the Center; hiring and reviewing/evaluating the President/CEO; approving the annual budget; and monitoring financial statements.

Roles and Responsibilities

An individual board member:

1. Commits to the mission of the Center for Practical Bioethics, knows about bioethical issues or is willing to learn, and understands the importance of the role of the board in advancing the mission, vision and values of the Center.
2. Commits for a complete term of board membership, participates in the annual board retreat (a key planning opportunity for a high performing board) and board meetings as required by the by-laws, and serves on at least one committee of the board. Standing Committees are audit, finance, governance, resource development/endowment. Makes attendance at Center events a priority.
3. Works in partnership with Center staff, ensuring alignment of the strategic mission with fundraising possibilities and priorities.
4. Raises money for the organization: asks others for money and gives to the Center according to his or her means.* Is a member of the Center, supports the annual dinner through attendance, table sponsorship and/or recruiting other table sponsors. Acts as an ambassador for the Center including representing the Center to major stakeholders and funders. Assists with grant development and contracts when appropriate. Recruits new members and funders by hosting small events to introduce others to the Center. Considers an endowment or planned gift.
5. Is recognized by others for honesty, enthusiasm, courage, passion, integrity and common sense. Believes in civil discourse, and enthusiastically supports the group's final decisions.

**Board members of the Center are asked to make an annual contribution above their regular member dues and corporate donation. The amount of the contribution is an individual decision; however, this contribution is critical because, when considering grant requests, many foundations and trusts ask if 100 percent of the board contributes personally each year.*

Please see Expectations of Board Members



Expectations of Board Members

Expectations of the Board Overall:

- ✓ Create a three to five-year strategic plan or a set of clear long-range goals and priorities.
- ✓ Ensure the board's meeting agendas clearly reflects the Center's strategic plan or priorities.
- ✓ Ensure the Center has a one-year operational or business plan.
- ✓ Give direction to staff on how to achieve the goals primarily by setting or referring to policies.
- ✓ Ensure the Center's accomplishments and challenges are communicated to members and stakeholders.
- ✓ Ensure members and stakeholders have received reports on how the Center has used its financial and human resources.

Expectations of Individual Board Members:

- ✓ Be aware of what is expected of me as a board member.
- ✓ Make board meeting attendance a priority.
- ✓ Read the minutes, reports and other materials in advance of our board meetings.
- ✓ Be familiar with what is in the Center's by-laws and governing policies.
- ✓ Encourage other board members to express their opinions at board meetings.
- ✓ Listen and participate at board meetings.
- ✓ Follow through on commitments.
- ✓ Maintain the confidentiality of all board decisions.
- ✓ Express opinions even if it is different than the majority.
- ✓ Support board decisions once they are made even if I do not agree with them.
- ✓ Promote the work of our organization in the community.
- ✓ Stay informed about issues relevant to our mission and bring information to the attention of the board and staff.

Please see Board Roles and Responsibilities

Board Evaluation Questionnaire

A Tool for Improving Governance Practice for Voluntary and Community Organizations

This board evaluation addresses your assessment of the board, the chair, and your personal performance. When completed, the results of Sections A, B, and C will be shared with the board to determine an average group answer to each question and an overall section rating. Section D will be shared with the chair. Section E addresses your personal individual assessment and will be shared with the Executive Committee.

1. Name (optional):

Section A: How well has the board done its job?

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Neutral or don't know (3); Agree (4); Strongly Agree (5).

2. Our organization has a strategic vision or a set of clear long-range goals.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

3. The board's meeting agenda clearly reflects our strategic vision or goals.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

4. The board has insured that the organization has a one-year operational budget.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

5. The board ensures that the organization's accomplishments, challenges, and use of financial and human resources are communicated to members and stakeholders.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

Section B: How well has the board conducted itself?

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Neutral or don't know (3); Agree (4); Strongly Agree (5).

6. Board members are aware of what is expected of them.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

7. The agenda of board meetings is well planned so that we are able to get through all necessary board business.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

8. We receive written reports to the board in advance of our meetings and board members are prepared.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

9. All board members participate in important board discussions and different points of view are encouraged.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

10. We all support the decisions we make.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

11. The board has taken responsibility for recruiting new board members.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

12. The board has planned and led the orientation process for new board members.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

13. The board has a plan for director education and further board development.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

14. Our board meetings are interesting and meaningful.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

Section C: Board's relationship with the President/CEO

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Neutral or don't know (3); Agree (4); Strongly Agree (5).

15. There is a clear understanding of where the board's role ends and the President's begins.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

16. There is good two-way communication between the board and the President.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

17. The board trusts the judgment of the President.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

18. **The board provides direction to the President by setting new policies or clarifying existing ones.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

19. **The board has discussed and communicated the kinds of information and level of detail it requires from the President on what is happening in the organization.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

20. **The board has developed formal criteria and a process for evaluating the CEO.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

21. **The board, or a committee of the board, has formally evaluated the President within the past 12 months.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

22. **The board evaluates the President primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

23. **The board provides feedback and shows its appreciation to the President on a regular basis.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

Section D: Feedback to the chair of the board (optional)

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Neutral or don't know (3); Agree (4); Strongly Agree (5).

24. The board has discussed the role and responsibilities of the Chair.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

25. The Chair is well prepared for board meetings.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

26. The Chair helps the board to stick to the agenda.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

27. The Chair ensures that every board member has an opportunity to be heard.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

28. The Chair is skilled at managing different points of view.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

29. The Chair helps the board work well together.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

30. The board supports the Chair.*Mark only one oval.*

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

31. **The Chair is effective in delegating responsibility among board members and asking board members to step up.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

Section E: Performance of individual board members (not to be shared)

Select the response that best reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Neutral or don't know (3); Agree (4); Strongly Agree (5).

32. **I am aware of what is expected of me as a board member.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

33. **I have a good record of meeting attendance.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

34. **I read the minutes, reports and other materials in advance of our board meetings.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

35. **I am familiar with what is in the organization's by-laws and governing policies.**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

36. **I participate and encourage others in discussing issues and asking questions at board meetings**

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

37. I follow through on things I have said I would do.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

38. I maintain the confidentiality of all board decisions.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

39. When I have a different opinion than the majority, I raise it.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

40. I support board decisions once they are made even if I may not agree with them.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

41. I promote the work of our organization in the community whenever I have a chance to do so.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

42. I stay informed about issues relevant to our mission and bring information to the attention of the board.

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

43. The greatest strengths I bring to the board are:

44. The areas I wish to improve in are:

45. I would be interested in a leadership role on the board in the future:

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Not Sure

46. Comments:

Powered by



CENTER FOR PRACTICAL BIOETHICS
Conflicts of Interest Policy
Written Conflicts Disclosure

Conflict of Interest

The Center is committed to the highest levels of integrity and transparency in all Center activities and operations. This Policy is applicable to all Center directors, management employees and volunteers able to influence Center management decisions. All Center directors, employees and volunteers are expected at all times to conduct their relationships with each other, the Center, and all with whom the Center interacts in good faith and with objectivity and candor.

All Center directors, management employees and affected volunteers shall disclose to the board, or its designees as herein provided, fully and frankly, any and all actual, potential, or apparent conflicts or dualities of interest, whether individual, personal, financial or business, which may exist, arise or appear with respect to any matter, policy, or business which may come before the Center board or any committee thereof *prior to* action thereon. The purpose of this Policy is to provide guidance to facilitate identifying and addressing potential and actual conflicts of interest relating to any business or other aspect of the operations of the Center in order to preserve and protect the Center's mission and its nonprofit, charitable tax exempt status. This Policy supplements, but shall not replace any applicable state and federal laws governing conflicts of interest applicable to nonprofit, charitable organizations.

Definitions

- A conflict of interest may exist or arise when a non-Center relationship, interest or activity of a director, management employee, affected volunteer, or a family member of such person influences, could influence, or appears to influence or affect the responsible individual's ability to exercise his or her independent judgment or perform his or her responsibilities in the best interests of the Center and its Mission.
- For purposes of this Policy, "family" includes a spouse, domestic partner, parents, siblings, children, and any other relative residing in the same household.
- An individual may have a conflict of interest if:
 - He or she, or a family member, may receive a financial or other material benefit as a result of an action taken or not taken by the Center;
 - An individual, in the discharge of his or her Center responsibilities, may be able to influence the Center's decision making in a manner that results in personal gain or advantage; or
 - An individual has an existing or potential financial or other material non-Center interest which impairs or could appear to impair the individual's independence in the good faith discharge of his or her responsibilities to the Center.

Disclosure

Not all multiple relationships or dualities of interest create impermissible conflicts of interest. The key to management of conflicts issues is prompt, candid and complete disclosure *prior to* action by the Center on any matter or issue potentially affected by an actual, potential or apparent conflict of interest. Disclosures of relationships and interests shall be made at least annually on the Center's Conflict of Interest Disclosure form, and throughout the year at any time the potential for a conflict arises or appears with respect to any matter involving or affecting the Center. When in doubt about whether to disclose a relationship or interest in this context, doubts should be resolved in favor of disclosure. Disclosures not reflected on the annual Conflict of Interest Disclosure shall be made immediately to the board of directors, the chairman of the board, or president.

Annual Written Disclosure

All Center directors, management employees and affected volunteers annually shall complete a written Conflict of Interest Disclosure. That document will ask each to (1) confirm that he or she has read the Center's Conflicts of Interest Policy and acknowledges agreement to comply with the Policy; (2) disclose all actual and potential conflicts of interest of which he or she currently has knowledge; (3) list all nonprofit entities with which he or she has a material financial, business or personal relationship; and (4) list all for profit business entities with which he or she has a material financial, business or personal relationship. For these purposes "material financial relationship" does not include the ownership of shares in the publicly traded company. Each Center director, management employee and affected volunteer shall agree to answer questions concerning any such disclosures and to update information disclosed on the annual written disclosure form promptly upon discovery of additional or new information.

Enforcement

Violations of this Policy may be grounds for removal of a director in accordance with the corporate bylaws, for employee discipline, including possible termination, with respect to a management employee, and prohibition of a volunteer from further volunteer service to the Center. In the event the board of directors has reasonable cause to believe that a violation of the Center's Conflict of Interest Policy has occurred, the board or its designees shall investigate the circumstances and provide the subject individuals an opportunity to respond to the investigation. In the event that, after due investigation, the Center board concludes that a violation of this Policy has occurred, it shall take appropriate corrective and/or disciplinary action as determined by the board.

CENTER FOR PRACTICAL BIOETHICS BYLAWS – October 9, 2007

Section 3.19 Conflicts of Interest

The board of directors shall promulgate and enforce effective conflict of interest policies in accordance with applicable Kansas law, which policies shall require prompt disclosure of any actual or potential conflict of interest on the part of any director and any management employee of the corporation. Such policy shall require each director and all management employees to disclose fully and frankly to the board any and all actual or potential conflict or duality of interest or responsibility, whether individual, personal, or business, which may exist or appear as to any matter or business which may come before the board, or a committee thereof, at any time *prior to* action thereon. Except as herein provided, the disclosing individual shall neither vote nor endeavor to influence corporate action on any such matter. The requirement of disclosure of conflicts of interest shall not prohibit a director from responding to questions concerning the matter, nor from participating in discussion, nor from voting in the matter, *unless* such participation shall have been prohibited by resolution adopted by a majority of disinterested directors at the meeting following disclosure. Board action on any matter as to which a conflicts disclosure shall have been made shall require the vote of a majority of disinterested directors. All disclosures of conflicts of interest and action taken thereon shall be recorded in the minutes of the board.

CENTER FOR PRACTICAL BIOETHICS
Conflicts of Interest Policy
Written Conflicts Disclosure

I currently serve as ____ corporate director ____ management employee, ____ volunteer of the Center.

I have read and am familiar with the Center's Conflicts of Interest Policy and Section 3.19 of the corporate bylaws pertaining to Conflicts of Interest, and hereby agree to be bound and to abide by the Policy and corporate bylaws as a corporate director, management employee or volunteer of the Center.

I hereby agree to notify promptly and to fully and frankly disclose to the board of directors, the chair of the board, or the president of the Center any actual or potential conflict or duality of interest, real or perceived, not disclosed below. Further, I agree to answer any questions which the board or management may have with respect to any such disclosure. I understand that all such information shall be held in confidence unless the best interests of the Center otherwise require as determined by the board of directors.

I, or a member of my family, am a corporate director, employee or a volunteer in a position to influence decision making at the following nonprofit organizations (*please list all*):

I, or a member of my family, have a material financial, business or personal relationship with, an equity interest in, an employment relationship with, or am otherwise affiliated with the following for profit organizations (exclude ownership of shares in a publicly traded company) (*please list all*):

I, or a member of my family, have the following personal, financial, business or other interest in organizations or activities not listed above which could form the basis for a conflict or duality of interest in the event the Center engages in any business or other activity with such organizations:

I hereby agree that I will not knowingly or intentionally use my position as a corporate director, management employee or volunteer with the Center for personal gain or advantage in any context, and at all times shall use my best efforts in all matters on behalf of or affecting the Center, and shall discharge my responsibilities to the Center at all times in the best interests of the Center and its Mission.

 Signature*

 Date

 Print Name

* To complete this document, you may fill in the form, print, sign by hand, and scan via email to mdelles@practicalbioethics.org OR you may sign the form by typing your name on the signature line and checking the attestation box below before sending the completed document to mdelles@practicalbioethics.org.

I hereby certify that the Typed Signature affixed to this document was completed by me on the date specified and represents a true statement to best of my knowledge.

2021 Center Staff Roster

	Extensions – Dial (816) 979-13(ext #)	Email
Erika Blacksher	58	ebblacksher@practicalbioethics.org
John Carney	53	jcarney@practicalbioethics.org
Monica Delles	59	mdelles@practicalbioethics.org
Jan Evans	55	jevans@practicalbioethics.org
Trudi Galblum	C: (913) 961-0129	tgablum@practicalbioethics.org
Cindy Leyland	57	cleyland@practicalbioethics.org
Ryan Pferdehirt	50	rpferdehirt@practicalbioethics.org
Matthew Pjecha	66	mpjecha@practicalbioethics.org
Terry Rosell	61	trosell@practicalbioethics.org
Conf Rm	99	

CPB Main	(816) 221-1100	
CPB Fax	(816) 221-2002	

Updated 1/20/2021

30 YEARS OF RAISING
AND RESPONDING
TO ETHICAL ISSUES IN
HEALTH AND HEALTHCARE



Advancing the Health and Dignity of All Persons
REAL LIFE. REAL ISSUES. REAL TIME.

30TH ANNIVERSARY

A LETTER TO OUR FRIENDS

A Richly Rewarding Journey

This year the Center welcomes you in celebrating our first 30 years. What an incredibly amazing ride! No one, not even our founders, could have imagined the impact of the Center's work on the breadth and depth of the decision-making process that patients and families have faced in the last three decades.



Our work with clinicians, clergy and community coalitions, educators, administrators, attorneys, professional associations, hospitals, health systems, attorneys and elected and appointed policymakers has made for an intriguing and challenging but richly rewarding journey.

We've chronicled a bit of it for you in these pages and hope you will take pride in claiming your place among the myriad others who have contributed such crucial roles in the sometimes complex but always critically important work we do.

Real Life. Real Issues. Real Time.

This isn't an ivory tower enterprise. We've earned our stripes at the bedside, as well as in boardrooms, sanctuaries, social halls, classrooms and conference centers. We embrace the claim that PRACTICAL defines the work we do in bioethics. We wear the moniker proudly and gratefully.

What we are most grateful for, however, are the thousands of supporters and benefactors who have volunteered and showered us with gifts of talent and treasure over the last three decades.

May our journey continue and may your generosity compel us to stretch and bend and never become complacent, for there is always more that we can do to achieve our shared vision of advancing the health and dignity of all persons.

Best,

Jim Spigarelli
Chairman of the Board

John G. Carney
President and CEO

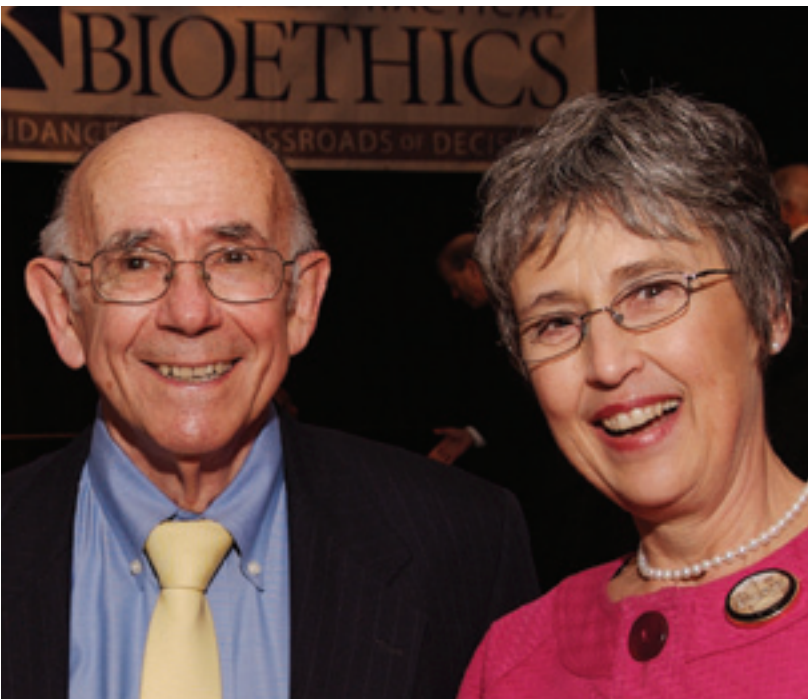
CENTER FOR PRACTICAL BIOETHICS

WHERE WE HAVE BEEN

The concept of bioethics was new in 1984 when Mary Beth Blake, an in-house attorney at the University of Kansas Medical Center, Dr. Karen Ritchie, a family practice physician and psychiatrist, and Dr. Hans Uffelmann, a philosophy professor at the University of Missouri-Kansas City, founded the Midwest Bioethics Center, now the Center for Practical Bioethics.



The Center's former home on Washington Street in downtown Kansas City.



Hans Uffelmann and Mary Beth Blake, Co-Founders



Myra Christopher, Founding Executive of the Center

TIMELINE OF ACCOMPLISHMENTS



1984 - 1985

The Center founded by Mary Beth Blake, Karen Ritchie and Hans Uffelmann. Myra Christopher appointed executive director

1986

Convened hospital ethics committees to launch the Kansas City Regional Hospital Ethics Committee Consortium, the oldest continuously operating consortium of its kind in the U.S.

30TH ANNIVERSARY



"Deeply rooted in community and committed to protecting the dignity of all patients, the Center serves as a strong advocate

for families facing the most difficult healthcare issues that confront each of us at some point in our lives. I congratulate the Center for its many contributions and wish you continued success in your good work."

—The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services

Sam Rodgers and Cordell Meeks were board members of the Center and key figures in helping the Center establish working relationships with the African-American community.



Samuel U. Rodgers,
Founder of the Samuel U.
Rodgers Health Center



Cordell D. Meeks, Jr., Judge,
Kansas City, Kansas

Back then, most of the half dozen existing ethics centers, based in academia, focused on theoretical issues. At the same time, ethical dilemmas presented by accelerating advances in medicine and technology increasingly galvanized public attention and professional concern:

- The horrors of the Tuskegee Syphilis Study, which began in 1932 and were exposed in 1972, prompted the creation of the National Commission for the Protection of Human Subjects in 1974.
- In 1976, the New Jersey Supreme Court ruled in favor of removing Karen Ann Quinlan's ventilator at the request of her parents. Karen had lapsed into a persistent vegetative state.
- The President's Commission for the Protection of Human Subjects of Biomedical and Behavioral Research published the Belmont Report in 1979. The report led to the requirement that any research institution funded by federal dollars must have an Institutional Review Board to ensure that "beneficence, respect and justice" govern research involving human subjects.
- In 1978, the first "test-tube" baby was born through in vitro fertilization.
- In the early 1980s, a number of Baby Doe cases established precedents for the obligations of healthcare professionals in the care and treatment of seriously disabled newborns.



William Colby, with the family of Nancy Beth Cruzan, at the Missouri Supreme Court.

1987

Created the first voluntary community HIV/AIDS standards in the U.S.

1987-90

Counseled both sides in the Nancy Beth Cruzan vs. Director, Missouri Department of Health, the first right-to-die case reviewed by the U.S. Supreme Court.

1990

Consulted with Senators John Danforth and Daniel Patrick Moynihan to develop the Patient Self-Determination Act.

CENTER FOR PRACTICAL BIOETHICS

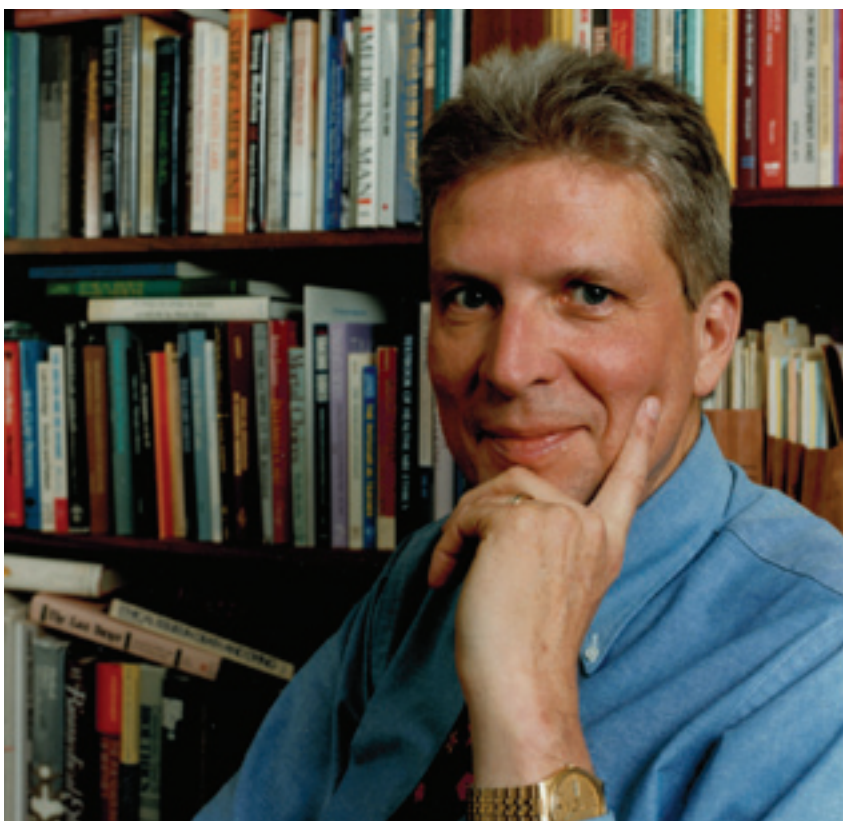


Robert Potter, MD, PhD, spent 10 years at the Center advancing ethics in the medical profession.

"For more than three decades the Center has been at the crux of helping families and clinicians sort through the thorniest issues in healthcare. During these times of reform, we rely on the Center's rich history of protecting the dignity of all persons by helping chart the course for our future, however uncertain it may be."



—Irvine O. Hockaday
Retired President/CEO, Hallmark Cards, Inc.



Bill Bartholome, MD, a nationally recognized pioneer in the bioethics movement, is considered a "near-founder" of the Center and was critical to the development of the Kansas City Regional Hospital Ethics Committee Consortium.

1992-3

Collaborated with JCAHO to promulgate patients' rights and organizational ethics standards.

1993-2002

Sponsored Nursing Ethics Leadership Institute with the University of Kansas and University of Missouri-Columbia Schools of Nursing.

1998-2003

Directed Community State Partnerships to Improve End-of-Life Care, an \$11.25 million Robert Wood Johnson national program to advance palliative care.

30TH ANNIVERSARY

Hans, Mary Beth and Karen knew that bioethics should be brought to the bedside and believed also that bioethics could provide valuable tools and resources to help those making the most ethically complex life and death decisions.

In founding the Center, they adopted three bedrock principles:

- Bring diverse, multidisciplinary groups together to work collaboratively.
- Focus on the practical and theoretical, with emphasis on the practical.
- Remain independent, free-standing and unfettered by special interests.

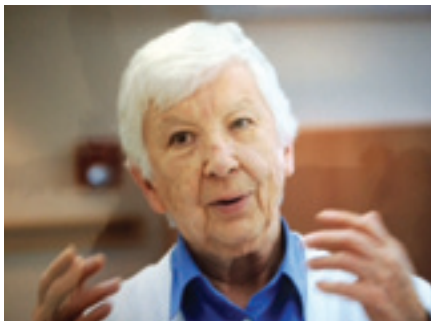
For 30 years, the Center has led the way in making bioethics meaningful to patients and families from all walks of life, as well as their clinicians and institutions. The Center brings diverse groups together to address difficult issues and achieve common ground, ensuring always that the patient's voice is heard.



Dianne Shumaker, Karren King Crouch and Helen Emmott



Judy Berman, Jim Stoddard and Sheri Wood



Rosemary Flanigan



Rob Hamel, Bill Neaves, Jonathan Moreno, Myra Christopher and Greg Koski

1999

Developed Compassion Sabbath to address the spiritual needs of the seriously ill and their families.

1999-2001

Advised on Bill Moyers' PBS documentary series, *On Our Own Terms*, viewed by more than 20 million.

1999-2006

Produced the State Initiatives to Improve End-of-Life Care policy series, reaching 25,000 coalition leaders, policymakers and professionals.

CENTER FOR PRACTICAL BIOETHICS



John and Mary Harris Francis



Virginia and Jim Stowers



Mary Kay McPhee and her mother, Maggie Shepard



Marjorie and Bill Sirridge



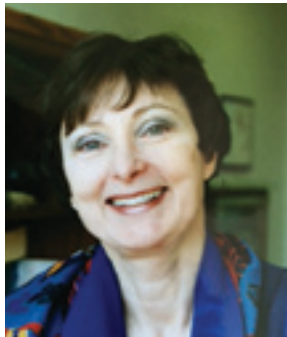
Drew Edmondson, Cheryl Mathers, Karen Kaplan, Ira Byock and Myra Christopher



Frank and Janice Ellis and Andrea and Wynn Presson



Kelvin Calloway and Dane Sommer



Joan Biblo



Norman Rotert

2001-2002

Piloted Caring Conversations® with AARP to enhance communication between families and friends about end-of-life issues.

2002

Partnered with the National Association of Attorneys General End-of-Life Health Care Project to frame end of life as a consumer protection issue.

2003-2005

With the Federation of State Medical Boards, helped revise guidelines for use of controlled substances treating pain.

30TH ANNIVERSARY

WHERE WE ARE GOING

We deal with real life and real issues in real time.

We recognize that institutions are stretched, that patients' values and preferences matter and should be respected in all settings, that the need for civil discourse has never been greater, and that a country that spends as much as we do on healthcare can produce better outcomes.

We go wherever patients, families, professionals and policymakers are grappling with thorny issues in health and healthcare that, sooner or later, affect all of us.

Over the next five years, the Center will focus on four challenges.

"Values are formed and expanded through active participation of ordinary people who are concerned about them, who think about them, and talk about them. This, I believe, is the role of the Center—to encourage thinking and broaden communications on matters of life and death."



—John C. Danforth
Former U.S. Ambassador to the United Nations,
U.S. Senator, Missouri,
and 25th Anniversary Annual Dinner Speaker

**2004**

Launched the Kansas City Partnership to Advance Pediatric Palliative Care.

2005

Conducted national roundtable and published policy brief on the ethical arguments around early stem cell research.

2006

Presented recommendations to the U.S. Department of Health and Human Services to establish new federal protections for subjects with diminished capacity.

TIMELINE OF ACCOMPLISHMENTS

CENTER FOR PRACTICAL BIOETHICS



"The Center for Practical Bioethics is a critical voice advocating access for all who need palliative and end-of-life care."

— Lee Woodruff
Author of *In an Instant*
2008 Annual Dinner Speaker

Challenge #1: Improve Shared Decision Making

During the previous century, how and when we die changed dramatically. In the early 1900s, the average life expectancy hovered around 50 years. Today, the average American can expect to live to the age of 80. Rather than dying of a traumatic event or infectious disease, most Americans now succumb to chronic conditions that complicate their lives and treatment decisions over the course of years, sometimes

even decades. For nearly 20 years, a growing body of research has documented that patients and families are not prepared for these increasingly difficult decisions. The complexities of treatment options make navigating healthcare systems, especially acute care settings, nearly impossible. Honoring the wishes of vulnerable patients living with advanced disease requires unprecedented commitment and collaboration among hospitals, emergency medical services, nursing homes and home care providers.

Research confirms that patients, families and clinicians experience greater satisfaction when given the opportunity to articulate desired outcomes in terms of where and how they will spend the last weeks and months of life. Recent studies show that advance care planning and structured shared decision-making tools can prevent unnecessary suffering, tragic consequences and wasted resources.

The challenge is to integrate these findings into the culture and practice of our communities.

The Center is working to improve shared decision making, using proven tools to ensure that patients' values are known and honored:

- **Caring Conversations®** – The Caring Conversations® workbook puts a tool in the hands of patients and loved ones to make their end-of-life choices known. Ongoing updates and revisions have resulted in distribution of hundreds of thousands of workbooks in print and through website downloads. Publication now exceeds 25,000 annually.
- **Caring Conversations® in the Workplace** – This program, designed for employees of major self-insured corporations, promotes advance care planning, provides education and resources, and facilitates consultations on employees' complex medical decisions.
- **Transportable Physician Orders for Patient Preferences** – TPOPP and Caring Conversations® Continued protect patients' wishes by translating their preferences into physicians' medical orders that follow patients across settings and as goals of care change based on the patient's condition. The Center leads the only bi-state initiative in the country (KS/MO) using a standard of care approach that is adopted by community-based coalitions.



TPOPP Team: Angela Fera and Sandy Silva (standing) and Regina (Gina) Johnson and Carol Buller (seated)

2006-2011

Consulted with the CDC to develop a model for health departments nationwide to integrate palliative care with chronic disease management.

2007

In collaboration with the Federation of State Medical Boards and the National Association of Attorneys General, developed and analyzed the largest U.S. database on physicians charged with mishandling or mis-prescribing Schedule II Controlled Substances.

With several other groups, launched NorthlandCARE/MetroCARE (now MetroCARE) to provide medical specialty referral services to low-income, uninsured individuals.

30TH ANNIVERSARY

"The leadership role provided by the Center has had a profound and beneficial effect on the way in which end-of-life care, particularly in the area of pain management, is addressed by policymakers, healthcare professionals and consumer advocates, as well as patients and families. The Center has improved the world we live in and die in."



—W.A. Drew Edmondson
Oklahoma Attorney General
National Association of Attorneys General, Past President

Challenge #2: Change Chronic Pain Treatment

The Center has included the under-treatment of pain among its strategic goals for more than a decade. Efforts include working with statewide coalitions, professional groups and law enforcement and promoting balanced pain policy and safe and effective treatment.

A milestone in the movement to address chronic pain occurred on June 29, 2011, when the Institute of Medicine (IOM) issued the report, *Relieving Pain in America*, calling for a "cultural transformation in the way pain is perceived, judged and treated." Two Center staff members served on the IOM committee. Findings of the committee were alarming:

- At least 100 million Americans live with chronic pain, more than those with cancer, diabetes and heart disease combined.
- From a humanistic perspective, the costs are incalculable. The suicide rate among those with chronic pain is two-and-a half to four times higher than the general population.
- In economic terms, the costs (combining lost productivity and cost of treatment) are a staggering \$560 to \$635 billion annually.

The report made 16 recommendations and stated that there is a "moral imperative to address this problem."

The IOM is a powerful institution, but it has no implementation authority. In response to the report, the Center convened the Pain Action Alliance to Implement a National Strategy (PAINS), a coalition of more than three dozen national organizations that have agreed to work together to advance the IOM report.

Participants in PAINS include national leaders from professional societies, patient advocacy organizations, policy groups, consumers, payers and the private sector working together to:

- Educate the public about chronic pain and de-stigmatize those living with it.
- Establish and support community and state-based initiatives to establish infrastructure necessary for national reform.
- Engage leaders and federal agencies in policy discussions.

PAINS is working with local and statewide coalitions and federal agencies to establish bio-psychosocial (integrative) pain care as the standard of care and to integrate this model into efforts to create patient-centered medical homes and accountable care organizations. The Center's Kathleen M. Foley Chair serves on the National Institutes of Health Interagency Pain Research Coordination Committee and, in that capacity, currently serves on the National Pain Strategy Task Force, which is developing the national population health strategy called for in the IOM report. PAINS will advance the national report.



Kathleen M. Foley, MD, and Myra Christopher,
Kathleen M. Foley Chair in Pain and Palliative Care

2008

Helped to establish National Healthcare Decisions Day on April 16.
Published Caring Conversations® for Young Adults.

Launched KC4Aging in Community to address opportunities and challenges presented by the area's growing senior population.

Became leader of effort in Kansas and Missouri to achieve provider adoption of Transportable Physician Orders for Patient Preferences (TPOPP).

CENTER FOR PRACTICAL BIOETHICS

Challenge #3: Achieve Patient-Centered Health Outcomes

Our current healthcare system works hard to save lives. Still, its focus on disease detection and intervention frequently overlooks the needs, preferences and values of patients. Better outcomes and improved quality at lower cost will occur only when we realign incentives in the science, informatics and culture of healthcare and, most importantly, when we put patients first.

Recently, the Institute of Medicine took first steps to emphasize the patient experience by defining "learning healthcare systems." The transition to learning healthcare systems requires that providers rely on ethical frameworks that:

- Encourage patient participation in formulating improved health outcomes.
- Collect and share large patient data sets that can be used to reduce risks and improve quality.
- Implement more robust but understandable patient rights and protections to encourage patient participation in substantially larger numbers.

"With the changes taking place in healthcare today, the need for an organization to bring diverse groups together to raise and respond to complex bioethical issues and build consensus around practical solutions has never been more important. The Center does this uniquely well. I have great personal respect for the accomplishments of the staff and the Center's reputation, which is a major reason why I wanted to become part of the team."



—Richard Payne, MD
John B. Francis Chair, Center for Practical Bioethics



"Overcoming disparities remains one of the most critical challenges in truly reforming healthcare and ensuring better health outcomes. The Center's work in raising an authentic voice about

quality, access and justice, especially for the poor, underserved and those in the minority, offers hope to the marginalized. That encouragement also supports those who work in healthcare, confirming their belief that a welcoming embrace for all can and must become an affordable and achievable reality."

—John W. Bluford
President/CEO, Truman Medical Centers

- Increase respect for clinicians' judgments when minimal risks to patients can expedite research activities and achieve better outcomes sooner.
- Create friendlier patient/provider encounters that optimize care and reduce burden and waste, especially from the perspective of the patient.

The Center is committed to provide leadership to construct such frameworks.



Relieving Pain in Kansas City Citizen Leadership Group meeting

2009

With the American Academy of Family Physicians, developed curriculum to improve the treatment of pain and a policy brief to assist law enforcement investigating healthcare professionals alleged to be over- or mis-prescribing.

Participated in Office of Healthcare Reform discussions at the Institute of Medicine on the need for a new model of care for advanced illness.

2010

Launched the Certificate in Clinical Ethics and Health Policy.

Participated on the Institute of Medicine's Committee on Advancing Pain Research, Care and Education, which published *Relieving Pain in America* on June 29, 2011.

Introduced Caring Conversations® in the Workplace, providing advance care planning planning education and personal consultation and advocacy as an employee benefit.

30TH ANNIVERSARY

"At Saint Luke's, it's often standing room only on educational rounds coordinated by the Center to discuss cases that pose challenging emotional and social issues. And, when there's a conflict on a case, ethics committees trained by the Center respond immediately to help resolve the issue."



—John D. Yeast, MD

Perinatology, Obstetrics & Gynecology, Saint Luke's Hospital
Past Board Chair, Center for Practical Bioethics

Challenge #4: Expand Bioethics Education

From the start, the Center recognized that bringing ethics to the bedside required educational outreach well beyond classrooms and think tanks. The work started by forming and training more than 200 hospital ethics committees across the country. Through the years, programs to provide both lay and professional bioethics education have grown and include:

- **Kansas City Regional Hospital Ethics Committee Consortium** – Established in 1985, it remains the oldest continuously operating network of its kind in the nation.
- **Certificate in Clinical Ethics and Health Policy** – The Certificate provides mid-career professionals with real-world tools to confront and analyze ethical issues in the work setting.



Tarris Rosell, DMin, PhD, Rosemary Flanigan Chair, Center for Practical Bioethics

- **Lectures and Symposia** – Annually, the Center sponsors two CEU-approved symposia and the Rosemary Flanigan Lecture. Videos of these presentations are viewed online by thousands around the world.
- **Ethics Consultation and Teaching** – The Center contracts with healthcare systems to support ethics consultation services and with teaching institutions as support faculty and to provide guidance in strategic planning.

2011

Helped sponsor the establishment of the Coalition to Transform Advanced Care (C-TAC).

Collaborated with other organizations to form the Pain Action Alliance to Implement a National Strategy (PAINS).

Participated in Kansas University Medical Center's successful application for a \$20 million Clinical and Translational Science Award and serve on Frontiers' leadership team.

CENTER FOR PRACTICAL BIOETHICS

Meeting Our Challenges: A Culture of Collaboration

The Center was founded as a free-standing non-profit organization. This independence enhances our ability to take on difficult and sometimes controversial issues. But we could not do our work without mission-driven collaboration with institutions of higher education, hospitals and health systems, providers, payers and others. In fact, with the Center's small and nimble staff, it is critical that we create and nurture strong relationships with others who share our goals and join with us in our work.

We have a long history of faithful organizational members for whom we provide services such as:

- Training of ethics committees
- Consultation on difficult cases
- Grand Rounds presentations
- Research assistance
- IRB and ethics committee participation
- Teaching courses in medical and nursing curricula
- Assisting in developing ethics frameworks for the organization

In turn, organizations send students through the Center's Certificate Program in Clinical Ethics and Health Policy, participate in the Center's Kansas City Regional Hospital Ethics Committee Consortium, co-sponsor conferences and symposia with the Center, participate on task forces the Center convenes around particular issues, and generally support the work of the Center.

We have long-standing relationships with the Kansas City area's three medical schools and their affiliated hospitals, the many area nursing schools, local and regional hospitals, long-term care facilities, hospices, Frontiers: The Heartland Institute for Clinical and Translational Research, Mid-America Regional Council, Kansas City Area Life Sciences Institute, and others. Additionally, we work nationally with the federal Department of Health and Human Services, Institute of Medicine, National Association of Attorneys General, Federation of State Medical Boards, American Bar Association Commission on Law and Aging, the Tuskegee Institute, Duke University and the Coalition to Transform Advanced Care, to name a few.



Kansas City Regional Hospital Ethics Committee Consortium

"The Center for Practical Bioethics has expanded the vision of Samuel U. Rodgers Health Center in the way we provide health care and in our ethics in our day-to-day work. The ultimate beneficiaries are our patients, whose lives are tangibly improved and whose suffering has been lessened, thanks to the Center's influence."

—Hilda Fuentes

Chief Executive Officer, Samuel U. Rodgers Health Center



2012

Transitioned executive leadership of the Center to John G. Carney as Myra Christopher assumed the Kathleen M. Foley Chair.

Implemented PAINS communication strategy, including a policy brief series available at www.painsproject.org.

2013

Developed *Relieving Pain in Kansas City* project, a community-based pilot of safety net clinics, as well as a Pain Patient Advisory Board.

Expanded TPOPP and produced supporting materials and video.

Presented a symposium on "Learning Health Systems" to advance the Institute of Medicine's goal to improve quality by learning from every patient encounter.

30TH ANNIVERSARY

REMEMBRANCE AND APPRECIATION

Hans Uffelmann, PhD
Father of Clinical Ethics
Co-Founder,
Center for Practical Bioethics



"You have to realize that when we began there were only three institutions that dealt with biomedical ethics, including ours. There were only two textbooks in the whole United States. And nobody did ethics by the bedside. Nobody!"

When our co-founder, Hans Uffelmann, passed away the morning of December 7, 2013, the world lost a deep thinker, astute practitioner, challenging teacher and leading pioneer in the field of bioethics.

Pioneer in Bioethics

Hans received his primary and secondary education in Germany. He studied zoology and philosophy at Sacramento Community College and at the University of California at Davis, where he took his BA. After a three-year interruption of his academic career, serving with the U.S. Army Medical Service Corps as a surgical technician, he resumed his studies at Northwestern University, where he earned his MA and PhD.

In 1963, Hans joined the University of Missouri-Kansas City (UMKC) as Assistant Professor of Philosophy specializing in applied ethics and social philosophy, and also served several years as chair of the Department of Philosophy and the Faculty of the College of Arts & Sciences.

Appointed Professor of Philosophy and Medicine in 1971, Hans joined the UMKC School of Medicine teaching clinical medical ethics, becoming one of the first philosophers in the U.S. to hold a faculty position in a medical school.

Hans pioneered this emerging sub-specialty field in philosophy and medicine and taught biomedical ethics to faculty from various scientific fields for the National Science Foundation and the American Association for the Advancement of Science at 18 universities throughout the U.S. He received various awards and honors, such as "Pioneer in Medical Education," and accepted non-physician membership in Alpha Omega Alpha, the prestigious medical honor society. He was also a founding member of the Society for Health and Human Values, now the American Society for Bioethics and Humanities (ASBH).

Admirers of Hans

Hans profoundly influenced the lives of thousands of his philosophy and medical students and the patients they ultimately served. He required students to read original texts. Grades

were based on written exams and papers, which he evaluated for spelling, grammar, logic and, finally, content. Even so, several times, his students chose him as teacher of the year. With great admiration, his students refer to themselves as SOHs (Survivors of Hans).

He was a member of several local ethics committees and leader in the Kansas City Regional Hospital Ethics Committee Consortium convened by the Center for Practical Bioethics. He wore a beeper and was available night or day, rain, sleet or snow for ethics consultations with family and clinicians struggling with life and death decisions. He was a frequent speaker on healthcare ethics issues at national conferences, professional society meetings, civic organizations, churches, synagogues and mosques.

Founding the Center

Together with Mary Beth Blake, an attorney, and Karen Ritchie, a physician, Hans founded the Midwest Bioethics Center (now the Center for Practical Bioethics) in 1984. For the next 30 years, Hans was dedicated to the Center's work in developing advance directives and supporting federal legislation, creating and training hospital ethics committees, developing guidelines for involvement of human subjects in healthcare research, and mediating end-of-life issues, including the Nancy Cruzan case, the first "right to die" case reviewed by the U.S. Supreme Court.

From introducing medical students and residents to bioethics at the bedside to the creation of advance directives and the establishment of ethics committees in healthcare institutions, Hans's work has provided a guiding light for thousands of people faced with life and death decisions.

Hans was preceded in death by his wife, Marilyn Davis. They have two sons. Glenn teaches at DeVry University and is married to a physician, Lynn. Darryl is an attorney for Anheuser-Busch, and his wife, Lisa, is a stay-at-home mom. Hans was very proud of his family, including his four grandchildren—Robert, Caroline, Casey and Avery—whom he adored.

"The only way to be successful in medical education then and a lot today was not only point out what you ought to do, but by setting an example. You have to be there. Your success or failure as an ethicist on rounds depended on 24/7 availability."

ABOUT THE CENTER



As a national leader in bioethics, the Center brings diverse groups together to work collaboratively. Putting theory into action, the Center helps people and organizations find solutions to complex ethical issues in health and healthcare.

Vision

Ethical discourse and action advance the health and dignity of all persons.

Mission

To raise and respond to ethical issues in health and healthcare

Core Values

Respect for human dignity

- We believe that all persons have intrinsic worth.
- We promote and protect the interests of those who can and cannot speak for themselves.
- We commit to the just delivery of healthcare.

Guiding Principles

- To be unfettered by special interests
- To listen actively, think critically and act wisely
- To lead and promote the leadership of others
- To collaborate with those who commit to civil discourse
- To work diligently towards our mission

Working in Three Areas

Clinical and Organizational Ethics

Health Policy Ethics

Life Sciences and Research Ethics

Addressing Four Key Challenges

Improving Shared Decision Making

Changing Chronic Pain Treatment

Achieving Patient-Centered Health Outcomes

Expanding Bioethics Education

REAL LIFE. REAL ISSUES. REAL TIME.



FOCUS AREAS 2020/21

ETHICS EDUCATION AND CONSULTATION

- Provide bioethics education for clinicians and students.
- Provide ethics consultations at KU Hospital and guidance to consumers in crisis.
- Manage the Kansas City Regional Ethics Committee Consortium.
- Offer community education and engagement opportunities.
- Expand clinical ethics services (Ethics Direct and Ethics +) in hospitals and health systems.
- Expand Bioethics Library at PracticalBioethics.org (750,000+ pageviews in 2020).
- Respond to requests for subject matter expertise, ethical analysis and advocacy.
- Provide ethics perspective in collaborations responding to COVID-19 and other healthcare issues.

ADVANCE CARE PLANNING & SERIOUS ILLNESS

- Connect more than 40,000 people to Caring Conversations® advance care planning resources.
- Implement accelerated advance care planning curriculum for long-term care professionals.
- Renew national endorsement of TPOPP (Transportable Physician Orders for Patient Preferences).
- Maintain Advance Care Planning in the Workplace contracts and develop new relationships.

EMERGING ISSUES AND SYSTEMS CHANGE

- Integrate Dr. Erika Blacksher's portfolio of research and practical work in democratic deliberation in bioethics and health policy into the Center's historic participatory approach to doing bioethics.
- Coordinate PAINS-KC with focus on improving patient-provider communication.
- With community and regional stakeholders, develop best practices for ensuring ethical use of artificial intelligence in healthcare.

CENTER FOR PRACTICAL BIOETHICS

2020 ACCOMPLISHMENTS AND OUTCOMES

I. ETHICS EDUCATION AND CONSULTATION

BIOETHICS RESOURCES

PracticalBioethics.org has grown to include more than 4,000 reports, guidelines, policy briefs, program resources, and audio/video recordings of interviews, lectures and symposia from the late 1980s to present. Much of this rapid growth is the result of COVID-19. The pandemic revealed huge unmet need for ethics education, as well as an immediate need for resources to equip clinicians, administrators and policymakers to incorporate ethics into their response to the crisis. Our experience in conducting webinars since 2018 for the Kansas City Ethics Committee Consortium proved valuable in rapidly expanding our educational programming to address COVID and more.

I wanted to express my appreciation for the work the Center has done during the pandemic. I believe this has been an excellent example of the Center's role in the greater community. As we move forward in this country to a newer normal, I believe the Center can help people better understand the path forward.

-- John Yeast, MD

We have released more than 50 webinars and video updates. Not counting 450 participants in the Flanigan Lecture on August 17, webinar participation ranged from around 25 to more than 150. We estimate in total that more than 800 individuals attended our COVID-19 related webinars and updates this year. These resources, in addition to bioethics case studies, largely account for 757,544 website pageviews through December 2020, up from 509,200 in 2019.

During this same time period, Center staff members have served as guest presenters more than a dozen workshops for health professionals, with participation ranging from 100 to 800, and we have been featured on eight TV/radio broadcasts.

PROFESSIONAL EDUCATION AND CLINICAL SERVICES

Ethics Direct and Ethics+

In the latter half of 2019, the Center completed design of a program to introduce formal agreements with area providers and health systems detailing and defining bioethics services. Prior to this time, providers were requested to support the Center through a charitable membership model. Since late 2019, we have engaged with at least 30 regional providers to formalize those agreements, setting out specific sets of basic services and allowing for expanded agreements that address additional “work for hire,” including such services as clinical ethics consultation, customized training and facilitation and retainer models to ensure accreditation and quality standards.

We count all of St. Luke’s and HCA as multiple institutions (gets us to 24) ACCURATE

Ethics Direct (basic agreements) and **Ethics+** (expanded work for hire) are designed to support, facilitate and improve performance of ethics committees and individual clinical staff involvement with ethically complex cases, particularly in health systems where clinical ethics consultation skill sets are limited or volunteer ethics services are challenged due to competing duties and workflow issues. *Ethics Direct* services include support for ethics committees, policy development (e.g., adopting pandemic related Crisis Standards of Care), research/protection of human subjects, advance care planning, and crisis guidance. In 2020, *Ethics+* services (which include *Ethics Direct* services) offer onsite availability of a credentialed ethics consultant working directly with clinicians and staff, clinical ethics consultation training and case review, “grand rounds” participation, and advisory support (e.g., mediation, counseling, moral distress).

Despite the challenges of COVID, the Center has completed 14 partnership agreements with 29 hospitals, health systems, and healthcare organizations (i.e., VNA and Midwest Transplant Network) for *Ethics Direct* services and entered into three *Ethics+* service agreements for 2020/21.

Kansas City Regional Ethics Committee Consortium (ECC)

The ECC, founded in 1986, is the nation's oldest continuously operating group of its kind in the nation. Current ECC participants include 40 institutions involving 500+ individuals. ECC programs and services are open to all Ethics Direct/Ethics+ partners (see detailed description of this program in concluding section). In 2020, these services include webinars and workshops specifically designed to address topics of common concern to ethics committees. In addition, all ECC members receive the *Ethics Dispatch Monthly* (subscription electronic newsletter). Written by a credentialed clinical ethicist, each edition of this turnkey educational resource offers guidance on a topic or issue impacting providers regionally or within the field and features a case study that illustrates the topic, as well as "Ethical Musings" on the topic by the author. Each edition also includes web links to recent stories of relevance to ethics committees.

Medical Education

University of Kansas Medical Center – KUMC, in collaboration with The University of Kansas Health System, renewed its contract with the Center for the 12th consecutive year for the part-time faculty services of Dr. Tarris Rosell, Rosemary Flanigan Chair at the Center. Key accomplishments in 2020 include: oversight of the hospital clinical ethics consultation service, which provided more than 150 ethics consultations; serving as ethics faculty for many dozens of case conferences with medical students, residency and fellowship programs; co-chairing the Hospital Ethics Committee; providing ethics consultation for the heart transplant program and the Blood and Marrow Transplant team; co-directing the Clendening Summer Fellowship program and a research elective for 10 medical students; and mentoring projects of student researchers in the medical humanities.

Kansas City University of Medicine and Biosciences – KCU continued its relationship with the Center, with Dr. Rosell serving as preceptor to 3 students in the Clinical Bioethics rotation, and Dr. Ryan Pferdehirt teaching bioethics to 860 medical students at both the Kansas City and Joplin campuses, plus several courses in the Masters in Bioethics degree program.

COMMUNITY EDUCATION AND ENGAGEMENT

2020 Annual Dinner – *Ethics Champions*

The Annual Dinner, to have taken place on April 21 at the Kansas City Marriott Downtown – Muehlebach Tower, was cancelled due to the coronavirus pandemic. At the event, we planned to honor Tarris Rosell, PhD, DMin, with the Vision to Action Award, as well as 23 individuals nominated by their institutions as Ethics Champions. Not wanting to miss the opportunity to recognize these Ethics Champions, we invited each to be interviewed for a story about their accomplishments, of which 16 participated. Those stories are posted on our website at <https://practicalbioethics.org/ethics-champions.html>. In addition to sending all Ethics Champions a ceramic mug handcrafted by Dr. Rosell, we notified the CEOs and PR Departments of their institutions and included copies of stories for those 16 champions who chose to participate. Honorary Co-Chairs for the Annual Dinner were Deborah Sosland-Edelman and Alan Edelman and Joan and Steve Israelite. We shared video created for the Annual Dinner, Practical Bioethics in the Time of COVID, through newsletters and as part of the Flanigan Lecture. <https://practicalbioethics.org/about-us/overview.html>

Flanigan Lecture – *A Letter to My People: Whiteness Amidst a Racial Reckoning in America*

While the pandemic has presented many challenges, it also opened up new ways to reach many more people. The 26th Annual Rosemary Flanigan Lecture, presented by incoming John B. Francis Chair, Erika Blacksher, PhD, on Monday, August 17, was the Center's first large-scale virtual event. Production was managed by Bobby Keys Media, Inc. We had 407 unique viewers out of 756 registrants, with 369 maximum concurrent viewers. Average view-time for the 75-minute program was 54 minutes, median view-time 67 minutes. Of 490 registrants who opted into our

mailing list, 274 were new contacts. Nearly 20% of attendees responded to an online program evaluation survey with a 92% rating of good to excellent.

Dr. Blacksher spoke about whiteness, its intersection with social class, and its role in shaping people's lives and health prospects. Drawing on her own life story as a first-generation high school graduate, she connected her own journey to ideas about whiteness that we need to begin to understand and explore.

YouTube Recording: <https://youtu.be/sJciynzT83s>

Facebook Recording: <https://www.facebook.com/practicalbioethics/videos/669820527292385/>

POLICY AND CONSUMER GUIDANCE

CEO John Carney, along with our program and administrative staff together spend hundreds of hours intaking and responding to calls from policymakers and consumers. Estimates from staff in time spent providing assistance to hospitals, nursing homes and hospices along with responding to calls from families and requests for clinical consultations, exceeded 500 hours among four of our program staff.

Typical calls from policymakers (e.g., elected officials, institutional leaders and their staff) seek background and guidance on delicate ethical considerations necessary in the formulation of rulemaking, protocols, standards eventually leading to proposed rules, executive orders, regulations and possible legislation. For example, early in the pandemic, John Carney was asked to provide policy guidance that resulted in the inclusion of a waiver of the requirement for face-to-face recertification of hospice patients in the COVID-19 economic rescue package approved by Congress.

In addition, staff was involved with numerous hospitals in the promulgation of Crisis Standards of Care, including a statewide document produced by the Missouri Hospital Association. Responding to consumers can involve a few minutes to explain where and how they can execute and advance care plan to hours in discussion with a frantic caller, family members and professionals involved in the case (e.g., arranging ethics and palliative care consultations). We handled dozens of both types.

II. ADVANCE CARE PLANNING AND SERIOUS ILLNESS

The Center's Advance Care Planning programs continue to build on its legacy work in end-of-life care, with emphasis on diverse communities' participation in advance care planning and on accelerated medical decision-making in long-term care settings under high stress and physical distancing.

Accelerated Advance Care Planning in Long-Term Care – The term “accelerated” refers to the need, magnified by COVID-19, for discussions with patients and families about treatment options – from aggressive interventions to palliative care – prior to a health crisis that might separate the patient from family, their “home” and familiar caregivers, quite possibly in their last days of life. In 2020, we initiated development of an accelerated advance care planning training curriculum totaling 25 hours for long-term care professionals and essential healthcare workers at every level. Components will be available in multiple formats and lengths and offered to and in partnership with state long-term care professional associations, individual facilities and other healthcare providers across Missouri and Kansas. In addition, 10 hours of clinical ethics or case consultations will be available to address specific case needs.

Transportable Physician Orders for Patient Preferences (TPOPP) – TPOPP is the Kansas and Missouri version of POLST. POLST (Physician Orders for Life-Sustaining Treatment) is a voluntary national program that seeks to better align treatment plans with the goals and values of seriously ill patients living with life-limiting illness. Under POLST, more than 45 states have adopted standardized medical order sets for such patients. These actionable medical orders follow patients across care settings. The KS/MO initiative, sponsored by the Center, is

the country's only bi-state initiative. TPOPP depends on extensive participation and coordination among and between providers and care settings (e.g., hospitals, long-term care, EMS, etc.) for successful implementation. Thousands of TPOPP orders are executed by patients and families throughout the two-state region from Sabetha in southwest Kansas to St Louis in east central Missouri. In 2009, the Center began this initiative by implementing a pilot program in Topeka and has been training KS/MO providers at various stages of development of TPOPP coalitions since that time.

Advance Care Planning in African American Faith Communities – The Advance Care Planning and Healthy Living Through Faith project directly engages faith communities to increase African American participation in advance care planning activities throughout the life span, including but not limited to executing advance directive documents. Unfortunately, advance care planning has not been embraced within African American communities; only 18-36% of African Americans have an advance directive in place, and they are much less likely than other racial and ethnic groups to do formal ACP. While explaining the disparity is complicated, several surveys of African Americans have concluded that this group's spiritual beliefs can conflict with traditional goals of advance care planning, palliative care and hospice. The Center's previous work with African American pastors and congregations strongly suggests that advance care planning promotion must be rooted in the cultural and spiritual life of African American communities. It also highlighted the need for pastoral education around advance care planning throughout the lifespan and end-of-life issues. This year, two regional meetings have promoted advance care planning to leaders of more than 60 churches, with two additional meetings planned before the end of 2020.

Advance Care Planning in the Workplace – Known as CARE, this program offers companies the opportunity to provide advance care planning education and consultation, as well as advocacy when the employee or a loved one experiences serious illness, as a benefit. In 2020, we renewed CARE agreements with Hallmark for the 11th year, Evergy for the 3rd year and North Kansas City Hospital for the 4th year. We are currently in discussions with the Missouri National Teachers Association, Kansas City Public Libraries and a medical practice to develop advance care planning programs for their employees.

Caring Conversations® Community Education – This activity encompasses programs and advance care planning resources tailored to diverse audiences (e.g., civic and nonprofit organizations, faith-based groups, etc.). The program provides guidance through the advance care planning process, including instructions for discussing and forms for documenting wishes, values and preferences for healthcare. In 2020, more than 40,000 people were connected with our online and print materials in English and Spanish, as well as in-person and virtual presentations hosted by the Center as well as in collaboration with national organizations. This year, we introduced a version of the Durable Power of Attorney for Healthcare Decisions form in the Caring Conversations® workbook with fillable fields, enabling the individual and their agent to sign the document online (while noting that many states require notarization). Our 2019 agreement with ADVault, parent corporation of MyDirectives.com, enables consumers to upload, store and share their Caring Conversations® workbook and forms through free accounts.

III. EMERGING ISSUES AND SYSTEMS CHANGE

COMMUNITY COLLABORATIONS

The Center is called upon to bring an ethical perspective to healthcare issues locally, regionally and nationally. This work can range from responding to a phone call to participation on inter-agency committees and task forces. COVID-19 made uniquely intense demands on this service.

Locally, the Center collaborated with multiple entities and organizations in developing guidance and ethics education in response to COVID, including El Centro, Black Healthcare Coalition, BioNexus, University of Kansas Medical Center (5 locations), Kansas City University of Medicine and Biosciences (2 locations), Department of Biomedical and Health Informatics/UMKC School of Medicine, Digital Drive, Kansas Advocates for Better Care

(nursing home advocacy), Kansas Department of Health and Environment, Mid-America Regional Council Healthcare Coalition, and the Kansas Healthcare Collaborative.

During 2020, our programming collaborations on a regional and national scale included BJC Health System (St. Louis), Missouri Hospital Association (Jefferson City), Johns Hopkins University Medical School (Baltimore), Duke School of Medicine and Center for Research to Advance Healthcare Equity (Durham, NC), National Consumer Voice for Quality Long-Term Care (Washington, DC), Center for Bioethics and Humanities-University of Colorado, University of Iowa Department of Social Work and National Nursing Home Social Work Network, National POLST Program, and Bryan Health (Nebraska). Additional programming is currently under development.

POPULATION HEALTH ETHICS & DEMOCRATIC DELIBERATION

Despite spending more on healthcare than any other nation, Americans live shorter sicker lives than their counterparts in other rich and some middle-income countries.ⁱ Within the U.S., people experience vastly different health and longevity outcomes, with minority and poor communities bearing the brunt of disease and premature death. Numerous national reports have documented these health inequalities and the poor state of America's health and laid a foundation for action at local, regional and national levels.

With the arrival of Erika Blacksher, PhD, as the fourth John B. Francis Chair, the Center's longstanding commitment to justice and equity in health can be expanded under her leadership. For two decades, Dr. Blacksher's research and scholarship in population health ethics have made her one of the nation's foremost bioethics experts on population health issues. Her scholarly work has focused on questions of responsibility and justice raised by health inequalities and is currently focused on worsening white mortality trends, so-called "deaths of despair," and related roles of early life adversity, chronic socioeconomic deprivation and whiteness. Her work also addressed the ethics of stigmatization as a tool of public health and the role of public perspectives and engagement in shaping health priorities, research and policy.

Dr. Blacksher has developed a substantial portfolio of research and practical work in democratic deliberation in bioethics and health policy. She has led the design and implementation of deliberative engagements for a number of NIH-funded studies and is a consultant to the Center for the Ethics of Indigenous Genomics Research, a NIH-funded Center of Excellence based at the University of Oklahoma, working with leadership to design and implement deliberations with tribal communities on ethical issues in genomic research, biobanking and data governance. She is currently serving as the ethics expert for "COVID-19 Vaccine Access for New York City Essential Workers: Online Public Deliberations," a collaboration between the New York Academy of Medicine and New York City Department of Health and Mental Hygiene to design and implement five online deliberations to gather informed input from a cross-section of New Yorkers on fair vaccine access among essential workers. Dr. Blacksher's interests in stakeholder engagement were born at the Center, where she worked during her early career, and she looks forward to folding her expertise in democratic deliberation and participatory processes into the Center's own participatory approach to doing bioethics.

In 2020, she gave seven talks on topics ranging from health equity and justice to the value of democratic deliberation in the health sector to national and international audiences comprised of social scientists, clinicians, bioethicists, policymakers and students. She contributes regularly to the peer review literatures and had several papers accepted in 2020, including the forthcoming in the *Hastings Center Report* "White Privilege, White Poverty: Reckoning with Class and Race in America" (with Sean Valles), a paper that grew out of her participation in The Hastings Center's project, "How Should the Public Learn? Reconstructing Common Purpose and Civic Innovation for a Democracy in Crisis."

ARTIFICIAL INTELLIGENCE

AI turns long and laborious decision-making processes and predictions over to machines. When these processes and predictions create results that influence life and death, as in healthcare, we want to make sure they filter out

biases. The Ethical.AI Project, launched by the Center in 2019 in collaboration with Cerner Corporation and other leading healthcare institutions in the Kansas City region, will lead to the integration of ethical principles into the design, development, dissemination, and implementation of AI tools so that ethical principles are demonstrated in the results.

In November 2019, 54 professionals across numerous fields of healthcare and technology, including engineering, medicine, social work, research, data science, user experience, nursing and other related fields, gathered in Kansas City to examine various concerns regarding ethics in AI and propose interventions. In October of 2020, we conducted our second workshop (virtually) at the annual American Congress of Rehabilitative Medicine conference. Current Ethical.AI Project collaborators include BioNexus KC, Children's Mercy Hospitals & Clinics, the University of Missouri-Kansas City, Kansas City Digital Drive, and Cerner Corporation. We have also worked with several start-ups, universities, and healthcare providers in the Kansas City area. With these partners, we will curate and create content to initially serve as a foundational library of resources for healthcare IT companies and other stakeholders.

In October 2020, the Sunderland Foundation awarded a \$178,000 grant to CPB to enable the Ethical.AI project to complete development of a framework for more equitable AI models in healthcare that protect diversity and inclusion. The project will accomplish this by engaging three stakeholder communities in a collaborative model using community-based participatory research techniques.

In November 2020, the Center published a report analyzing and discussing the data gathered in the 2019 workshop. The insights from this report will inform the development of recommendations and curriculum as the project moves forward.

PAINS-KC

The goal of PAINS-KC is to transform the way pain is perceived, judged and treated in Kansas City and to establish patient-centered integrative pain management as the standard of care in our safety net clinics. PAINS-KC Citizen Leaders gather monthly for education, awareness and advocacy. Indeed, since the pandemic required the group to meet virtually, average attendance has grown from twenty to more than three dozen. Participants share experience, knowledge, information, ideas and compassion with one another. They also connect with partners across the metro, including healthcare providers, researchers and other pain advocacy organizations. Noteworthy accomplishments in 2020 include participation in the Alliance to Advance Comprehensive Integrative Pain Management (AACIPM) Pain Policy Congress in May with more than 900 registrations for the two-day event.

ORGANIZATIONAL CAPACITY

FUNDRAISING

2020 Annual Dinner/2021 Annual Event – As the pandemic mushroomed, we made the final decision in late March to cancel the Annual Dinner, scheduled for April 21 at the Muehlebach Hotel. We were fortunate that all donors up to that time did not request a refund. That – in addition to savings on hotel, audio/visual, transportation and other fees – left us with \$145,445 in net revenue.

With the pandemic still spreading by late summer, we made the decision to commit to a “private broadcast” (aka virtual) event in 2021 and to hold it earlier than traditionally for two primary reasons. First, because we anticipated that by April people may be zoomed out from virtual events. Second, the sooner we have the event, the sooner we can focus on other program and operational priorities in 2021. By the end of 2020, we:

- Contracted with Eventology to produce the event.
- Contracted with Patrician Kern + Associates to provide fundraising advice (1 hour/week).
- Launched volunteer Event Committee on November 19.

- Graphic design for logo, save the date and invitation provided by Mollie Steven; Sponsor Letter and Benefit Package design provided by Monica Delles.
- Assigned and began following up with prospective sponsors.

Annual Campaign

- **Individual Giving Campaign** – We raised \$56,340 from 62 individual gifts in 2020, compared to \$33,593 raised in 2019, a 68% increase in individual giving.
 - (1) **Summer Email Appeal** – On July 14, we emailed an appeal featuring the video produced by Curious Eye for the Annual Dinner that was cancelled.
 - (2) **Yearend Campaign** – The yearend campaign included email and print letter appeals.
 - **Email:** We asked board members to create a 60-90 second video on their smartphones about why they support CPB. We included their videos in a series of approximately weekly email appeals to our Constant Contact database starting October 27 through yearend. Ten of 19 board members created videos. We asked all board members who created videos to send them with a personal message to their contacts, and we asked those who did not create their own video to send a “generic” video with a personal message.
 - **Print Letters** – In mid-December, we also mailed 250 letters with a 2-page summary of 2020 Accomplishments & Outcomes attached.
- **Monthly Giving** – Launching monthly giving was a major impetus to our website update this year, which included a complete overhaul of the “Support” pages to provide a smoother user experience and to enable monthly giving. We emphasized monthly giving in our Yearend Email Campaign.
- **Print Newsletter** (*Practical Bioethics*) – We mailed the Winter/Spring issue in March and the Summer/Fall issue in October to approximately 750 recipients.
- **KCUR** – We scheduled our 15 remaining spots to be broadcast the last two weeks of the year.

Grants

In 2019, we presented three “mini-proposals” to help fund specific programs (i.e., Ethics Education, Monthly Dispatch, and Artificial Intelligence) to prospects with an interest in those topics. In April 2020, based on the success of this approach, we wrote a mini-proposal to raise funds in support of our response to COVID-19. We emailed the proposal to 70 donors who gave to the Annual Dinner in 2019 but had not pledged for 2020. We raised \$16,340 from this appeal.

We successfully applied for the following grants:

- American Century (\$10,000, COVID-19 resources)
- Hall Family Foundation (\$50,000, general operating)
- Sunderland Foundation (\$178,000, Ethical.AI Project)
- Sosland Foundation (\$15,000, general operating)
- Bank of America (\$150,000 request, \$125,000 awarded, general operating)

The following grant proposals were declined:

- Kansas City Regional COVID-19 Response and Recovery Fund
- Marion & Henry Bloch Foundation (\$116,000, Committing to Justice: Declaration of Solidarity in the Time of COVID). Review postponed.
- Langeloth Foundation (\$375,000 for 3 years, Committing to Justice: Declaration of Solidarity in the Time of COVID)
- Health Forward Foundation (\$49,561, Committing to Justice: A Declaration of Solidarity in the Time of COVID)
- Stormont-Vail Foundation (\$10,000, COVID-19 Vaccine Preparation and Distribution Webinar Series)
- Goldberg Family Foundation (\$7,500, Pandemic Response)

COMMUNICATIONS

PracticalBioethics.org – We significantly upgraded the website to highlight major programs and services and to make donation pages more user friendly, including more options on ways to give (e.g., monthly, pledged, planned gifts, gifts in honor/memory, etc.)

Email Newsletter – We email nearly 10,000 subscribers monthly with information about upcoming programs and newly available resources.

Print Newsletter – We publish a semi-annual print newsletter highlighting accomplishments and their impact, mailed to approximately 600 recipients.

Social Media – We focus on Facebook and Twitter and continue to hold steady with 6,200 followers on Facebook. We have 4,620 followers on Twitter, up from 4,200 in 2019 and 1,305 followers on LinkedIn, up from 1,150 in 2019.

HUMAN RESOURCES

Erika Blacksher, PhD – The search to fill the John B. Francis Chair following the death of Richard Payne, MD, in January 2019 ended with the appointment of Erika Blacksher, PhD, effective September 1, 2020. Previously, Erika was an associate professor and director of undergraduate studies in the Department of Bioethics and Humanities at the University of Washington School of Medicine in Seattle. Prior to UW, she was a research scholar at The Hastings Center in Garrison, New York, prior to which she was a RWJF Health and Society Scholar at Columbia University in New York, NY.

Linda Doolin Ward – Linda officially retired on October 31, 2020, ending 20 years of service to the Center, including 15 at Executive Vice President/COO and three years on the Board of Directors. In addition to responsibilities in finance, planning, governance and resource development, Linda pioneered and expanded corporate and community-based Advance Care Planning education.

New Roles and Responsibilities – Several staff titles changed in October to reflect expanding roles and responsibilities:

- **Cindy Leyland** – Previously the Director of Program Operations, Cindy was appointed Vice President of Operations and Fund Development while continuing her role as PAINS-KC Coordinator and Manager of the Advance Care Planning and Health Living Through Faith Project.
- **Monica Delles** – Monica's previous title, Operations Coordinator, was elevated to Administrative and Communications Manager.
- **Matthew Pjecha** – Matthew's title was changed from Program Associate to Director of Technology and Research Associate.
- **Jan Evans** – Jan's title was changed from Accountant to Controller and Finance Officer

Interns – The Center hosted three fourth-year dual degree (DO/Masters in Bioethics) KCU medical students for their Clinical Ethics rotation.

- Garrick Gaffney
- Margo Gerke
- Brigitte Schuman
- Anna Venardi

CPB MASS MEDIA, PRESENTATIONS & PUBLICATIONS

MASS MEDIA

John Carney was interviewed for a FOX4 Problem Solvers story about insurance billing problems after a loved one's death that aired on January 28.

<https://fox4kc.com/2020/01/28/after-husband-dies-shawnee-woman-forced-to-pay-hundreds-due-to-health-insurance-mix-up/>

John Carney answered questions about covid19 testing in the KC/MO area and made a pitch for more proactive public health measures in this interview aired on March 13, 4:00 pm, on KCTV5.

https://www.kctv5.com/coronavirus/bioethics-expert-breaks-down-covid--testing-confusion/video_19a66121-24fa-512b-8a05-d092d62b0066.html

Terry Rosell and John Carney were interviewed on Sunday, April 5, by Andres Gutierrez, KSHB 41 Action News reporter, on the challenges doctors face if the Covid-19 pandemic overwhelms the hospital system.

<https://www.kshb.com/news/coronavirus/metro-hospitals-develop-system-to-determine-who-receives-ventilators>

John Carney was quoted in an article by Mike Sherry in Flatland, KCPT Public Television's digital magazine, on April 15: *Age of Coronavirus: Deciding Who Lives...and Who Dies – Health Care Providers Ponder the Hardest Question.*

<https://www.flatlandkc.org/news-issues/age-of-coronavirus-deciding-who-lives-and-who-dies/>

John Carney and Terry Rosell were interviewed by Cynthia Newsome, an anchor with KSHB 41 Action News, on April 21, with a focus on the potential for ostracism of people who test positive for COVID-19. No airing to date.

Terry Rosell was interviewed by phone on May 10 by Jodi Fortino on COVID-19 ethics issues for KCUR 89.3.

<https://www.kcur.org/community/2020-05-10/as-the-kansas-city-metro-reopens-health-experts-offer-some-tips-for-staying-safe-in-the-new-normal>

Terry Rosell was quoted in a July 23 article by Jonathan Shorman, a McClatchy writer for the Wichita Eagle Beacon. The article was published behind the Kansas City Star's paywall: "Democrat Bollier mixes medical, political in US Senate campaign," In it, Terry comments on Bollier's involvement with the Center as a volunteer and her instincts to think like a philosopher. Another version of the article is available at <http://www.kansascity.com/news/politics-government/article244276627.html> and <http://www.kansas.com/news/politics-government/article244276627.html>.

John Carney was interviewed on August 3 by Brian Grimmett, news reporters at WMUW 89.1 in Wichita, KS, about advance care planning in a pandemic. The story was published on August 24 at

<https://www.kmuw.org/post/coronavirus-pushing-more-people-ponder-if-theyre-ready-death>. It was also broadcast on KCUR on August 25 at <https://www.kcur.org/news/2020-08-24/the-coronavirus-is-pushing-more-people-to-ponder-if-theyre-ready-for-death>.

John Carney and Terry Rosell were interviewed by Charlie Keegan, multimedia journalist with KSHB 41 Action News, on August 17 about how CPB in the time of COVID is helping providers and others guide healthcare decisions. The final story focuses on the need to respond with a vaccine by targeting those most at risk...and how we need to prove that we mean it this time...that older adults and people of color will receive priority. The story aired three times the morning of August 18 and was featured in a segment narrated by Cynthia Newsome on the midday news. It also ran at the top of KSHB's homepage with link to the article, which includes text and two minutes of video that incorporates segments from our Annual Dinner video.

<https://www.kshb.com/news/coronavirus/kc-based-center-for-practical-bioethics-helps-guide-families-doctors-during-pandemic>

Zach Dawes Jr. used Terry Rosell's written contribution for his September 14 article, "Reaction and Response: Medical Bankruptcy Concerns Half of Us." GoodFaithMedia.

https://goodfaithmedia.org/reaction-and-response-medical-bankruptcy-concerns-half-of-us/?fbclid=IwAR10a4fduCHPjaj_nKhHkXeFuQRJ7MEFSibrvGhMsegHFR0uAbY9J-TC3Jk

PRESENTATIONS

JOHN CARNEY

"The Impact of the Coronavirus Crisis and Pandemic and Advance Care Planning and Re-setting Goals of Care in Nursing Homes" presented with Linda Ward on April 2-3.

"Ethics of Shared Medical Decision Making in a Time of COVID: When Worse Case Scenarios Are All Too Real," presented at Voyce's Long-Term Care Conference on September 1, focused on tools and resources to assist with accelerated advance care planning in times of crisis. Voyce helps to ensure quality of life on the long-term care continuum. <https://www.voyceatl.org/events/long-term-care-conference>

"Advance Care Planning 101 – Process and Product: Our duties to know, honor and protect," presented with Maria Fox, Clinical Ethics Affiliate at the Center, in partnership with the Health Quality Innovation Network and the Kansas Foundation for Medical Care on September 23 to nearly 200 participants. They focused on methods for engaging in the ACP process and roles of the patient and agent in the context of Kansas and Missouri law. The recording is available here: <https://www.surveymonkey.com/r/September-2020-KHC-Monthly-Webinar>

TARRIS ROSELL

"Ethics for Research in the Medical Humanities." Lecture in a student research elective, University of Kansas School of Medicine, Kansas City, KS, Dec 17, 2020.

"Ethics Issues with Decisional Surrogacy." Presentation to Ethics Business Committee, Mosaic Life Center, St Joseph, MO, Nov 19, 2020.

"Healthcare Ethics." "Clinical Ethics Consultation." Didactic sessions for Clinical Pastoral Education, Mosaic Life Center, St Joseph, MO, Nov 16, 2020.

"Interprofessional Ethics." Presentation to Neuro-Psychology Post-Doctoral Fellows, The University of Kansas Medical Center, KS, Nov 13, 2020.

"Landmark Cases in Clinical Ethics: Decisional Surrogacy." PGY 1 Residents, University of Kansas Medical Center, Kansas City, KS, Nov 10, 2020.

"Caring for Others and Ourselves in Times of Uncertainty." Moderator for panel discussion, 12th Annual Steve Jeffers Lecture, Advent Health, Merriam, KS, Oct 27, 2020.

"Ethics for Research in the Medical Humanities." Lecture in a student research elective, University of Kansas School of Medicine, Kansas City, KS, Sept 22, 2020.

"COVID-19 Vaccine Ethics." Webinar panelist, Ethics Roundtable, University of Kansas School of Medicine, Kansas City, KS, Sept 15, 2020.

"Clinical Ethics for Psychiatry: Principles and Cases." GME Ethics didactic, Psychiatry Residency Program, Joplin, MO, July 21, 2020.

- “Ethics for Physical Therapists: The Cases of Dax and Shiavo.” Ethics didactic and discussion in DPT program, University of Kansas School of Health Professions, Kansas City, KS, June 30, 2020.
- “Bioethics for Chaplains.” Didactic session for Lutheran Senior Services, CPE resident chaplains and staff chaplains, St Louis, MO, June 23, 2020.
- “Bioethics for Chaplains.” Didactic session for St Luke’s Hospital CPE chaplain residents, Kansas City, MO, May 21, 2020.
- “Evolving Ethics in this Pandemic.” Webinar panelist, University of Kansas Medical Center, Kansas City, KS, May 12, 2020.
- “Reflections on 2 Timothy 1:7 in a Time of Pandemic.” Presenter, Physician-Clergy Dialogue Group, Advent Health, Merriam, KS, May 7, 2020.
- “An Evening Dialogue About Bioethics.” Guest lecture, EdD course, Baker University, Overland Park, KS, May 6, 2020.
- “Lessons from the Coronavirus.” Guest presenter, Sojourners Adult Class, First Baptist Church, Lawrence, KS, April 19, 2020.
- “Implementing Crisis Standards of Care: Triage and Clinical Practice.” Webinar with Ryan Pferdehirt and Sarah Hon, Center for Practical Bioethics COVID-19 series, April 23, 2020.
- “Transplantation Ethics.” Guest lecture in nursing ethics class, Rockhurst University, Kansas City, MO, April 6, 2020.
- “Duties to Care in a Coronavirus Pandemic: Should I Stay Home Today?” Webinar, Center for Practical Bioethics COVID-19 series, April 2, 2020.
- “Ethics of Allowing Patients to Make Bad Decisions: Three Cases.” Presentation to Ethics Business Committee, Mosaic Life Center, St Joseph, MO, Feb 27, 2020.
- “Ethical Issues in Urology Practice: The Case of a Patient with Congenital Bilateral Absence of Vas Deferens.” With Stephen Pittman, MD. Urology Ethics Case Conference, University of Kansas Medical Center, Kansas City, KS, Feb 24, 2020.
- “What the Hospital Ethics Committee Is, and How It Works.” Lecture for Health Administration Ethics course, University of Kansas Medical Center, Kansas City, KS, Feb 20, 2020.
- “The Case of the 101 Year-Old Patient.” Webinar for Hospital Ethics Committee Consortium of Greater Kansas City, Kansas City, MO, Feb 13, 2020.
- “Clinical Ethics Consultation.” Presentation to Onco-Psychology Team, The University of Kansas Cancer Center, Westwood, KS, Jan 23, 2020.
- “Transplantation Ethics: The Case of Newark Beth Israel Heart Transplant Program.” Presentation to Ethics Roundtable (medical students), University of Kansas School of Medicine, Kansas City, KS, Jan 7, 2020.

ERIKA BLACKSHER

“Health Justice at the Intersection of Class and Race: Whiteness and Mortality Trends in Low Education White People,” Department of Population Health Seminar, University of Wisconsin. Madison, Wisconsin. October 26, 2020.

“Error Traps in Equity v Equality,” Session III: Error Traps & Culture of Safety (Panelist). Society for Pediatric Anesthesia (virtual meeting). October 11, 2020.

“A Letter to My People: Reflections on Whiteness Amid a Racial Reckoning in America,” 26th Rosemary Flanigan Lecture, Center for Practical Bioethics. Kansas City, Missouri. August 17, 2020.

(with Reedy J) “Deliberations with American Indian and Alaska Native Communities about Genomics: Methodological Issues,” Centre for deliberative democracy and Global Governance Seminar Series, University of Canberra, Canberra, Australia. August 3, 2020.

“Balancing Health and Economic Considerations in COVID-19 Responses: Dilemmas and Opportunities for Population Health,” Webinar (Panelist). Interdisciplinary Association for Population Health Science. May 21, 2020.

“The Risk of Stigmatization in Targeted Local Health Policies.” Connecting Local, State and Global Justice in Community Health Policy (Panelist). World Congress of Bioethics and International Association of Bioethics. Philadelphia, PA. June 19, 2020.

“Health Justice in the Genomic Era: The Role of Democratic Deliberation” Genetic and Genomic Testing Outside of Clinical Care: Changing Paradigms for Access, Application, and Understanding. R. Rodney Howell Symposium (Panelist). American College of Medical Genetics Annual Meeting. San Antonio, TX. June 5, 2020.

RYAN PFERDEHIRT

“Why Language Matters in Clinical Ethics.” Invited Lecturer. University of Kansas Health System. Kansas City, MO. January 2, 2020.

“Suspension of DNAR for Surgery.” Webinar Presenter. Kansas City Area Ethics Committee Consortium. Kansas City, MO. January 9, 2020.

“Family Dynamics and Medical Decision Making.” Invited Presenter. Saint Luke’s Hospital of Kansas City Crittenton Children’s Center. Kansas City, MO. January 13, 2020.

“Medical Ethics.” Invited Presenter. Avila University Alpha Epsilon Delta Pre-Health Honor Society. Kansas City, MO. January 28, 2020.

“Ethical and Legal Challenges at the End of Life.” Invited Presenter. Department of Surgery Grand Rounds at Saint Luke’s Hospital. Kansas City, MO. February 13, 2020.

“Advance Care Planning”. Invited Presenter. North Kansas City Hospital Nurse Resident Rounds. Kansas City, MO. February 17, 2020.

“Let’s Talk Ethics: Inside Bioethics.” Invited Presenter. Kansas City Veteran Affairs Hospital. March 11, 2020.

“Pandemic Ethics for Nursing Home Social Workers: Ethical Decision-Making in Nursing Home Social Work.” Invited Presenter. The National Nursing Home Social Work Network. Virtual Webinar. March 27, 2020.

“Ethical Practice in a Nursing Home During a Pandemic” presented to front-line social workers and nursing home staff members.

“Jonsen’s Four-Box Method of Clinical Ethics Consultation,” with a case example presented to the National Nursing Home Social Work Network on April 8.

The Kansas City Medical Society Leadership Council invited Ryan Pferdehirt to participate in a discussion on April 27 about pandemic planning and how KCMS could encourage cooperation among facilities if scarce resources become a problem.

“Inside Bioethics.” Invited Presenter for the Northland Community Services Coalition, Kansas City, MO, May 6.

Keynote address at a webinar for nurses, frontline team members and healthcare leaders of small and large hospitals on August 7. The webinar was sponsored by Heartland Health Alliance and Bryan Health. With approximately 120 in attendance, Ryan spoke about “Ethical Decision Making in Clinical Situations.”

“Advance Care Planning and *Caring Conversations*” for the Johnson County Mental Health & Aging Coalition Meeting on October 27.

MATTHEW PJECHA

Matthew Pjecha presented “Ethical Dimensions of Contact Tracing” on May 8 as a panelist for “Convene KC,” a BioNexus initiative to virtually convene the life sciences and healthcare community in the fight against Covid-19. https://bionexuskc.org/video_blog/convene-kc-may-8-2020/

Matthew Pjecha presented a talk on the ethical dimensions of artificial intelligence in healthcare and other sectors and what we can do about it to Women in Security - Kansas City on May 18. <https://www.wiskc.org/>

PUBLICATIONS

JOHN CARNEY

John Carney and Jeff Zucker wrote “A Five-Point Plan for Meaningful Change 30 Years After the Cruzan Case,” January 28, on Medium. https://medium.com/@jzucker_46471/a-five-point-plan-for-meaningful-change-30-years-after-the-cruzan-case-56395b331d7c

TARRIS ROSELL

Rosell, Tarris and Benjamin Utter. “Editorial Introduction.” *Review & Expositor*, Vol 117:3 (Fall 2020): 317-320. <https://doi.org/10.1177/0034637320957751> , <https://journals.sagepub.com/eprint/CXASNYTQCJC/EWBI2XGJV/full>

Rosell, Tarris. “This Pistol-Cross: The Artist’s Reflections.” *Review & Expositor*, Vol 117:3 (Fall 2020): 329-330. <https://doi.org/10.1177/0034637320947652> , <https://journals.sagepub.com/eprint/YNKXITYKKHJ/NHBBVJTZM/full>

Rosell, Tarris. “I Have a Gun and I Know How to Use It: A Phenomenology of Handgun Ownership by Evangelical Christians.” *Review & Expositor*, Vol 117:3 (Fall 2020): 384-391. <https://doi.org/10.1177/0034637320949948> ; <https://journals.sagepub.com/eprint/3BFDV9RKPZZ/AXHE8UZKH/full>

Rosell, Tarris and Benjamin Utter, issue co-editors, “Bible, Baptists, and Bullets: Perspectives on Guns in America.” *Review & Expositor*, Vol 117:3 (Fall 2020): 317-406.

- Rosell, Tarris.** “Ethics Consultation in COVID Times.” Bulletin of *The Department of History and Philosophy of Medicine*, School of Medicine, University of Kansas Medical Center, Vol XXX, No 2 (Fall) 2020: 4-5.
- Rosell, Tarris.** “Ethics Consultation in COVID Times.” *Clinical Connections*, a nursing newsletter of The University of Kansas Hospital, 19, 6 (June 2020). [Hospital intranet access only: <http://intranet.kumed.com/newsletter/clinicalConnections/images/header.jpg>.]
- Rosell, Tarris.** Blog: “Medical Bankruptcy, Personal Luck, and a National Sin.” Central Baptist Seminary Buttry Center for Peace and Nonviolence blogsite, Sept 17, 2020: <https://www.cbts.edu/medical-bankruptcy-personal-luck-and-a-national-sin/>.

ERIKA BLACKSHER

Blacksher E, Valles S. 2020. White Privilege, White Poverty: Reckoning with Class and Race in America, *Hastings Center Report (special supplement)*, forthcoming.

Blanchard J, Hiratsuka V, Beans JA, Lund J, Saunkeah B, Yracheta J, Woodbury R, **Blacksher E**, Percy M, Ketchum S, Byars C, Spicer P. Power Sharing, Capacity Building, and Evolving Roles in ELSI: The Center for the Ethics of Indigenous Genomic Research, *Collaborations: A Journal of Community-Based Research and Practice* 3;1:1-13. doi.org/10.33596/coll.71

Reedy J, Blanchard J, Lund J, Spicer P, Byars C, Percy M, Saunkeah B, **Blacksher E**. 2020. Deliberations about Genomic Research and Biobanks with Citizens of Chickasaw Nation, *Frontiers in Genetics* 14;11:466.

West KM, **Blacksher E**, Cavanaugh KL, Fullerton SM, Umeukeje EM, Young BA, Burke W. 2020. At the Research-Clinical Interface: Returning Genetic Results to Research Participants, *Clinical Journal of the American Society of Nephrology* 15;8:1181-1189. doi.org/10.2215/CJN.09670819

TRUDI GALBLUM

“Advance Care Planning: It’s About How You Want to Live” by Trudi Galblum appeared in the 15th Anniversary May/June 2020 issue of *Our Health Matters* magazine. <https://kcourhealthmatters.com>

“Building Ethics into Kansas City’s Response to the Pandemic,” June 9 issue of the Health Forward Foundation blog. <https://healthforward.org/your-story-building-ethics-into-kansas-citys-response-to-pandemic/>.

CPB BLOG

Staff-written articles for the Center’s blog at <http://practicalbioethics.blogspot.com>:

- A Family’s Journey to Peace of Mind, Trudi Galblum
- Advance Care Planning, Trudi Galblum
- Ethics Consultation in COVID Times, Tarris Rosell
- National Healthcare Decisions Day, Monica Delles
- Support Missouri Medicaid Expansion, Matthew Pjecha
- Medical Bankruptcy, Personal Luck and a National Sin, Tarris Rosell
- The Truth of COVID-19: An Ethicist Reflects on His Experience, Ryan Pferdehirt



Organizational Affiliates

January 1, 2020 – December 31, 2020

In 2020, the Center for Practical Bioethics began the transition of Organizational Membership based on a charitable relationship to a transactional relationship of fee for ethics services (Basic Services or Ethics+). This list represents Organizational Affiliate Agreements executed or pending.

Organization	Agreement
North Kansas City Hospital	Ethics+
Liberty Hospital	Basic Services
AdventHealth Shawnee Mission	Ethics+
Stormont Vail	Basic Services
University of Kansas Health System	Basic Services
University of Kansas Medical Center	
University of Kansas Health System Pediatrics	
Hays Medical Center	
University of Kansas – Great Bend Campus	
University of Kansas – St. Francis Campus	
Mosaic Life Care	Basic Services
Mosaic Life Care – St. Joseph	
Heartland Long Term Acute Care Hospital	
Mosaic Medical Center – Maryville	
Mosaic Medical Center – Albany	
Truman Medical Centers	Basic Services
Truman Medical Center – Health Sciences District (aka Hospital Hill)	
Truman Medical Center – East (aka Lakewood)	
Saint Luke's Health System	Ethics+
Saint Luke's Hospital of Kansas City (Plaza)	
Saint Luke's Hospital of Kansas City Crittenton Children's Center	
Saint Luke's East Hospital	
Saint Luke's North Hospital – Barry Road	
Saint Luke's North Hospital – Smithville	
Saint Luke's Hospital – South	
Saint Luke's Hospice House	
Saint Luke's Physicians Group	
Wright Memorial Hospital – Trenton, Missouri	
Allen County Regional – Iola, Kansas	
Anderson County Hospital – Garnett, Kansas	
Hedrick Medical Center – Chillicothe, Missouri	

Organization	Agreement
HCA Midwest	Basic Services
Belton Regional Medical Center	
Centerpoint Medical Center	
Lafayette Regional Health Center	
Lee's Summit Medical Center	
Menorah Medical Center	
Overland Park Regional Medical Center	
Research Medical Center	
Research Medical Center – Brookside Campus	
Research Psychiatric Center	
Salina Regional Health Center	Basic Services
Missouri Delta	Basic Services
Midwest Transplant Network	Basic Services
VNA-KC	Basic Services



Legacy Society

The Legacy Society was established in 2009 as a way for individuals to make provisions for the Center for Practical Bioethics in their estate plans.

Sandra Doolin Aust
Judith S. and James M. Beck
Joan and Bert Berkley
Mary Beth Blake
Donna K. Blackwood
Drs. Barbara and Rene Bollier
Dianne and John Carney
Myra and Truman Christopher
Kelley and Bill Colby
Karen Cox
Karren King Crouch and Dr. Thomas Crouch
Helen C. Emmott
Jo Ann Field
J. Scott Francis
Robert Lee Hill
Carol N. and Steven E. Lanard
Ronald A. Neville
Paula and Clay Porsch
Andrea and E. Wynn Presson
Charles N. Romero
Tarris Rosell
Mary M. and David L. Sallee
Dianne C. Shumaker
Hans W. Uffelman
Linda D. Ward and Terrence R. Ward



Our 2020 Community Supporters

Donors from January 1, 2020 – December 31, 2020

We are thankful to our circle of friends who so generously support the Center for Practical Bioethics.

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Robert Walters
Linda and Terry Ward
Ariana and Dan Weindling

Gene Wilson
Windsor Place At Home Care, LLC
Sheridan and Bob Wood
Barbara and John Yeast

87-883-5

Contact Information

Kansas Secretary of State
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 kssos@kssos.org
 www.kssos.org

KANSAS SECRETARY OF STATE
Nonprofit Corporation Certificate of Amendment

AN**53-13**


All information must be completed or this document will not be accepted for filing.

1. Name of the corporation:

Center for Practical Bioethics, Inc.

Name must match the name on record with the secretary of state

2. The articles of incorporation are amended as follows:

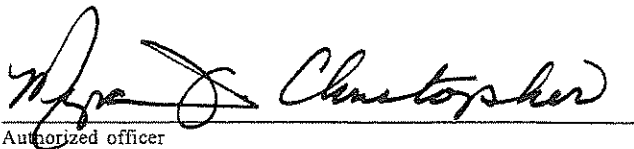
10-16-2007	10:12:00
0254 01	\$20.00
053 013 AA	
FILE#: 0878835	FILED BY KS SOS 1
	
02064461	

Amended Articles of Incorporation of the Center for Practical Bioethics, Inc. are attached hereto having been duly adopted October 9, 2007.

The amendment was adopted in accordance with the provisions of K.S.A. 17-6602.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the 9TH of October, 2007
Day Month Year



Authorized officer

Myra J. Christopher
 President and CEO

2007 OCT 16 AM 9 20
 FILED
 SECRETARY OF STATE
 KANSAS

I hereby certify this to be a true and correct copy of the original on file.

Certified on this date: Oct 16, 2007
 Ron Thornburgh, Secretary of State

Instruction

Submit this form with the \$20 filing fee.

Notice: There is a \$25 service fee for all returned checks.

ml

**AMENDED
ARTICLES OF INCORPORATION OF
CENTER FOR PRACTICAL BIOETHICS, INC.**

We, the undersigned incorporators hereby form and establish a corporation NOT FOR PROFIT under the laws of the state of Kansas.

ARTICLE I.

The name of this corporation is Center for Practical Bioethics, Inc.

ARTICLE II.

The registered agent of the corporation is Myra J. Christopher.

The street address of the Registered Agent and the Registered Office of the corporation in the state of Kansas is 5545 Falmouth, Fairway, Kansas 66205.

ARTICLE III.

This corporation is organized NOT FOR PROFIT and the objects and purposes to be transacted and carried on are:

1) To provide problem-solving services in biomedical ethics, to develop a system to discuss and solve bioethical problems, to study current issues in bioethics and contribute to knowledge in the field, to conduct educational activities for nursing and medical personnel, hospital administrators, and lay persons, and provide professional and public awareness of the issues, to be available to help solve difficult problems at the request of institutions and aid institutions in setting up ethics committees, to build a library of bioethics materials, keep current on publications and research, and maintain contact with other bioethicists, to coordinate activities with hospitals and multihospital systems, hospital associations and other professional associations, legislatures, physicians, and other health care personnel, educational institutions including medical and nursing schools and theology schools, and churches and synagogues. The general purposes of the corporation are to operate solely and exclusively as a charitable, scientific, literary and educational organization.

2) To further such objects and purposes the corporation shall have and may exercise all the powers conferred by the laws of the State of Kansas upon corporations formed under the laws pursuant to and under which this corporation is formed, as such laws are now in effect or may at anytime hereafter be amended. Specifically, this corporation shall have the power to acquire, purchase, hold, lease, convey, mortgage and pledge such real and personal property in Kansas, other states of the United States and elsewhere, as shall be necessary or convenient to the transaction of its objects and purposes.

PROVIDED, HOWEVER, that in all events and under all circumstances, and notwithstanding merger, consolidation, reorganization, termination, dissolution, or winding up of this corporation, voluntary or involuntary or by operation of law, the following provisions shall apply:

(a) This corporation shall not have or exercise any power or authority either expressly, by interpretation, or by operation of law nor shall it directly or indirectly engage in any activity that would prevent this corporation from qualifying (and continuing to qualify) as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of an future United States Internal Revenue law).

(b) This corporation shall never be operated for the primary purpose of carrying on a trade or business for profit.

(c) No compensation or payment shall ever be paid or made to any member, officer, director, trustee, creator, or organizer of this corporation, or substantial contributor to it, except as an allowance for actual expenditures for services actually made or rendered to or for this corporation; and neither the whole nor any portion of the assets or net earnings, current or accumulated of this corporation shall ever be distributed to or divided among any such persons; provided, further, that neither the whole or any part or portion of such assets or net earnings shall ever be used for, accrued to, or enure to the benefit of any member or private individual within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue law).

3) Upon the dissolution of this corporation, the governing board shall, after paying or making provision for the payment of all the liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purposes of the corporation, in such manner, to such organization or organizations organized or operated exclusively for charitable, educational, religious, or scientific purposes, as shall at the time qualify as an exempt organization or organizations under 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States law), as the governing board shall determine. Any of such assets not so disposed of shall be disposed of by the District Court in the County in which the principal office of the corporation is then located, exclusively for such purposes.

ARTICLE IV.

Pursuant to the Kansas Nonprofit Corporation Act, as modified by these Amended Articles of Incorporation, and the bylaws of the corporation, the corporation shall be managed by a board of directors in which shall be vested all powers granted by Kansas law and statutes, including all power and authority to supervise, control, direct and manage the property, affairs and activities of the corporation. The number and terms of office of directors, as well as the rights, powers, privileges and responsibilities of the directors, in addition to those imposed by law, shall be established by the bylaws of the corporation as amended from time to time. The corporation shall have a self-perpetuating board of directors serving staggered terms.

ARTICLE V.

The corporation shall have members. Members shall not have voting rights, shall not elect or remove directors, nor have any authority to adopt, amend or repeal the corporate bylaws, which authority shall be vested in the board of directors. Members shall have such conditions of

membership, and be entitled to such benefits of membership as shall be fixed from time to time in the corporate bylaws.

ARTICLE VI.

THE CORPORATION SHALL NOT HAVE AUTHORITY TO ISSUE CAPITAL STOCK.

ARTICLE VII.

The term for which this corporation exists is perpetual.

ARTICLE VIII.

No member or director of this corporation shall benefit financially in the dissolution thereof. In the event of the dissolution of this corporation, the assets of this corporation shall be distributed as set forth in ARTICLE III.

ARTICLE IX.

The names and residences of the incorporators are:

Karen Ritchie, M.D.
8948 Cedar Lane
Prairie Village, Kansas 66207

Mary Beth Blake
570 Lakeshore West
Lake Quivira, Kansas 66106

Hans Werner Uffelmann
8328 Endley Lane
Leawood, KS 66206

ARTICLE X.

The number of directors may be increased or decreased from time to time by amendment of the bylaws.

ARTICLE XI.

Names and residences of persons who currently are serving as directors are hereto attached.

Center for Practical Bioethics
2007 Board of Directors

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James M. Beck
6618 Rainbow Avenue
Shawnee Mission, KS 66208

Joan Berkley
6635 Indian Lane
Shawnee Mission, KS 66208-1746

Mary Beth Blake
570 Lakeshore W
Lake Quivira, KS 66217

Olivia Dorsey
3945 Forest
Kansas City, MO 64110

Helen Emmott, RN
The Sulgrave, #106
121 W. 48th Street

Stephen Hill, Jr.
10108 Meadow Lake Circle
Liberty, MO 64068

Ann Howie
5743 Windsor Drive
Fairway, KS 66205

Julapa Jagtiani, Ph.D.
1000 Westover Road
Kansas City, MO 64113

Nabeeha Mujeeb Kazi
2405 Grand Blvd., Suite 700
Kansas City, MO 64108

Karren King Crouch
825 West Meyer Boulevard
Kansas City, MO 64113

Mark Myron, MD
12200 W. 110th Street
Overland Park, KS 66210

Karen L. Pletz
411 West 46th Terrace, Apt. 100
Kansas City, MO 64112

Paula D. Porsch
3805 Campbell Street
Kansas City, MO 64109

Charles "Chuck" Romero,
3901 Rainbow Blvd.
1024 Murphy, Mail Stop 2033
Kansas City, KS 66160

Rev. Norman Rotert
The Sulgrave, #305
121 W. 48th Street
Kansas City, MO 64112

David L. Sallee, Ph.D.
500 College Hill
Liberty, MO 64068

Dianne Shumaker
1501 S. Lakestone Drive
Olathe, KS 66061

Cindy Spaeth
444 Westover Road
Kansas City, MO 64113

Samuel H. Turner, Sr.
9100 West 74th Street
Shawnee Mission, KS 66204

CENTER FOR PRACTICAL BIOETHICS, INC.**AMENDED AND RESTATED****BYLAWS****Article I**
Offices

Section 1.1 Principal Office. The corporation's principal office for the transaction of business shall be located at 1111 Main, Ste 500, Kansas City, Missouri 64105.

Section 1.2 Registered Office. The corporation, by resolution of its board of directors, may change (i) the location of its registered office as designated in the Articles of Incorporation to any other place within the State of Kansas, and (ii) its resident agent at such registered office or both. Upon adoption of such resolution or resolutions, a certificate certifying the change shall be executed, acknowledged and filed with the Secretary of State, and a certified copy thereof shall be recorded in the office of the Register of Deeds for the county in which the new registered office is located (and in the old county, if such registered office is moved from one county to another).

Article II
Members

Section 2.1 Members. Members shall be individuals or organizations that make an annual contribution to the corporation for each membership year. By resolution adopted from time to time, the board of directors shall determine and adopt rules governing the rights and benefits of membership in the corporation.

Article III
Directors

Section 3.1 Responsibilities and Powers of Directors. The board of directors shall conduct, manage, and control the business, property and affairs of the corporation. The board of directors may exercise all of the powers of the corporation under applicable Kansas law. The board of directors has the legal, fiduciary and ethical responsibility to oversee the operations of the corporation, including but not limited to, corporate strategic planning consistent with the corporation's mission and goals, resource development for the corporation, financial monitoring and approval of corporation annual operating and capital budgets, and retention, oversight and evaluation of the corporation's chief executive officer.

Section 3.2 Number and Qualifications of Directors. The number of non-founding directors of the corporation shall be not less than fifteen (15) nor more than eighteen (18), but such parameters may be increased or decreased by amendment to these bylaws in the manner set forth in Article XI hereof. In addition, there shall be two (2) *ex officio* founding director seats on the board, which seats shall be lifetime director seats for the founding directors, Mary Beth Blake and Hans Uffelmann. In the event the number of non-founding directors is decreased by amendment to these bylaws, each director then in office shall serve until his or her term expires, or until his or her resignation or removal, as herein provided.

Section 3.3 Terms of Office and Election. The terms of directors on the board of directors for non-founding directors shall be staggered. The term of office for all seats on the board of directors (other than founding director seats) shall be three (3) years each. The term of office of one-third (1/3) of the non-founding director seats on the board shall expire each year on December 31. Election of non-founding directors to succeed those directors whose term of office will expire December 31 each year shall be at the annual meeting by majority vote of the continuing directors then in office. Each non-founding director shall hold office until the expiration of the term of office for which such director was elected or until his or her successor shall have been elected and qualified. No non-founding director shall serve more than three (3) consecutive three (3) year terms. For purpose of this limitation, service of less than eighteen (18) months as an initial term, or to complete a vacated term, shall not be considered a three-year term. Notwithstanding the foregoing, a director's election to an office as chair, immediate past chair, vice-chair, secretary or treasurer for a term which extends beyond the permitted board tenure of the elected director shall automatically extend such director's board term to expire concurrently with the term of the office to which such director has been elected.

Section 3.4 Nominations. The Governance Committee shall meet, in coordination with corporation's staff, prior to the annual meeting of the corporation each year and select nominees (i) for all seats on the board the terms of which shall expire December 31 of such year, (ii) for any other vacancy on the board occurring at any time, and (iii) for all offices to be elected by the board, and shall recommend a slate of nominees to the full board at the board meeting next prior to the annual meeting. In selecting nominees for corporate directors, the committee shall consider the mission and purposes of the corporation, its current strategic plans, and the skill sets, diversity, and qualifications of all continuing directors on the board, and shall seek to recommend nominees whose qualifications, experience, diversity, and skill sets complement and supplement that of the continuing directors and those served by the corporation.

Section 3.5 Resignation and Removal. Any director may resign at any time by written notice of resignation to the board of directors. Any director may be removed at any time by the affirmative vote of two-thirds (2/3) of the board of directors whenever, in the judgment of the board, the best interests of the corporation would be served thereby.

Section 3.6 Vacancy. Any vacancy in any non-founding director seat on the board of directors occurring at any time, including the vacancy created by an increase in the number of directors, shall be filled for the unexpired term applicable to such seat, by the procedures set forth herein for the nomination and recommendation of qualified directors, and the remaining directors, even though less than a quorum, by an affirmative vote of a majority thereof, may elect the director(s) to fill the vacancy or vacancies. Any director so elected shall hold office until the expiration of the term of office for which such director was elected or until his or her successor shall have been elected and qualified. In addition, the board of directors may fill one or more vacancies on an interim basis prior to the next annual meeting of the board of directors, by an affirmative vote of a majority of the directors present at a regular or special meeting to fill the vacancy or vacancies. Such vote may be held with or without the nomination and recommendation procedures set forth herein. Any director so elected shall hold office until the next annual meeting at which time, the board of directors may elect to extend their service for the balance of the unexpired term of the director whose seat was vacated or to replace them

following the procedures set forth herein for the nomination and recommendation of qualified directors.

Section 3.7 Place of Meetings. Regular and special meetings of the board of directors shall be held at any place which has been designated from time to time by resolution of the board, or by the Chief Executive Officer (“CEO”) of the corporation. In the absence of a designation, all meetings shall be held at the principal office of the corporation.

Section 3.8 Annual Meetings. The annual meeting of the board of directors shall be held in November each year, or at such other time and date as the board of directors by resolution shall determine, for the purpose of electing directors and officers, considering reports of the affairs of the corporation, and for the transaction of such other business as may come before the meeting. If the date fixed for the annual meeting shall be a legal holiday, such meeting shall be held on the next succeeding business day. If the election of directors shall not be held on the day designated herein for any annual meeting, or at any adjournment thereof, the board of directors shall cause the election to be held at a special meeting of the board of directors as soon thereafter as conveniently may be.

Section 3.9 Regular Meetings. Regular meetings of the board of directors shall be held at least quarterly at such dates and times as the board of directors shall from time to time designate by resolution. No notice of regular meetings of the board of directors shall be required other than the board resolution establishing the date and time of regular meetings.

Section 3.10 Special Meetings. Special meetings of the board of directors for any purpose or purposes shall be called at any time by the CEO or, if he or she is absent or unable or refuses to act, by the chair of the board or by any three (3) directors. Notice of special meetings, unless waived by attendance thereat or by written consent to the holding of the meeting, shall be given by written notice transmitted electronically, hand delivered, or forwarded by facsimile or U.S. Mail at least three (3) days prior to the date of such meeting. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail with postage thereon addressed to the director at his residence or usual place of business.

Section 3.11 Adjournment. A majority of the directors present may adjourn any directors’ meeting to meet again at a stated day and hour or until the time fixed for the next regular meeting of the board.

Section 3.12 Notice of Adjournment. Notice of the time and place of re-convening an adjourned meeting need not be given to absent directors if the time and place is fixed at the meeting adjourned.

Section 3.13 Waiver of Notice. The transactions at any meeting of the board of directors, however called and noticed or wherever held, shall be as valid as though had at a meeting duly held after regular call and notice, if a quorum be present, and if, either before or after the meeting, each of the directors not present signs a written waiver of notice, or a consent to holding such meeting, or an approval of the minutes thereof. All such waivers, consents or approvals shall be filed with the corporate records or made a part of the minutes of the meeting.

Section 3.14 Quorum. A majority of the total number of non-founding directors then in office shall constitute a quorum for the transaction of business, except to adjourn as hereinafter provided. Every act or decision done or made by a majority of all of the directors present at a meeting duly held at which a quorum is present shall be the act of the board of directors, unless a greater number be required by law or by the Articles of Incorporation as amended. Directors present at a duly called or held meeting at which a quorum is present may continue to do business until adjournment, notwithstanding the withdrawal of directors leaving less than a quorum.

Section 3.15 Votes and Voting. All votes required of directors hereunder may be by voice vote or show of hands, unless a written ballot is requested, which request may be made by any director. Each director shall have one vote. Every reference to a majority or other proportion of directors refers to a majority or other proportion of the votes of such directors.

Section 3.16 Actions of the Board of Directors without a Meeting. Any action which is required to be or may be taken at a meeting of the directors may be taken without a meeting if consents in writing (whether by an original or electronic signature, including a signature transmitted by facsimile or by other electronic method), setting forth the action so taken, are signed by all of the directors. Such consents shall have the same force and effect as a unanimous vote of the directors at a meeting duly held, and may be stated as such in any certificate or document filed under The Kansas General Corporation Code. The secretary shall file such consents with the minutes of the meetings of the board of directors.

Section 3.17 Attendance. Directors' attendance at all annual and regular meetings of the board of directors is expected. Absences shall be cause for removal pursuant to Section 3.5. Directors may participate in a meeting of the board by means of conference telephone, internet camera, or similar electronic means so long as all directors participating in the meeting can hear each other. Participation in a meeting in this manner shall constitute attendance in person at the meeting.

Section 3.18 Compensation. Directors shall not receive any salary or other compensation for services as directors, but, by resolution of the board of directors, a reasonable sum for out-of-pocket expenses, if any, may be allowed directors. The board of directors may, in its discretion, contract for and pay to directors rendering occasional, unusual or exceptional services to the corporation, special compensation appropriate to the value of such services. Nothing herein contained shall preclude any director from serving the corporation in any other capacity as an officer, agent, employee or otherwise, in receiving fair compensation therefor.

Section 3.19 Conflicts of Interest. The board of directors shall promulgate and enforce effective conflict of interest policies in accordance with applicable Kansas law, which policies shall require prompt disclosure of any actual or potential conflict of interest on the part of any director and any management employee of the corporation. Such policy shall require each director and all management employees to disclose fully and frankly to the board any and all actual or potential conflict or duality of interest or responsibility, whether individual, personal, or business, which may exist or appear as to any matter or business which may come before the board, or a committee thereof, at any time *prior to* action thereon. Except as herein provided, the disclosing individual shall neither vote nor endeavor to influence corporate action on any such

matter. The requirement of disclosure of conflicts of interest shall not prohibit a director from responding to questions concerning the matter, nor from participating in discussion, nor from voting in the matter, *unless* such participation shall have been prohibited by resolution adopted by a majority of disinterested directors at the meeting following disclosure. Board action on any matter as to which a conflicts disclosure shall have been made shall require the vote of a majority of disinterested directors. All disclosures of conflicts of interest and action taken thereon shall be recorded in the minutes of the board.

Section 3.20 Inspection of Books and Records. Any director shall have the right to examine the corporation's membership ledger, a list of its members and directors, and its financial books and records for any purpose reasonably related to such director's position as a director.

Article IV

Officers

Section 4.1 Officers. The officers of the corporation shall be a chief executive officer (CEO), a chief operating officer (COO), a secretary and a treasurer, and such other officers as may be designated by the board. The corporation also shall have board officers, including a board chair, the immediate past chair, and one or more vice chairs. No more than two (2) offices may be held by the same person. No instrument requiring the signatures of two officers may be signed by the same person in more than one capacity.

Section 4.2 Selection to Office. The board chair, immediate past chair, vice chair(s), secretary and treasurer shall be elected by the board at the annual meeting of the corporation in even numbered years for a term of two (2) years without salary or other remuneration. All terms shall commence January 1 next following the annual meeting. In the event such board elected officers shall not be elected at the annual meeting, such election shall be held at the next regular meeting of the board. Board elected officers each shall be elected by a majority vote of the full board and shall hold office until expiration of the term of office for which he or she was elected or until his or her successor shall have been duly elected and shall qualify, or until he or she shall resign or otherwise vacate the office, or shall be removed in the manner provided herein.

The CEO shall be an employee of the corporation selected, hired, supervised and subject to termination by the board of directors. Other corporate officers (except the secretary and treasurer elected by the board) shall be employees of the corporation selected, hired, supervised and subject to termination by the CEO. The selection and designation of such officer employees by the CEO shall be continuing appointments which shall serve at the pleasure of the CEO.

Section 4.3 Compensation of Officers. The salary or other compensation of the CEO shall be recommended from time to time by the Executive Committee of the board. Corporate officer employees and other employees of the corporation shall receive such salaries or other compensation as shall be determined by the CEO consistent with annual budgets adopted from time to time by the board of directors.

Section 4.4 Resignation and Removal. Any officer may resign his or her office at any time by written notice of resignation to the CEO or chair of the board of directors, as applicable. Any corporate or board officer may be removed, with or without cause, by the affirmative vote of the majority of the directors in office at any time whenever in the judgment of the board the best interests of the corporation would be served thereby.

Section 4.5 Vacancies. Any vacancy in any office shall be filled in the manner prescribed in these bylaws for regular election or appointments to such office. Vacancies in offices shall be filled for the unexpired portion of the term as herein provided.

Section 4.6 Chair of the Board. The board chair shall be the chief volunteer officer of the corporation, shall be a corporate director, and the principal officer of the board, and shall preside at all meetings of the corporate board of directors. The chair shall be an *ex officio* member of all board committees and task forces. The chair shall perform such duties incident to the office of the chair, and such other duties as may from time to time be prescribed or designated by the board of directors. The chair shall appoint all board committees and committee chairs.

Section 4.7 Vice Chair. Each vice chair shall be corporate director and shall perform such duties as may be assigned the vice chair by the chair, the board of directors, or these bylaws. In the absence of the chair, or in the event of the chair's inability or refusal to act, a vice chair shall preside at board meetings, and shall perform such duties and exercise the powers of the chair with the same force and effect as if performed by the chair.

Section 4.8 Immediate Past Chair. The immediate past chair of the board shall continue as an officer of the board following expiration of his or her term as chair until expiration of the term of his or her successor. The immediate past chair shall perform such duties as may be assigned by the chair, the board of directors, or these bylaws. The immediate past chair shall provide historical continuity and perspective to the functions of the officers of the corporation and the board. In the absence, inability, or refusal to act of the chair and all vice-chairs, the immediate past chair shall preside at board meetings and shall perform the duties and exercise the powers of the chair.

Section 4.9 Chief Executive Officer. The CEO shall be an employee of and the chief executive officer of the corporation. The CEO shall supervise and control directly, and indirectly through employees, agents, and consultants, the day to day business and affairs of the corporation and management of the business of the corporation. The CEO shall serve at the pleasure of the board of directors at such salary or other remuneration as the board may, from time to time, prescribe and shall perform all duties incident to the office of the CEO and such other duties as may from time to time be prescribed by the board of directors.

Section 4.10 Chief Operating Officer. The COO shall be an employee of and chief operating officer of the corporation. The COO shall serve at the pleasure of the CEO and undertake all functions as assigned by the CEO. These include but are not limited to oversight of finance, audit, resource redevelopment, strategic planning, communications and public relations, facilities, and other functions of the Center including working closely with the CEO on human resources and organizational development. The COO shall collaborate with the CEO and the

board of directors on matters of governance and broad program direction of the Center. The COO shall perform all duties incident to the office of COO and such other duties as may from time to time be prescribed by the CEO.

Section 4.11 Secretary. The secretary shall be a corporate director and shall keep, or cause to be kept, minutes of all meetings of the board of directors. Such record shall be maintained at the principal office of the corporation or at such other location as the board shall direct and shall reflect the names of those present at all director meetings and the proceedings thereof. The secretary also shall keep, or cause to be kept, at the principal office of the corporation, a membership ledger showing the names and current addresses of all members of the corporation. The secretary shall have such other powers and perform such other duties as may be prescribed by the board of directors, the chair, or these bylaws. The assistant secretary, if any, shall be an employee of the corporation and not a director, and shall perform the duties and responsibilities of the secretary in the absence or unavailability of the secretary, and shall perform such other duties and responsibilities of the office of secretary as from time to time may be assigned by the board or CEO.

Section 4.12 Treasurer. The treasurer shall be a corporate director and shall oversee and monitor the corporate funds, shall keep, or cause to be kept, a full and accurate record and account of all receipts and disbursements, deposits, investments, all monies and liquid assets in the name and to the credit of the corporation in such depositories as may be approved by the board of directors. The treasurer shall submit a report of the financial condition of the corporation at all regular meetings of the board, and at such other times as are requested by the board. The treasurer shall submit for approval of the board a year end financial report, and shall oversee preparation of and shall recommend annual capital and operating budgets for the corporation to the board. The corporate books of account shall be open at all reasonable times to inspection by any director. The assistant treasurer shall be a corporate employee and not a director, shall be responsible to the treasurer, shall report to the COO, and shall perform all duties incident to the office of the treasurer in the absence or inability to act of the treasurer, or as directed by the chief executive officer.

Article V

Committees of the Board

Section 5.1 Board Committees. Board committees shall be appointed each year following the annual meeting of the board. All committees shall serve one (1) year terms expiring at the next annual meeting of the board of directors each year. A majority of the membership on all board committees shall be directors serving on the board. Committees may include nondirectors. Except as provided in Sections 5.1.1 and 5.1.2, appointments to all committees and designation of committee chairs shall be made by the chair of the board. Except as provided otherwise in these bylaws, there shall be no fewer than three (3) corporate directors on each board committee.

Section 5.2 Executive Committee. The executive committee shall consist of the chair of the board, a vice-chair of the board, the secretary, the treasurer (and Finance Committee chair), the immediate past chair of the board, and the chairs of the Finance Committee, the Governance Committee, and the Resource Development Committee. The chair

shall preside at all meetings of the Executive Committee, and the secretary shall keep (or cause to be kept) the minutes. The Executive Committee shall exercise such rights, powers and authority of the board of directors while the board is not in session as are consistent with the policies, directives, and resolutions of the board of directors, the Articles of Incorporation as amended, and these bylaws. Chief executive officer of the corporation shall be an *ex officio* member of the Executive Committee without vote. The Executive Committee shall meet from time to time at the call of the chair or the vice-chair of the board as necessary or appropriate to discharge its responsibilities. The Executive Committee shall meet not less than once each year for the purpose of evaluating the performance of the chief executive officer and of the board. A majority of the Executive Committee shall constitute a quorum for the transaction of any business, and the act of a majority of the Executive Committee present at any meeting at which a quorum is present shall be the act of the Executive Committee. The Executive Committee shall report its actions and provide minutes of its meetings to the board of directors. For all seats on the Executive Committee, removal of a director from his or her position as an officer or committee chair shall constitute removal from the Executive Committee. Any vacancy on the Executive Committee shall be filled by the chair of the board, or the board of directors, as applicable for the unexpired term by replacement of the board officer no longer serving in accordance with these bylaws.

Section 5.3 Finance. The treasurer shall be chair of the Finance Committee. The Finance Committee shall review and make recommendations to the board regarding the financial feasibility of all corporate activities and undertakings, the annual capital and operating budgets of the corporation, corporate investment policies, and all fiscal and financial affairs of the corporation. The Finance Committee shall include an audit subcommittee as herein provided. The Finance Committee shall perform such other duties related to the fiscal affairs of the corporation as are set forth in the corporation's Committee Functions Policy, or as may be assigned to it by the board or the board chair.

Section 5.4 Audit. The Finance Committee shall have an audit subcommittee consisting of not less than two (2) nor more than three (3) members, at least one (1) of whom shall be a corporate director and member of the Finance Committee. The Audit subcommittee shall report directly to the board, shall be responsible for oversight and coordination of the corporation's annual independent audit, and shall report directly to the board thereon. The Audit Committee shall perform such other duties and responsibilities as may be assigned to it from time to time by the board chair.

Section 5.5 Governance. The Governance Committee shall be responsible for board development and evaluation. Nominations to fill all vacancies in board of director and officer positions from time to time shall be made by the Committee. The Governance Committee also shall be responsible for board education and retreat planning. The Governance Committee periodically shall review and make recommendations to the board regarding long-term strategies for the corporation, community relations, and corporate mission, and the services and policies of the corporation. The Committee shall perform such other duties related to these areas of corporate activity as are set forth in the corporation's Committee Functions Policy, or as may be assigned to it by the board or the chair.

Section 5.6 Resource Development. The Resource Development Committee shall be responsible for membership development and major fundraising projects undertaken by the corporation, and shall oversee and coordinate the corporation's endowment fund and all endowment fundraising and development activities. On an ongoing basis, the Resource Development Committee shall monitor and evaluate the corporation's fundraising programs, and shall recommend an annual fundraising goal for the corporation in connection with the annual budget process. The committee shall perform such other duties related to these areas of corporate activity as are set forth in the corporation's Committee Functions Policy or as may be assigned to it by the board or the chair.

Section 5.7 Task Forces and Ad Hoc Committees. From time to time, the board of directors may designate by resolution one or more task forces or *ad hoc* committees of the board to perform such specific tasks and/or functions as the board may determine. *Ad hoc* committees shall be appointed by the chair subject to ratification by the board. A director shall be designated by the board chair to be chair of each task force or committee. All such *ad hoc* committees or designated task forces shall have the power and authority set forth in the board resolution creating such *ad hoc* committee or task force, and shall serve until the designated task is completed, or the next annual meeting of the board, whichever first occurs.

Section 5.8 Meetings, Quorum, Actions without a Meeting, etc. All provisions of Article III, Directors, of these Bylaws that establish the manner and means for the board of directors to call and conduct meetings, approve actions at a meeting and to take actions without a meeting, including Sections 3.7 through 3.17, but not Section 3.8 (i.e. committees are not required to conduct an annual meeting), shall also apply to committees, subcommittees and task forces, except that the name of the committee, subcommittee or task force, and the terms committee members and committee chair shall apply in lieu of the terms board of directors, directors and chair of the board where applicable.

Article VI

Indemnification

Section 6.1 Indemnification of Directors and Officers. To the maximum extent that the laws of the state of Kansas allow, the corporation shall indemnify a director, officer, or any other person who is or was serving at the request of the corporation as a director or officer for any liability, expense, cost, judgment, penalty, or fine incurred by such person by reason of the fact that such person is or was a director or officer of the corporation; provided, however, that such person acted in good faith in the best interest of the corporation as determined by the Board. No person shall be entitled to be indemnified for any liability, expense, cost, judgment, penalty or fine due to his or her willful misconduct or gross negligence.

Section 6.2 Indemnity Amount/Notice. The amount of such indemnity which may be assessed against the corporation, its receiver, or its trustee, by the court in the same or in a separate proceeding shall be so much of the expenses, including attorneys' fees incurred in the defense of the proceeding, as the court determines and finds to be reasonable. Application for such indemnity may be made either by the person sued or by the attorney or other person rendering services to him in connection with the defense, and the court may order the fees and expenses to be paid directly to the attorney or other person, although he is not a party to the

proceeding. Notice of the application for such indemnity shall be served upon the corporation, its receiver, or its trustee, and upon the plaintiff and other parties to the proceeding. The court may order notice to be given also to the members in the manner provided in Article II for giving notice of members' meetings, in such form as the court directs.

Article VII

Execution of Instruments

Section 7.1 Contracts, Deeds, Etc., How Executed. The board of directors, except as in these bylaws otherwise provided, may authorize any officer or officers, agent or agents, to enter into any contract or execute any instrument in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances; and unless so authorized by the board of directors, no officer, agent or employee shall have any power or authority to bind the corporation by any contract or engagement or to pledge its credit or to render it liable for any purpose in any amount; provided, however, that any contracts, agreements, deeds or other instruments conveying lands or any interest therein, and any other documents shall be executed on behalf of the corporation by the CEO, COO or by any other specific officer or agent or attorney so authorized by the board.

Section 7.2 Checks, Drafts, Etc. All checks, drafts or other orders for payment of money, notes or other evidences of indebtedness, issued in the name of or payable to the corporation, shall be signed or endorsed by such person or persons and in such manner as, from time to time, shall be determined by resolution of the board of directors.

Section 7.3 Deposits. Funds of the corporation may be deposited from time to time to the credit of the corporation with such depositories as may be selected by management and approved by the board.

Section 7.4 Limitation Upon Contracts. No contract, transaction or act shall be entered into, performed or taken on behalf of the corporation if such contract, transaction or act is a prohibited transaction or would result in the denial of the corporation's tax exemption under Section 501(c)(3) of the Internal Revenue Code and regulations promulgated thereunder as they now exist or may hereafter be amended. In no event, however, shall any person, firm or entity dealing with the directors or officers of the corporation be obligated to inquire into the authority of the directors or officers to enter into or consummate any contract, transaction or other act for or on behalf of the corporation.

Article VIII

Notices

No notice of the time, place or purpose of any meeting of the Board, or any publication thereof, whether prescribed by law, by the Charter or by these Bylaws, need to be given to any person who attends such meeting, or who, in writing, executed either before or after the holding thereof, waives such notice and such attendance or waiver shall be deemed equivalent to notice.

Article IX

Prohibition Against Sharing in Corporate Earnings

No director, officer, employee or agent of the corporation, nor any individual connected in any way with the corporation, shall at any time receive any of the net earnings or any pecuniary profit from the operation of the corporation provided that this prohibition shall not prevent the payment to individual persons such reasonable compensation for services rendered to or for the corporation in effecting any of its purposes as may be determined by the board of directors. No such person or persons shall be entitled to share in the distribution of any of the corporate assets upon dissolution of the corporation. No substantial part of the activities of the corporation shall be or involve the carrying on of propaganda, lobbying or otherwise attempting to influence legislation, and the corporation shall not participate in nor intervene in any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these bylaws, the corporation shall not carry on any activities not permitted (i) by a corporation exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code, or (ii)

by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law. Upon dissolution or winding up of the affairs of the corporation, whether voluntarily or involuntarily, the assets of the corporation, after all debts have been satisfied, shall be distributed, transferred, conveyed and delivered in such amount or amounts as the board of directors may determine, or as may be determined by any court of competent jurisdiction, exclusively to charitable, religious, scientific, testing for public safety, literary, educational or other organizations then expressly qualifying for exemption from income taxation under the provisions of Section 501(c)(3) of the Internal Revenue Code as such provision now exists or may hereafter be amended.

Article X

Miscellaneous

Section 10.1 Fiscal Year. The board shall have the power to determine and, from time to time, to change the fiscal year of the corporation. In the absence of specific action by the board of directors, however, the fiscal year of the corporation shall be the calendar year.

Section 10.2 Corporate Seal. The corporation shall have no corporate seal.

Section 10.3 Captions and Gender. Captions and sub-captions herein are for convenience of reference only and shall in no way define, limit or describe the scope or effect of these bylaws or the intent of any provision thereof. Whenever in these bylaws, the words “he” or “his” or other masculine words are used, all shall also mean “she” or “her” where appropriate, there being no intent to make any distinction herein based upon sex.

Article XI
Amendments

New bylaws may be adopted or these bylaws may be amended or repealed by a majority vote of the board of directors of the corporation; provided, however, that notice of the proposed amendments is given to the directors at least ten (10) days prior to the meeting at which such vote is to be taken.

CERTIFICATE OF SECRETARY

I, Liza Townsend, the undersigned, do hereby certify:

(1) That I am the duly elected and acting secretary of the Center for Practical Bioethics, Inc., a Kansas not-for-profit corporation; and

(2) In such capacity hereby certify that on September 9th, 2020, amendments of the Corporation's Bylaws were adopted, by unanimous approval of the board on September 9th, 2020 to:

Replace the prior provision of Article III. Directors, Section 3.6 "Vacancy" with the language stated in the foregoing bylaws; and

Replace the prior provision of Article III, Directors, Section 3.16 "Actions of the Board of Directors without a Meeting" with language stated in the foregoing bylaws; and

Add a new Section 5.8 "Meetings, Quorum, Actions without a Meeting, etc." Article V, "Committees of the Board" with language stated in the foregoing bylaws; and

(3) That the foregoing bylaws, comprising twelve (12) pages, constitute the bylaws of said corporation, as duly adopted at the meeting of the directors of said corporation duly held on the 9th day of October 2007 and as subsequently amended at the meeting of the directors of said corporation duly held on the 9th day of September 2020.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 9th day of September 2020.

Liza Townsend , Secretary

Liza Townsend