

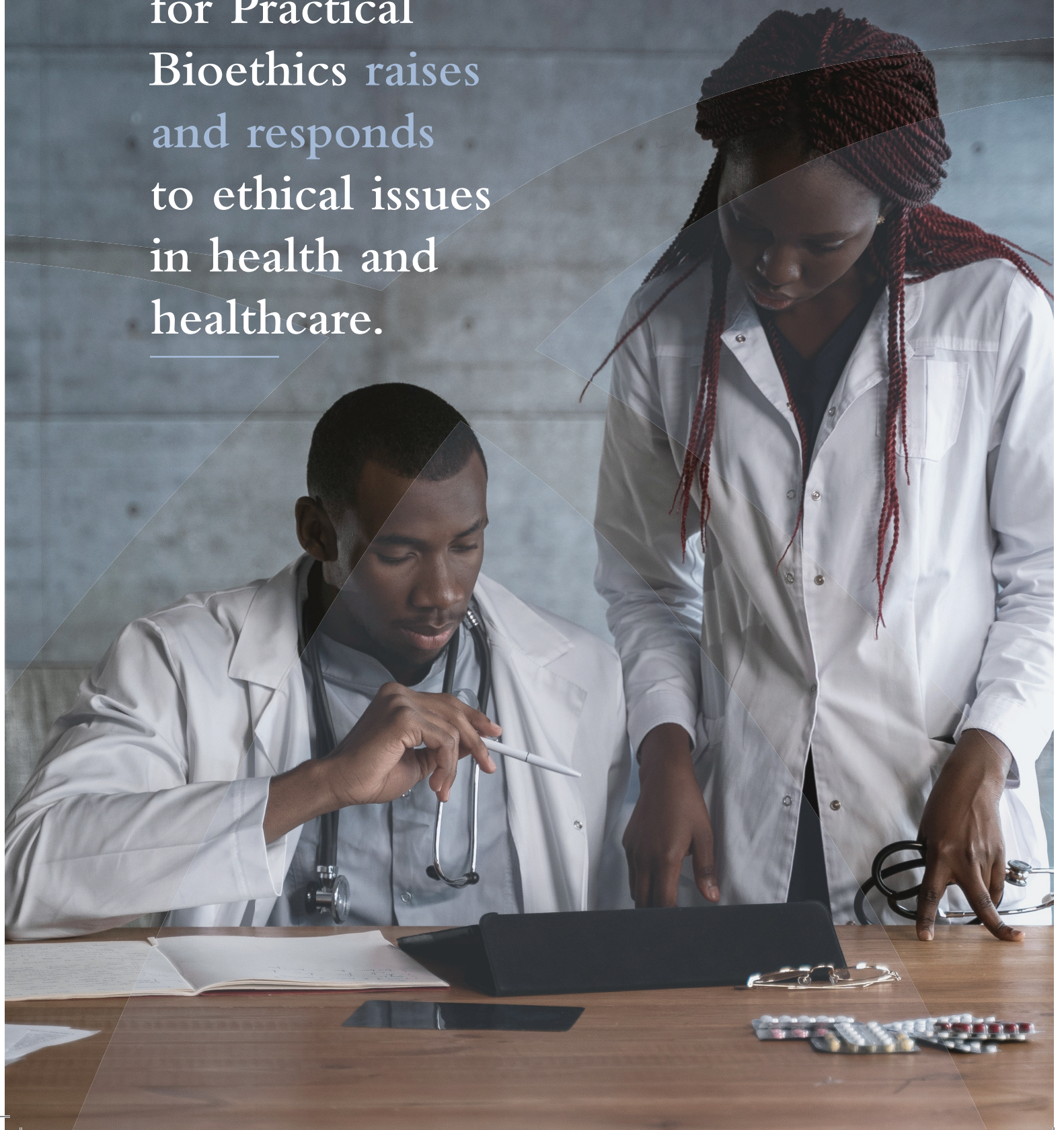


CENTER FOR PRACTICAL
BIOETHICS

THE CASE FOR PRACTICAL BIOETHICS

Guidance at
the crossroads
of decision

The Center
for Practical
Bioethics raises
and responds
to ethical issues
in health and
healthcare.



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The Organization

When Mary Beth Blake was a young lawyer representing the University of Kansas Medical Center in the early 1980s, she often found herself in the hospital rooms of dying patients.

Court orders to permit removal of a ventilator or other life-sustaining intervention were often needed in cases where benefits of the intervention had been exhausted or were creating additional burden. Mary Beth's call to the judge in Wyandotte County, Kansas, prompted a court reporter to be sent to the hospital to take



MARY BETH BLAKE

testimony. "There might be some assessment of the patient's wishes," recalls Mary Beth. "Then the judge would issue an order that it was okay to withdraw ventilation."

She concluded, along with her physician colleague Karen Ritchie, that there had to be a better way.

And so together with Dr. Hans Uffelmann, Professor of Philosophy and Medicine at the University of Missouri-Kansas City, they co-founded the Center for Practical Bioethics in 1984, **raising and responding to ethical issues in health and healthcare** by challenging the status quo and addressing the practical needs of patients to improve health outcomes.






The Issues Multiply

The Center's mission then and now remains the same. However, the issues and avenues for responding to them have changed dramatically. In its first two decades, the work of the Center focused on the goals of its founders and founding executive director Myra Christopher.

- To help establish and train hospital **ethics committees**
- To improve how communities **care for those with terminal illness**
- To ensure through **advance care planning** that the care patients receive matches their wishes

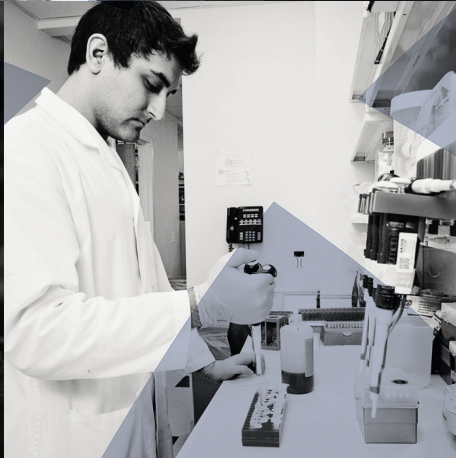


Over the next decade,
the Center added
additional challenges:

- To expand **bioethics education, consultation and resources** for students, healthcare professionals and the public
- To develop a regional response to the challenges and opportunities presented by the Kansas City region's growing **older adult population**
- To provide ethical guidance in response to **emergencies and national disasters**
- To change the way people who live with **chronic pain** are perceived, judged and treated

And most recently:

- To protect diversity and inclusion while reducing risk for bias in the application of **artificial intelligence** in healthcare
- To expand the Center's longstanding commitment to justice and equity in healthcare through **community-based democratic deliberations**
- To update and provide timely resources for clinicians, administrators and policymakers in responding to ethical dimensions of pandemic



People Served

The Center's work impacts diverse constituencies, including patients, families and all kinds of health professionals, from aspiring students to life-long learners in mid- and encore careers. We target colleagues in public health, nonprofit, civic and private sector leadership roles. Ethics issues impact all of us every day. Specific programs often target communities of color, e.g., African Americans and Latino populations. Though primarily English-speaking, our constituencies include persons of all ages, socioeconomic levels, genders and physical ability. Most recently we have added staff capacity for bilingual (Spanish) services.

Geographically, the Center's activities take place primarily in the Greater Kansas City region and the states of Kansas and Missouri. Due to growing widespread adoption of video conferencing and private broadcasting, the audience for our webinars and other educational resources has grown significantly. In 2020, more than 4,000 reports, guidelines, policy briefs, program resources, audio and video recordings and webinars from the late 1980s to present at PracticalBioethics.org attracted more than 750,000 pageviews. Registrations for several webinars exceeded 700 each.

Impact on Health and Healthcare

The Center, through its unique model of *practical* bioethics, provides leadership and expertise to address myriad ethical dimensions of care, from individuals in crisis to public health issues involving structural and systemic injustice.

The Need



Practical Bioethics

The Center for Practical Bioethics was originally founded as Midwest Bioethics Center in 1984. The incentive to change our name in 2004 to the Center for Practical Bioethics arose for two reasons.

First, as more and more academic medical institutions established bioethics centers based on philosophical and theoretical foundations, the Center's distinction in emphasizing practical applied bioethics grew. A search for synonyms for "practical" yields words like realistic, doable, functional, constructive and serviceable. The Center, unlike nearly all other bioethics organizations, applies the principles and tools of bioethics to real-world, in-the-moment crises and lived experiences of the people we serve.

Second, the new name recognized the Center's increasingly national impact, as exemplified by management from 1999 to 2006 of the Robert Wood Johnson Foundation multi-million dollar Community-State Partnerships Project to Improve End-of-Life Care.

A Three-Dimensional Response

The Center's work encompasses
three dimensions.

PERSONAL

Every day, patients,
families and clinicians
need help responding
to complex issues
in medicine,
healthcare
and research.



PROFESSIONAL

Providers, students, clinicians and caregivers need to understand and apply sound ethical principles and decision making to uphold their duties when caring for others and themselves.

POLICY

Elected and appointed civic leaders need guidance and resources to apply just and equitable standards for the common good.

Program Areas

A close-up photograph of a multi-channel pipette with four tips dispensing liquid into a 96-well plate. The plate contains clear and yellowish liquids. The text "Program Areas" is overlaid in white serif font. The pipette tips are black and have a barcode label with the number "87A0220 31558". The well plate has a barcode label with the number "87A0220 31558". The background is blurred.

ETHICS EDUCATION AND CONSULTATION

Professional Education and Clinical Services

Ethics consultation and support for ethics committees demand much of the Center's time. Ethics consultations aren't planned but require timely and sometimes immediate response. Doing ethics requires critical skills in listening and the ability to apply abstract concepts in concrete situations. Whether perplexed or in need of a helping hand to sort through a thorny situation, bioethics can ease anxiety and keep everyone focused on what's in the patient's best interest.

Ethics researchers from Dartmouth University found that bioethics education and training in consultations can lead to increased patient satisfaction, improved employee morale, enhanced productivity, conservation of resources, improved accreditation reviews, reduced ethics violations and risk of lawsuits, and sustained corporate integrity, thus safeguarding the organization's future.



Ethics Consultation Stories

THE SCHOOLTEACHER

It's not safe for a retired school teacher with dementia, anxiety, violent outbursts and a complicated discharge situation to go home from the hospital. About 30 appropriate long-term care facilities have declined admission. What should the hospital do now?

THE IMMIGRANT

There are decisions to be made whether the middle-aged patient — comatose, possibly brought on by COVID complications — should receive a breathing tube for long-term ventilator support. An immigrant with family in a faraway land, he doesn't comprehend American healthcare or advance care planning. What should his caregivers do? Who should decide?

THE UNREPRESENTED PATIENT

The patient is dying of cancer, losing decisional capacity a bit more every day with nobody to make important healthcare decisions on her behalf. "Is there no one?" she was asked by the physician. "Anyone else we could call?" The patient sadly shook her head. "No one."



Ethics Direct/ Ethics+ Services

The Center enters into formal affiliate agreements with providers and health systems to support and improve performance of ethics committees and clinical staff.

Ethics Direct and Ethics+ agreements address an array of training, resources and other services for organizational ethics committees and individual clinicians, ranging from advance care planning and medical decision-making to policy development, human subjects research/protections and crisis guidance.

Our **Ethics+** agreements include credentialed ethics consultants working directly with clinicians and staff, demonstrating ethics consultation skills in real time as well as advisory support (e.g., mediation, counseling, moral distress) and participation in grand rounds.



The Center's presence has been invaluable in the ICU, helping staff reframe how they perceive their role and understand the difference they're making, even if they can't change the outcome.

SARAH J. HON, DO, FAAN

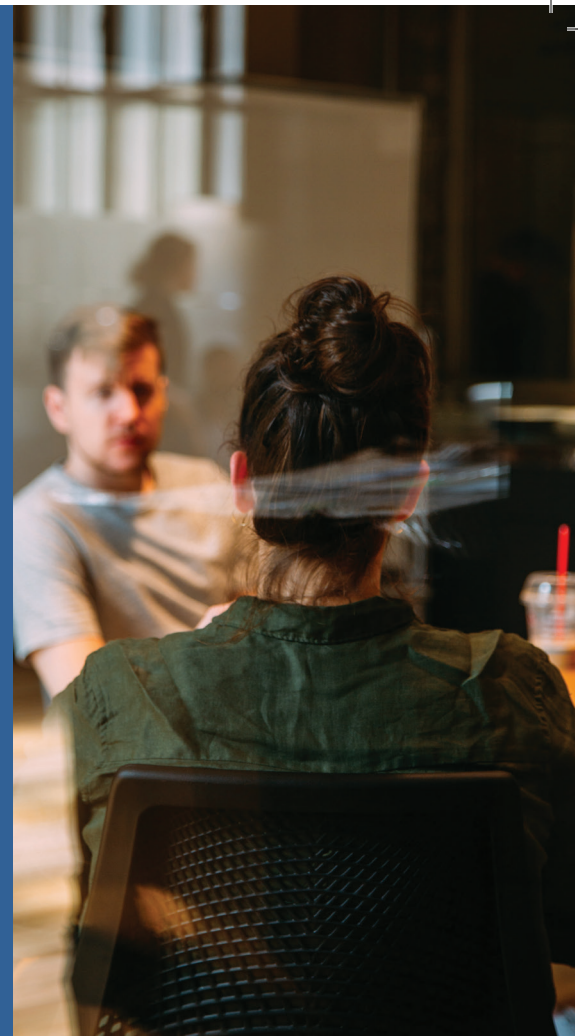
Meritas Health Neurology/North Kansas City Hospital
Kansas City, Missouri

“

Being a part of the Ethics Committee Consortium has helped our hospital grow in our ethical awareness and refine our ethical lens so that staff increasingly identify and address moral distress, feel more empowered to ask ethical questions, and to see ethics as part of the healing environment, rather than a punitive process. It's reassuring to know the ECC is there as we all learn from each other and grow together.

REV. DR. CARMEN L. LILE-HENLEY, DMIN, OSL, CT, BCC

Chaplaincy Services Manager
Liberty Hospital



Kansas City Regional Ethics Committee Consortium (ECC)

The ECC, founded in 1986, is one of the nation's oldest continuously operating groups of its kind. Currently we serve about 40 institutions involving more than 500 individuals. ECC services, including workshops and monthly webinars, are open to all Ethics Direct/ Ethics+ affiliates. ECC members also receive the monthly *Ethics Dispatch*, an online resource offering timely ethical guidance on hot topics and philosophical musings. The *Dispatch* is used by many affiliates as a resource for ethics committee agendas and trainings.



Medical Student Education

As a dual degree medical student in the Bioethics Master's program, my bioethics training has provided me with the tools to more easily consider the ethical, spiritual, equitable dimensions of patient care as a part of my routine assessment and plan.

SIERRA MILLER

Fourth Year Medical Student
Kansas City University

The Center has long-term working relationships with area medical schools in training students. Both the **University of Kansas Medical Center** and **Kansas City University** contract with the Center for teaching faculty through lectures, courses and master's program work.

For years, the Center has served in leadership at The University of Kansas Health System, providing oversight of the hospital's clinical ethics consultation service and its ethics committee, in addition to providing mentoring and direction for medical fellows. More than 850 students at Kansas City University campuses (in Kansas City and Joplin, Missouri) benefit from our staff's skills.

The Center also offers **Medical Ethics One-Day Workshops**, enabling participants to customize in-house clinical ethics training to improve ethics skills and enhance an ethics-rich culture.



Community Education & Engagement

The Center's vision that ethical discourse and action advance the health and dignity of all persons requires community engagement in varied and meaningful ways.

Lectures and Symposia

Throughout its history, the Center's lectures — online and in-person — have engaged the public and stakeholders in its visionary work. The annual **Flanigan Lecture**, introduced in 1995, honors Sister Rosemary Flanigan, PhD, a former board chair and veteran staff member of 18 years. Her passion for developing and educating hospital ethics committees is renowned. The annual **Berkley Symposium**, launched in 2008, honors Joan Berkley, also a board chair and devoted advocate for advance care planning. The Center also honors its founding executive, Myra Christopher, by the recently established **Christopher Forum**. And, since 1992, the Center's **Annual Event** fundraiser has featured a keynote presenter and prominent leaders in health and healthcare.

Attendance at Center-sponsored programs mushroomed in response to requests during the pandemic and growing demand to reach remote participants. It is not uncommon now to see online event registrations top 800.

Workshops

The Center offers more intense and intimate learning experiences through educational workshops that focus on building ethics competencies and skills development for professionals and consumers.

- Half-day sessions for Kansas City Regional Ethics Committee Consortium members
- Advance Care Planning for company employees and consumers
- Accelerated Advance Care Planning for long-term care facilities
- Transportable Physician Orders for Patient Preferences training for community and provider coalitions
- Customized ethics workshops for Ethics Committee volunteers and clinicians
- Medical Ethics One-Day workshops for health professionals and organizations

*I am grateful to you, all
the speakers and anyone
else involved. It was
great to have an ethics
presentation focused solely
on long-term care. That
happens so infrequently.*

SISTER NANCY SURMA, OSF

VP Mission Integration
CHI Living Communities,
Toledo, Ohio



“

*As a community-based nonprofit,
we found ourselves struggling mightily in the
midst of the pandemic to help a Spanish-speaking
single mother with two teenaged daughters obtain
appropriate medical care for her severe heart condition.
Our healthcare system is extraordinarily complicated
even for those with good health insurance,
who are English-speaking and self-reliant.
This was not the case in this instance.
Center staff helped us think through the related
medical and ethical issues on relatively short notice
and with thoughtfulness and compassion.
We became an ardent advocate for this family
facing life-threatening choices and whose needs
and medical condition went unheard.*

BRENT SCHONDELMAYER

Deputy Director
Local Investment Commission (LINC)
Kansas City, Missouri

Policy and Consumer Guidance

The Center responds to calls for help daily. They come from patients and family members at the bedside unsure what to do in a health crisis; from organizations struggling to navigate healthcare needs for their clients; and from policy makers seeking background and guidance on delicate ethical matters to consider in formulating protocols, standards, executive orders, regulations and even legislation.

This time-intensive work reflects our commitment to promote and protect the interests of those whose voices have not been heard or heeded, to education and to the equitable and just delivery of healthcare.



Educational Resources in Bioethics

Thousands of students and other users rely on our archived resources annually. More than 4,000 reports, guidelines, policy briefs, case studies and audio/video recordings of interviews from the late 1980s to present day are freely available. Recent additions include more than 50 webinars to our video collection. Our pageviews exceed more than three quarters of a million annually, with robust growth year after year. We routinely receive organizational requests for permission to reuse and repurpose these resources.

ADVANCE CARE PLANNING

Building on its legacy work in advance care planning, the Center's national involvement in end-of-life care emphasizes our growing commitment to diverse communities' participation and the need to respond effectively to emergent high stress situations in medical decision making, as was evident during the height of the pandemic.

The need is great and growing. A recent (2020) study of 9,000 participants (published in the Journal of Palliative Medicine) found that, while nearly 90% reported awareness of advance care planning and considered it important, fewer than 40% had named a proxy or completed a written document. Lower participation rates among minority communities can be attributed to cultural barriers, structural racism, and longstanding distrust of the healthcare system.

The Center's noteworthy accomplishments working with African American faith communities has contributed to the field by creating tools and resources for local congregations and resulted in a major initiative at Duke University School of Divinity.

“

Thanks to the Center for the opportunity to participate in this very valuable and informative conversation. These are hard decisions and even harder conversations for families. Thanks for providing the information and guidance.

PEGGY L. JOHNSON

Executive Director

Wichita Medical Research
& Education Foundation



Caring Conversations® Community Education

The first edition of the Center's Caring Conversations® advance care planning workbook in 2001 set the stage for millions distributed over the next two decades. Print and electronic versions are now routinely downloaded by consumers, purchased in bulk by providers, and distributed by the Center in workshops



Caring Conversations®

offered online and in the community. In 2010, the Center introduced the opportunity for companies to provide advance care planning workshops, personal consultation and advocacy as an employee benefit. Virtual Caring Conversations® workshops are now open to everyone.

Transportable Physician Orders for Patient Preferences (TPOPP)

TPOPP is the Kansas/Missouri version of National POLST, a voluntary program seeking to align treatment plans with the goals and values of seriously ill patients living with life-limiting illness across care settings. The Kansas/Missouri POLST initiative, sponsored by the Center, is the country's only bi-state initiative.



The Center provides training and resources for clinicians and providers at various stages of development, ensuring coordination among and between providers. More than 170 locations across the two-state region participate in the initiative.

No other organization has been more effective than the Center at unifying healthcare professionals across the state in advocating for the patient's right to decide what medical care they want and don't want.

PATRICK WHITE, MD, HMDC, FACP, FAAHPM

Washington University School of Medicine
and BJC Home Care

St. Louis, Missouri

EMERGING ISSUES AND SYSTEMS CHANGE

Issues emerge in health and healthcare all the time, while the need for change in systems of organizing and delivering care persists throughout American society. The Center works proactively to shine light and respond to these issues by:

- Using the tools of ethics based on principles of philosophy
- Seizing opportunities to advance awareness of emerging issues and causes
- Bringing diverse, inclusive, multi-disciplinary groups together to work collaboratively
- Creating, curating and disseminating resources

The importance of having an organization firmly focused on the moral and ethical implications and trade-offs for our work can't be overstated. KC Digital Drive's work centers on the social impact of emerging technology. During the pandemic, information was rapidly changing. The Center provides hands-on expertise in navigating the tradeoffs between the need to move quickly and decisively without sacrificing an underlying commitment to equity and justice. The Center's participation in the regional vaccine workgroup and assistance in developing a local vulnerability index were key assets in our work.

AARON DEACON

Managing Director
KC Digital Drive

Emerging Issues

COVID-19

In March 2020, the Center completely reoriented programs and resources to focus on the ethical issues arising from the coronavirus pandemic. Over the ensuing months, this pivot translated into:

- An accelerating number of educational webinars (more than 50 in the first nine months) offered to thousands of attendees
- Collaborations with a growing list (now exceeding two dozen) of local, regional and national entities to advocate for embedding ethical principles into pandemic policies and plans
- Responding to scores of media requests for ethics guidance and analyses on crisis standards, treatment protocols and equitable vaccine allocation

The pandemic is far from over. Another is only a matter of time. The Center continues this work building on lessons learned with emphasis on equity and justice.



Artificial Intelligence (AI) in Healthcare

The positive and negative implications of AI in healthcare pose incredible promise and massive risk. Potential harms resulting from implicit bias will influence access to care, treatment and health outcomes.

The Center launched the *EthicalAI Project* in collaboration with leading healthcare organizations regionally in 2019. The goal to develop recommendations and best practices for improving adherence to an ethics framework in the development, dissemination and use of AI systems will be met by engaging diverse leaders in a community-based participatory research model.

“

Artificial Intelligence has tremendous potential

to improve the quality and efficiency of healthcare. Reluctance to use AI prevents us from taking full advantage of those benefits. However, AI in healthcare is still emerging, and it poses unique risks because of its potential to amplify bias from undetectable errors in algorithms introduced from flaws in source data that's used to train the system. Our EthicalAI initiative provides a robust place to explore both risks and benefits, seeking safeguards that find an appropriate balance between the two.

MARK HOFFMAN, PHD

Chief Research Information Officer
Children's Mercy Research Institute
Children's Mercy Kansas City

Systems Change



Democratic Deliberation and Population Health

Deliberative democracy is about bringing together people of diverse backgrounds who think differently about how to address societal differences. Such engagement has been increasingly used over the past two decades to incorporate public perspective into policy debates. The approach has been shown to increase knowledge, impact reasoning and demonstrate value, particularly among members of ethnically diverse groups and those with high school education.

Recent design and implementation of deliberative engagements for NIH studies proved helpful in public deliberations on vaccine distribution. Research on questions of responsibility and justice raised by health inequalities and democratic deliberation have become increasingly important in addressing public health concerns about the value of science. Population health ethics and civic engagement through research, strategic alliances, and creating a foundation for a community-based “health and opportunity for all” will remain central to the Center’s work in the coming years.

Chronic Pain

Living with chronic pain extracts personal tolls unlike other conditions, so much so that the risk of suicide is up to four times greater for individuals. For nearly a decade through PAINS-KC, the Center has supported and sustained community engagement efforts to give voice to citizen leaders as they work to educate, raise awareness and advocate to change the way chronic pain is perceived, judged and treated.

“ I had not been heard before. I doubted myself, and my depression kept getting worse. But in PAINS-KC, I’m heard, believed, loved and respected. I don’t feel like I have to hide my emotions. All of this together impacts my pain level and intensity positively. I am grateful for PAINS-KC.

Citizen Leader
PAINS-KC



Evaluation and Impact

Our Logic Model

The Center's logic model, which addresses the need to map our impact and outcomes, captures quantitative data for program services and community initiatives, as permitted by patient privacy protections. We also use qualitative data and process measures to report on performance, goal attainment and criteria evaluation. For example:

- To measure the impact of webinars, we survey participants periodically and retrospectively to assess perceived and actual skill development.
- To measure the impact of Caring Conversations® workshops, we seek feedback and contact information from participants for follow up. These efforts assist in improving program offerings over time.
- Goals directed at cultural change take time and resources. One evaluation effort conducted by the Center evaluated improvements in end-of-life services that looked back 10 years. We rely heavily on social science research and participate with colleagues in these areas often serving as co-authors and principal investigators.



Support for Efficacy

Despite challenges facing Center staff engaged in changing health outcomes over time, the efficacy of our programs and services is supported by normative and theoretical study. More and more, research methodologies that employ social science techniques and sophisticated frameworks, such as observing practice and studying provider networks and clusters, use mixed methods beyond standardized clinical trials. For example:

- The beneficial impact of **Clinical Ethics Consultation** on length of stay, resolving conflicts and family and provider satisfaction has been demonstrated in studies reported by JAMA (2003), BMC Medical Ethics (2014), and Critical Care Medicine (2018).
- **Advance Care Planning** studies by The Pew Charitable Trusts (2015) and Stanford University (2018) show that end-of-life conversations with non-clinical workers increase patient satisfaction and lower costs.
- **Democratic Deliberations** in New York City on the equitable distribution of COVID-19 vaccines found broad consensus on priority factors, which were incorporated into the City's update of its vaccination effort with a focus on equity.
- The problem of bias in **Artificial Intelligence** algorithms used to predict outcomes was documented by Pro Publica as early as 2016. Ethical implications for AI in healthcare are the subject of ongoing exploration in publications released by The Pew Charitable Trusts, MIT and Stanford University.

Our Team

John G. Carney, MEd, became the Center's second President and CEO in December 2011, after serving as Vice President from 2004 to 2010. John devoted his early career to the development of hospice and palliative care throughout the Midwest, with policy and advocacy work in aging, advanced illness and advance care planning at the state and national association levels. John holds an undergraduate degree in philosophy from Newman University in Wichita, Kansas and a Master's from Wichita State University.

Tarris Rosell, DMin, PhD, was named as the Rosemary Flanigan Chair at the Center in 2009. He provides ethics consultation for The University of Kansas Health System, where he co-chairs the Ethics Committee and directs the Ethics Consultation Service and the Clendening Summer Fellowship program. He is also a Professor of Pastoral Theology at Central Baptist Theological Seminary in Shawnee, Kansas. Dr. Rosell earned a PhD in Pastoral Theology from Colgate-Rochester Divinity School and a PhD in Ethics and Society from Vanderbilt University, followed by a fellowship at Vanderbilt in Clinical Ethics.

Erika Blacksher, PhD, appointed the fourth John B. Francis Chair at the Center in September 2020, studies ethical and policy questions raised by health inequalities in the U.S. and the role of civic engagement in advancing health equity and social justice. Her current work focuses on questions raised by mortality trends in low-education white people and related issues. She holds master's and doctoral degrees from the University of Virginia's bioethics program. Prior to joining the Center, Dr. Blacksher was a tenured Associate Professor and Director of Undergraduate Studies at the University of Washington in Seattle, Washington.

Ryan Pferdehirt, D. Bioethics, HEC-C, Director of Membership and Ethics Education, joined the Center in 2019 after serving as Department Chair and Bioethicist for MultiCare Health System in Seattle/Tacoma, Washington, where he directed the clinical ethics consultation service and chaired hospital ethics committees and IRBs. At the Center, Ryan leads education efforts and competency building of affiliate organizations, serves on multiple clinical ethics committees, provides inpatient clinical ethics consultations, and teaches bioethics at Kansas City University. Dr. Pferdehirt holds a Doctorate in Bioethics from Loyola University in Chicago.



Polo Camacho, PhD, Program Manager and Health Ethics Education Promoter, joined the Center in 2021. Dr. Camacho manages Transportable Physician Orders for Patient Preferences (TPOPP), the *EthicalAI* Project and the Ethics Committee Consortium. He also works with healthcare organizations to promote the Center's health ethics education services. He holds a PhD in the Philosophy of Biology and Bioethics from the University of Kansas.

Cindy Leyland, BCPA, joined the Center in 2005 and was named Vice President of Operations and Fund Development in 2020. She oversees creation, implementation and management of administrative, financial and operational systems, as well as resource development. She also leads the PAINS-KC Citizen Leaders group. She is a graduate of Benedictine College's graduate MBA program.

Jan Evans, CPA, Controller and Finance Officer, is responsible for all facets of the Center's financial operations. She joined the Center in 2011 and holds a B.A. in Business Education from Avila University and an MBA from Rockhurst University.

Trudi Galblum, MPS, Director of Marketing and Communications, has helped the Center to develop strategy and implement tactics to build awareness and philanthropic support, including grantwriting, since 2013. She holds a Master of Policy Sciences degree from the University of Maryland, Baltimore County, and a B.A. in English from the University of Maryland, College Park.

Monica Delles, Administrative and Communications Manager, joined the Center in 2016. She graduated with honors from Christopher Newport University with a B.A. in English.

Quet Sledge, Operations and Data Management Assistant, maintains and updates customer relationship management systems and databases and provides clerical/administrative support.

Financial Overview

A photograph of a multi-story brick building, likely a hospital or institutional facility. The building has a series of tall, narrow windows arranged in a grid. In the foreground, a white ambulance is parked in a recessed area of the building, possibly a garage or a covered entrance. The ambulance has "AMBULANCE" written on its side and a red cross. The scene is captured in a cinematic style with warm, low-key lighting, suggesting dusk or dawn. The text "Financial Overview" is overlaid in a large, white, serif font across the upper portion of the image. A thin white horizontal line is positioned below the text. In the bottom right corner, a portion of a red sign with white text is visible, showing the letters "NO".

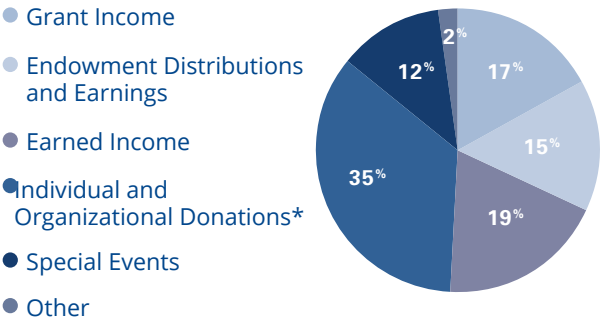
Since its founding in 1984, the Center has committed to professional integrity in the conduct of its business and in its relationships with all those with whom it works. As a freestanding, independent, community-based nonprofit corporation, the Center strives to preserve and maintain its autonomy and independence at all times and in all respects.

An engaged and knowledgeable Board of Directors sets the strategic vision and oversees the mission of the organization, relying on skilled, competent professional staff in execution of its goals. Those goals incorporate financial discipline and integrity to support the financial needs required to serve our stakeholders. The Center’s balanced approach to revenue generation, including earned income, promises future sustainability for the organization.

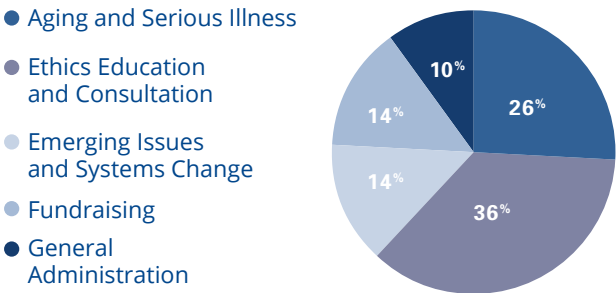
From the many perplexing issues in healthcare, we strategically choose where to focus our limited resources. That focus is represented in fiscally responsible expense allocations, including reasonable Fundraising and General Administration in alignment with nonprofit standards.

More information on recent financial and program performance is available at PracticalBioethics.org.

2020 REVENUES



2020 EXPENSES



REVENUES (IN THOUSANDS)

Grant Income	248.00
Endowment Distributions and Earnings	215.53
Earned Income	268.07
Individual and Organizational Donations*	499.80
Special Events	165.66
Other	31.75
Total	1,428.81

EXPENSES (IN THOUSANDS)

Aging and Serious Illness	355.80
Ethics Education and Consultation	506.20
Emerging Issues and Systems Change	187.49
Fundraising	196.89
General Administration	140.78
Total	1,387.16



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