

Board of Directors 2023



 CENTER FOR PRACTICAL
BIOETHICS
GUIDANCE AT THE CROSSROADS OF DECISION

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.

Our 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

Our Core Value

Respect for human dignity

- We believe that all persons have intrinsic worth.
- We promote and protect the interests of those whose voices have not been heard or heeded.
- We commit to the just delivery of healthcare.

Justice, Equity, Diversity, and Inclusion Statement

The Center for Practical Bioethics is committed to justice, equity, diversity, and inclusion in all facets of our organizational culture, work, and policies and practices.

We value diversity in our people. Our culture, work, and services are enriched and improved when staff, board members, and networks of colleagues and volunteers have varied backgrounds and identities, including but not limited to differences of race, ethnicity, disability, age, gender identity and expression, socioeconomic status, family or marital status, language, national origin, physical and mental ability, religion, veteran status. The sum of individual differences, life experiences, knowledge, self-expression, and abilities and talent brought by Board, staff, colleagues and volunteers represents a significant part of our culture, reputation, and achievements.

The Center for Practical Bioethics takes seriously our commitment to these values in its practices and policies on Board, volunteer and staff recruitment and selection; staff compensation and benefits; professional development and training; promotions; terminations; and the ongoing development of a work environment that reflects Our Core Value and Guiding Principles.



2023 Board of Directors Board Book

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2023 Board Important Dates

2023 Board-Staff Retreat - TBD

Dates: Friday, TBD (Noon-5 pm CT); Saturday, TBD (8 am-Noon CT)

Location: In-Person (TBD) or zoom meeting

- Friday, TBD, 12 noon – 5 pm CT
 - Board and Staff Meeting: Programming and Annual Event
- Saturday, February 5, 8 am – 12 noon CT:
 - Board and Staff Meeting: Programming

2023 Board Meetings

Dates: Second Wednesday every other month 8:00-9:30 am CT

Jan 11 Mar 8 May 10 Jul 12 Sep 13 Nov 8

Location: Zoom or in-person meetings at Polsinelli PC

(900 W. 48th Place, 9th Floor Shalton Conference Room, Kansas City, MO 64112)

2023 Board Committee Meetings

Finance Committee

Dates: Thursday before every board meeting, 7:45 am CT

Location: Zoom meetings

Governance Committee

Dates: Second Friday of every other month, 8 am CT

Location: Zoom and/or in-person meeting at CPB office

Resource Development Committee

Dates: Second Tuesday of every other month, 2 pm CT

Location: Zoom and/or in-person meeting at CPB office

Center Events

2023 Annual Event: Tentative April 21

Joan Berkley Bioethics Symposium: TBD

Rosemary Flanigan Lecture: Tentative September 21, *Talia's Story*

Christopher Forum: TBD

2023 Board of Directors Center for Practical Bioethics Roster

Name and Title	Emails	Phone Numbers	Addresses	Notes
Raghu Adiga, MD President and CEO, Liberty Hospital	AdigaRaghu@libertyhospital.org	W 816-792-7001 C 816-803-1299	Liberty Hospital 2525 Glenn Hendren Dr Liberty, MO 64068 10125 N Park Ave Kansas City MO 64155	Assistant: Donna Hereford 816-792-7007 donna.hereford@libertyhospital.org
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	Executive Assistant: Tiffany Pollard 913-588-6770, tpollard2@kumc.edu
Norberto (Rob) Ayala-Flores, MA President/Owner, Puente Marketing Communications	rflores@puentemarketing.com	W 816-283-8300 C 816-516-4811	Puente Marketing Communications 601 E 63 rd St., Kansas City, MO 64110 Home: 6821 Cherry St, Kansas City, MO 64131	
Mary Beth Blake, JD Center Founder – life member with vote	maryblake570@outlook.com	C 913-707-6375	12807 W. 50th Street Shawnee, KS 66216	Board mtg coordination: Karlee Mcintosh - Hospitality Manager kmcintosh@polsinelli.com
Karen Bullock, PhD, LCSW Ahearn Endowed Professor of Social Work, Boston College	k.bullock@bc.edu	C 860-869-1862 W 617-522-0324	140 Commonwealth Avenue, McGuinn Hall - Room 117, Chestnut Hill, MA 20467 Home: 2356 Everstone Rd., Wake Forest, NC 27587 Home 2: 101 North Beacon Street, Unit #109, Watertown, MA 02472	Secondary email: kbulloc2@gmail.com
Mitzi Cardenas, MS Executive Chief Administrative Officer University Health	Mitzi.Cardenas@uhkc.org	W 816.404.2141 C 214.542.5124	Home:821 W. 54th Terrace Kansas City, MO 64112 University Health Executive Office 2301 Holmes Street Kansas City, MO 64108	Assistant: Michelle Jones Michelle.Jones@uhkc.org 816.404.2152
Darrin D'Agostino, DO, MPH, MBA Provost and Chief Academic Officer, Texas Tech University Health Sciences Center	Darrin.Dagostino@ttuhsc.edu	W 806-743-2396 C 817-372-6590	Texas Tech University HSC Provost and Chief Academic Ofc 3601 4th St Stop 6298 Lubbock, TX 79430-6298 Home: 10707 Huron Avenue Lubbock, TX 79407	Executive Assistant: Ashlee Dickenson ashlee.dickenson@ttuhsc.edu
Alan S. Edelman Resource Development Committee Chair Community Volunteer	alane317@gmail.com	C 913-707-8885	5049 Wornall Rd, # 5D Kansas City, MO 64112	
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 OP, KS 66209 Home: 11120 Brookwood Ave Leawood, KS 66211-3091	

Name and Title	Emails	Phone Numbers	Addresses	Notes
Tresia Franklin, CEBS, CFA, CCP Treasurer, Finance Committee Chair Community Volunteer	TFranklin1369@gmail.com	C 816-213-1969	Home: 631 W 59th St. Kansas City, MO 64113	
Diane Gallagher Vice President, Employee Experience, 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	
Anita Ho, PhD, MPH Associate Professor, UCSF Institute for Health & Aging	AnitaHo.Ethics@gmail.com	W C	UCSF School of Nursing 490 Illinois Street San Francisco CA 94158	
Marvia Jones, PhD, MPH Director, Kansas City Health Department	Marvia.jones@kcmo.org	W 816-513-6252 C 904-625-4894	Health Department, City of Kansas City, MO, 2400 Troost Ave. Ste 4000, Kansas City, MO 64108 Home: 4934 Olive St. Kansas City, MO 64130	Assistant: Jessica Easter Jessica.Easter@kcmo.org 816-513-6252
Eva Karp, DHA, MBA, RN-C, FACHE Immediate Past Chair Retired SVP Oracle Cerner	evakarp@gmail.com	C 816-885-3019	Home: 6208 N Mattox Rd Kansas City, MO 64151	
Jane Lombard, MD, MBA Secretary Medical Director, Women's Heart Center, El Camino Health	jlomb3017@aol.com Availability best Th & F early am after 7:30am CST & M & W pm	W 650-988-8464 C 650-279-2028	El Camino Health, 2490 Grant Rd, Mountain View, CA 94040 Home: 25980 Quail Lane Los Altos Hills, CA 94022	
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	Executive Assistant: Tina Hoff Pedersen thoff-pedersen@saint-lukes.org 816-932-3783
Edward (Ed) O'Connor, PhD, MBA, FACHE Provost & Exec VP, Academic, Research & Student Affairs, Kansas City University	eoconnor@kansascity.edu	W 816-654-7153 C 203-887-3803	Office of the Provost Kansas City University 1750 Independence Ave Kansas City, MO 64106	Executive Assistant: Kimberly Breeding, kbreeding@kansascity.edu 816-654-7155
Stephen Salanski, MD (Steve) Board Chair Community Volunteer	Stephen.Salanski@gmail.com	C 816-536-3451	282 SE Sumpter Ct Lee's Summit, MO 64063	
Mark R. Thompson, JD Vice Chair, Governance Committee Chair Senior Counsel, Seigfreid Bingham, P.C.	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	Executive Assistant: Nina David 816-265-4226, ndavid@sb-kc.com

2023 Board Committees

Executive Committee (§5.1.1)

- Steve Salanski, Board and Executive Committee Chair
- Mark R. Thompson, Vice Chair and Governance Committee Co-Chair
- Eva Karp, Immediate Past Chair
- Tresia Franklin, Treasurer and Finance Committee Chair
- Jane Lombard, Secretary
- Alan Edelman, Resource Development Chair
- Maggie Neustadt, Governance Committee Co-Chair

Staff: John Carney

Finance (§5.1.2)

2023 Meeting Dates: Thurs before every board meeting, 7:45 am CT

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

*Staff: John Carney
Cindy Leyland*

Governance (§5.1.4)

2023 Meeting Dates: 2nd Fri of every other month, 8 am CST

- Mark R. Thompson, Co-Chair
- Maggie Neustadt, Co-Chair
- Abiodun Akinwuntan
- Mary Beth Blake
- Karen Bullock
- Sukumar Ethirajan
- Jane Lombard

*Staff: John Carney
Cindy Leyland*

Audit (§5.1.3)

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

*Staff: John Carney
Cindy Leyland*

Resource Development & Major Gifts (§5.1.5)

2023 Meeting Dates: 2nd Tues of every other month, 2 pm CT

- Alan Edelman, Chair
- Rob Ayala-Flores
- Jane Lombard
- Membership
- Annual Dinner Board Liaison
- Major Gifts
- Leadership Fund
- Planned Giving
- Individual and Board Gifts
- Foundations and Corporations
- New National Prospects

*Staff: Cindy Leyland
John Carney*

Center for Practical Bioethics
(Founding and Non-Founding Directors)*
Terms and Classes for January 1, 2023 through December 31, 2025
Officers for 2023

Seat	Class-Term Expiring	Director (1 st year)	Eligible for Re-Election	Officers and Exec. Committee - 2023
	Dec 2023			
1		Alan Edelman (2018)	Y – 2 nd Term	Resource Dev Comm Chair
2		Sukumar Ethirajan (2015)	N – 3 rd Term	
3		Maggie Neustadt (2020)	Y # – 1 st Term	Gov Comm Co-Chair
4		Eva Karp (2017)	Y # – 2 nd Term	Immediate Past Chair
5		Darrin D’Agostino (2017)	Y # – 2 nd Term	
6		Marvia Jones (2023)	Y #	
	Dec 2024			
7		Karen Bullock (2022)	Y – 1 st Term	
8		Jane Lombard (2016)	N – 3 rd Term	Secretary
9		Rob Flores (2022)	Y – 2 nd Term	
10		Raghu Adiga (2023)	Y ##	
11		Tresia Franklin (2019)	Y – 2 nd Term	Treasurer/Fin Comm Chair
12		Diane Gallagher (2020)	Y## – 1 st Term	
	Dec 2025			
13		Abiodun Akinwuntan (2017)	N – 3 rd Term	
14		Mitzi Cardenas (2023)	Y – 1 st Term	
15		Ed O’Connor (2022)	Y # – 1 st Term	
16		Anita Ho (2023)	Y – 1 st Term	
17		Steve Salanski (2017)	Y – 3 rd Term	Chair
18		Mark R. Thompson (2020)	Y – 2 nd Term	Vice Chair/Gov Comm Co-Chair
19		Mary Beth Blake†		Founding Director

* 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 full 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, 2020, 2022)

First elected to complete two-year unexpired term (expiring Dec 2024)

† 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 visionary 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 executive, finance, audit, governance, and resource development.
3. Makes attendance at Center events a priority.
4. Works in partnership with Center staff, ensuring alignment of the strategic mission with fundraising possibilities and priorities.
5. Raises money for the organization: asks others for money and gives to the Center according to his or her means.* Supports the annual event through attendance, sponsorship and/or recruiting other 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 supports and funders by hosting small events to introduce others to the Center. Considers an endowment or planned gift.
6. 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 any corporate donation making the Center a personal priority in annual giving. The amount of the contribution is an individual decision; however, this contribution is critical because, when considering grant requests, many foundations expect 100 percent board participation.*

Please see Expectations of Board Members



Expectations of Board Members

Expectations of the Board Overall:

- ✓ Actively participate in creating the strategic vision of the organization.
- ✓ Ensure the board's meeting agenda clearly reflects the Center's strategic initiatives and programs.
- ✓ Ensure the Center has a one-year operational or business plan.
- ✓ Ensure the Center's accomplishments and challenges are communicated to diverse stakeholders.
- ✓ Ensure members and stakeholders receive Center financial and human capital reports.

Expectations of Individual Board Members:

- ✓ Be aware of board roles and responsibilities.
- ✓ Make meeting attendance a priority.
- ✓ Actively participate in the Center's sponsored events.
- ✓ Follow through on commitments.
- ✓ Be familiar with the Center's by-laws and governing policies.
- ✓ Read the minutes, reports and other materials in advance of board meetings.
- ✓ Express opinions even if different than the majority.
- ✓ Encourage other board members to express their opinions at meetings.
- ✓ Maintain the confidentiality of board decisions.
- ✓ Support board decisions once made even if I do not agree with them.
- ✓ Publicly demonstrate support for the organization.
- ✓ 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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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:

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.



2022 Staff Roster

	Extensions – Dial (816) 979-13(ext #)	Email
Erika Blacksher	58	ebblacksher@practicalbioethics.org
Polo Camacho	66	pcamacho@practicalbioethics.org
John Carney	53	jcarney@practicalbioethics.org
Monica Delles	59	mdelles@practicalbioethics.org
Jan Evans	55	jevans@practicalbioethics.org
Trudi Galblum	(913) 961-0129	tgalblum@practicalbioethics.org
Lindsey Jarrett	(816) 499-8585	ljjarrett@practicalbioethics.org
Cindy Leyland	57	cleyland@practicalbioethics.org
Ryan Pferdehirt	50	rpferdehirt@practicalbioethics.org
Matthew Pjecha	52	mpjecha@practicalbioethics.org
Terry Rosell	61	trosell@practicalbioethics.org
Conf Rm	99	

CPB Main	(816) 221-1100	
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Updated 1/31/2022

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*

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.

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*



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

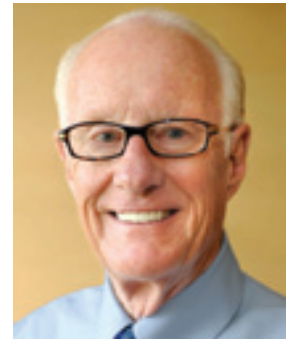
Consulted with Senators John Danforth and Daniel Patrick Moynihan to develop the Patient Self-Determination Act.

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



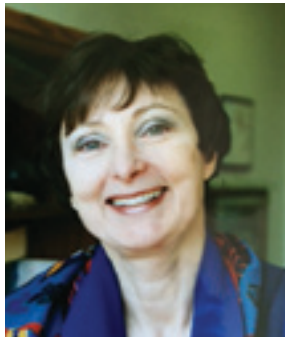
Drew Edmondson, Cheryl Mathers, Karen Kaplan, Ira Byock and Myra Christopher



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.

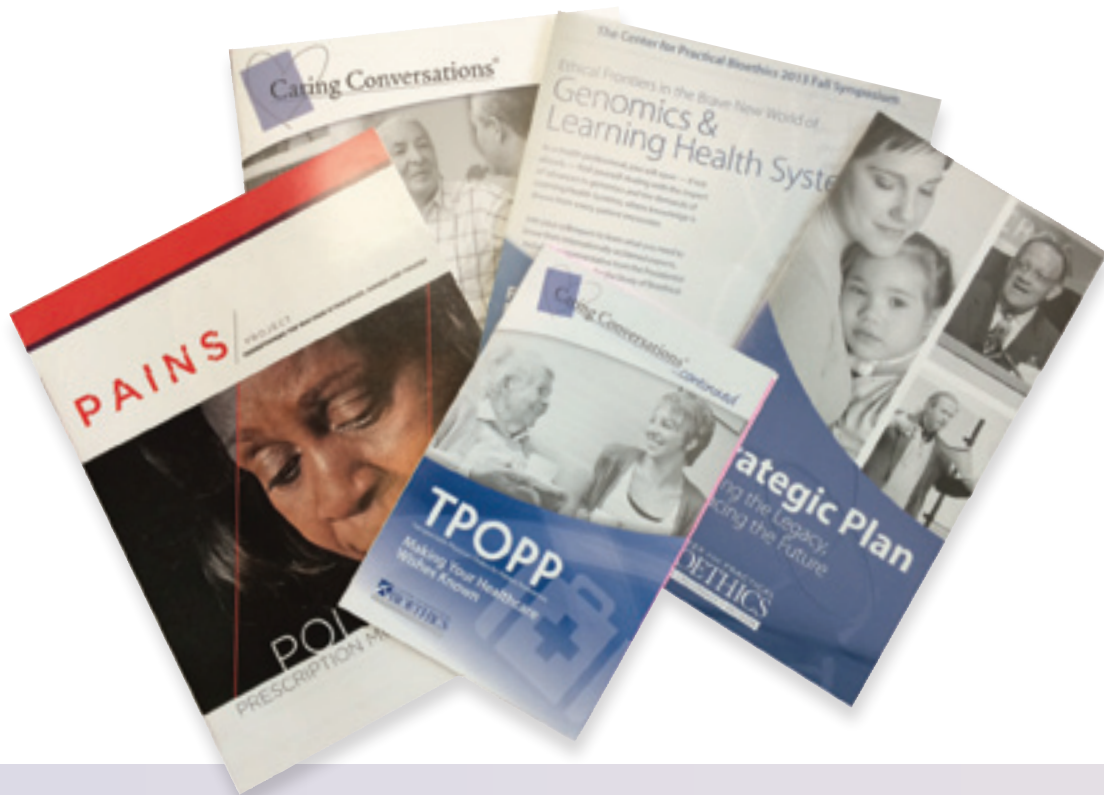
We go wherever patients, families, professionals and policymakers are grappling with thorny issues in health and healthcare that, sooner or later, affect all of us.

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 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

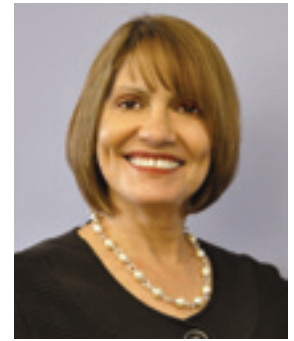
In turn, organizations send students through the Center's Certificate Program in Clinical Ethics and Health Policy, participate in the Center's Kansas City Regional Hospital Ethics Committee Consortium, co-sponsor conferences and symposia with the Center, participate on task forces the Center convenes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

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.

ACCOMPLISHMENTS AND OUTCOMES

POLICY

GUIDANCE AND THOUGHT LEADERSHIP IN HEALTH ETHICS

Our staff regularly provides local, regional, national and international thought leadership through media appearances, invited lectures and scholarly publications. In 2021, we served on multiple Kansas and Missouri task forces and technical groups advising on ethical principles in pandemic response and impact to minorities.

Our time-intensive response to near daily calls for help — from individuals in a health crisis to officials making important policy decisions — demonstrates our commitment to education, to promote and protect the interests of those whose voices have not been heard or heeded, and to the just delivery of healthcare.

CIVIC ENGAGEMENT AND HEALTH EQUITY

CPB launched **Building a Circuit of Civic Learning, Dialogue and Connection to Advance Health Equity: A Deliberative Approach**, led by Erika Blacksher, PhD. In 2021, she helped in a National Academies of Science plan and participated in a National Academies of Science, Engineering and Medicine workshop on health equity and in a New York Academy of Medicine and NYC Department of Health project to gather informed public input about vaccine distribution.



The project's 15-member Expert Advisory Committee will develop resources to convene diverse Kansans and Missourians to learn about and weigh in on population health challenges

ARTIFICIAL INTELLIGENCE IN HEALTHCARE

A group of 20 leaders have joined CPB's Advisory Council for our **Ethical AI Initiative** guiding the deployment of a framework to design, develop, disseminate and implement new models that address bias and inequity in AI in healthcare. Subgroups are creating a curriculum and preparing to implement a pilot project seeking to protect diversity and involve underserved persons.

PROFESSIONAL



Increased services provided to more than **500 individual members** representing **40 institutional ethics committees**

ETHICS COMMITTEE CONSORTIUM

CPB's Ethics Consortium services increased in 2021 with monthly webinars, ethics immersion workshops, the monthly *Ethics Dispatch* e-newsletter and ongoing access to case studies, guidelines and Crisis Standards of Care with staff support.

EXPANDED CLINICAL SERVICES

We custom-designed clinical ethics workshops for three new health systems in Nebraska and Louisiana.



Improved Ethics Direct training services to **16 Affiliate Health Systems** involving **42 locations**, providing nearly **500 hours** of direct clinical consultation

MEDICAL ETHICS EDUCATION

CPB renewed contracts with two of the three area medical schools for ethics training, education and mentoring of students in 2021. The renewals include 1,450 students from first-year medical schools and masters-level through residents and fellows involved in a variety of clinical ethical settings.



Bioethics Library of more than **4,000 reports and other resources** made more easily accessible

EDUCATIONAL RESOURCES

The new *PracticalBioethics.org* website launched in November, overhauling our Bioethics Library that includes reports, guidelines, program materials, case studies, interviews, lectures and symposia.

The redesign will appeal to more diverse groups, making it easier to find resources, while allowing CPB to be more responsive to requests for content.

PERSONAL

ADVANCE CARE PLANNING

Caring Conversations®

Caring Conversations® resources provide guidance through the advance care planning process. Nearly 450 people registered for eight online workshops. CPB also renewed agreements with Hallmark and Evergy to provide advance care planning education and personal healthcare navigation services for employees and their families.



More than **51,000 people** interacted with Caring Conversations® resources



Trained dozens of KS/MO health providers distributing more than **22,400 TPOPP/POLST forms** and **150 “Caring Conversations® ...continued” consumer guides**

Transportable Physician Orders for Patient Preferences

TPOPP is the Kansas and Missouri version of POLST, a national program that seeks to better align treatment plans with goals and values of frail and seriously ill patients with life-limiting illness.

African American Advance Care Planning/ Palliative Care Network

In 2021, CPB transitioned this project, which provided curriculum and logistical support for churches to provide advance care planning promotion to their congregations, to Duke Divinity School, where the Network will lead efforts to address disparities in advance care planning.

PAINS-KC

Since 2013, PAINS-KC has been giving voice to those who live with pain and provides a safe place for engagement, education and advocacy.

COMMUNITY EDUCATION

27th Annual Flanigan Lecture

Young Physicians on the Frontline: Real-World Perspectives on Healthcare and Ethics During COVID and Beyond, featuring five KCU physician-ethicist graduates

Annual Fundraising Event

Humility, Health and Healing: Where Do We Go From Here? presented by the Dalai Lama’s Personal Physician, Barry Kerzin, MD

Berkley Symposium

More than 700 registered for Dr. Kerzin’s 4-hour resiliency workshop underwritten by CPB donors for frontline workers.



COVID Vaccine Webinar Series **4 workshops**, more than **600 registered**, addressing safety, accessibility and hesitancy issues

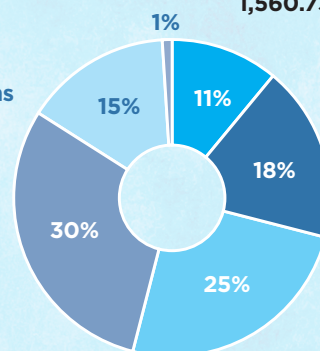
FINANCIALS*

REVENUES (IN THOUSANDS OF DOLLARS)

Grant Income	166.34
Endowment Distributions and Earnings	287.67
Earned Income	387.65
Donations and Membership**	468.40
Special Events	233.76
Other	16.92

Total 1,560.73

- Grant Income
- Endowment Distributions and Earnings
- Earned Income
- Donations and Membership**
- Special Events
- Other

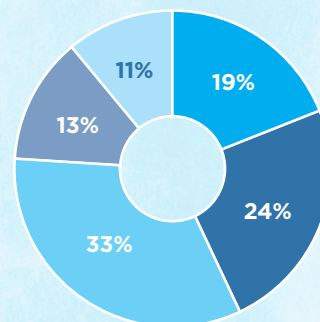


EXPENSES (IN THOUSANDS OF DOLLARS)

Advance Care Planning	290.85
Ethics Education and Consultation	364.31
Justice Issues and Systems Change	501.53
Fundraising	191.25
General Administration	163.16

Total 1,511.10

- Advance Care Planning
- Ethics Education and Consultation
- Justice Issues and Systems Change
- Fundraising
- General Administration



* Unaudited

** Includes Payroll Protection Funds

The Center’s commitment to our benefactors, business partners and collaborators is reflected in the sound stewardship of our resources. In 2021 we provided more than \$1.51 million in mission-related services to our constituents on \$1.56 million in total revenues. Fundraising expenses at just under 13% and general administration just under 11% reflect disciplined execution. The volunteer board of directors of nearly 20 leaders is actively involved in fiduciary oversight and governance. For more detailed financial reporting, public disclosures and corporate integrity documents go to the Policies, Disclosures and Reports” page under the “About” section at PracticalBioethics.org.

CENTER FOR PRACTICAL BIOETHICS 2021 IMPACT AND ACCOMPLISHMENTS

PROGRAMS AND SERVICES

1. ETHICS EDUCATION AND CONSULTATION

PROFESSIONAL EDUCATION AND CLINICAL SERVICES

Affiliate Agreements and Converting from Membership (Charitable model) to Ethics Direct/Ethics Plus (fee for service)

In 2020, we initiated a new earned income strategy based on formal agreements with healthcare providers to support, facilitate and improve performance of ethics committees as well as clinical staff involved in ethically complex cases. The primary work was a longitudinal approach converting the traditional group of “member hospitals” who agreed annually to support the work of the Center. We historically considered the monies received from those providers “unearned” and thus a “contribution” because there was no formal agreement defining the services or fees associated with those services. Membership was viewed by the health systems, in a number of instances, the same way that they supported community-based organizations. In any event, no formal value proposition was defined, and the support was often dependent solely on the institutional decision maker(s) and their relationship with the Center.

In 2020, we formally defined the sets of services and developed a fee model based on the size of the entity (self-reported gross billings and bed size). We then began approaching each of the health systems and “members,” engaging in discussion about converting to a service model to participate in a set of basic services provided to all Ethics Committee Consortium members with an add-on optional service to purchase clinical ethics consultation services directly from the Center at an hourly rate (with a volume purchase discount). The goal for both was to improve their competencies and services internally and for the Center to secure a more sustainable stream of revenue for our ethics services.

In 2021, we expanded this strategic priority by hiring an additional staff member, Polo Camacho, PhD, as Program Manager and Health Ethics Education Promoter to work with our Clinical Ethicist, Ryan Pferdehirt, whose primary duties were to spend half his time working in delivering these services, including efforts to directly provide clinical consultation services to hospitals seeking this assistance from the Center. The additional service was named Ethics Plus. As we enter into 2022, we now have three systems utilizing Ethics Plus in addition to a subcontract from the University of Kansas Health System to support Dr. Terry Rosell’s work in leading the Ethics Committee work for the health system.

Dr. Camacho’s responsibilities include managing the service delivery of what we call “Basic” ethics services, ensuring that the providers are informed of and benefit from the defined set of support training and resources that cover such things as the monthly electronic newsletter for Ethics Committee members and regularly scheduled webinars and other training on timely issues (e.g., caring for unvaccinated, difficult cases, advance care planning, ethics policy guidance on the responsibilities of ethics committees within a health system). Within the last two years, additional training and resources – particularly those involved with the pandemic – have been offered to support ethics committee volunteers and committees in their work and their hospital’s response related to issues such as crisis standards of care.

As of December 31, 2021, there are 16 signed Affiliate agreements, including two for Ethics Plus, in place with another confirmed to come online in early 2022. Basic service agreements are also being marketed to new entities. We have expanded services beyond hospitals to include home health and hospice agencies and organ procurement organizations providing services at 42 facilities. Delivering ethics services to these varied facilities involves frequent onsite availability and remote education for leaders involved in Ethics Committee work.

[Ethics Committee Consortium \(ECC\)](#)

Wrapping up its 35th year as the nation's oldest continuously operating consortium of its kind, Ethics Committee Consortium membership includes 40 institutional ethics committees involving more than 500 individual members. Benefits for ECC affiliate organizations, as well as individual members of our Sustainers Council (see Monthly Donor item below), include:

Monthly Webinars – We presented the following webinars in 2021:

- KS/MO Vaccine Distribution & Allocation Update (Lee Norman, MD, and Adam Crumbliss)
- How Pandemics End (Carla C. Keirns, MD, PhD, MSc, FACP, HEC-C)
- Importance of Word Choice in Clinical Conversation (Ryan Pferdehirt, D. Bioethics, HEC-C)
- Health Justice at the Intersection of Race and Class (Erika Blacksher, PhD)
- Building Moral Community: Promoting Resilience within Your Ethics Committee (Lucia Wocial, PhD, RN, FAAN, HEC-C)
- Ethical AI: A Community-Based Approach to Addressing Ethical Risks in AI Health IT (Lindsey Jarrett, PhD and Matthew Pjecha, MS)
- Contributions of Ethics Expertise to Clinical Medicine (Jamie C. Watson, PhD, HEC-C)

Medical Ethics Immersion Workshop Series – Presented by Ryan Pferdehirt, D. Bioethics, HEC-C, in four one-hour lunchtime sessions, the Immersion Series is designed to help ECC members develop a robust understanding of basic biomedical ethics. An average of 60 people registered for each session. Each session was archived for asynchronous learning. Evaluation survey responses rated all aspects of the following elements very good to excellent:

- Introduction to Ethical Decision Making (October 14)
- A History of Ethical Foundation of Clinical Practice & Seminal Cases (October 28)
- Approaches to Clinical Ethics and Consultation (November 4)
- Role, Structure and Value of Clinical Ethics Committees and Consults (November 11)

Ethics Dispatch – ECC members received the monthly *Ethics Dispatch*. Written by Center staff, each edition offers guidance on a “hot topic” impacting providers, a case study for illustration, and “Ethical Musings” by the author. Each edition includes web links to recent news stories relevant to ethics committees. ECCs report using the Ethics Dispatch to supplement educational programming.

[Medical Ethics Workshops](#)

In 2021, we introduced clinical ethics workshops – virtual and in person – in response to requests from providers seeking introductory training for their staff. Workshops typically include an introduction to ethical decision making and cover such topics as the consultation process, conversational techniques, complications in challenging ethical situations, and EMRs and charting. In 2021, we provided custom-designed workshops to the following groups:

- Ochsner Medical Center (New Orleans, LA) – Clinical Ethics Workshop
- Bryan Health (Lincoln, NE) – 2021 Ethics Conference: Medical Futility

- Mary Lanning Healthcare (Hastings, NE) – Bioethics Workshop. Session 1: Foundations to Practice. Session 2: Bridging the Communication Gap

Medical Student Education

We continued our long-term contractual teaching relationships with the **University of Kansas Medical Center (KUMC)** and **Kansas City University (KCU)**.

KUMC in collaboration with The University of Kansas Health System, renewed its contract with the Center for the 13th consecutive year for part-time faculty services of Dr. Tarris Rosell, Rosemary Flanigan Chair. We also secured an additional \$25K per year as part of the renewal (2021 and 2022). Key accomplishments of 2021 include:

- Oversight of the hospital clinical ethics consultation service, which provided more than 150 complex ethics consultations
- Serving as ethics faculty for many dozens of case conferences with medical students, residency and fellowship programs
- Providing a weekly clinical ethics orientation session for physician residents
- Co-chairing the Hospital Ethics Committee
- Providing ethics consultation for the Heart Transplant program and the Blood and Marrow Transplant team and serving on the Donor Advisory Council
- Serving on the health system Pandemic Triage Team for development and potential implementation of crisis allocation guidelines
- Co-directing the Clendening Summer Fellowship program, a competitive stipend research opportunity and course for 10 medical students
- Mentoring projects of student researchers in the medical humanities

KCU renewed a contract with the Center for the 8th consecutive year for part-time faculty services, fulfilled in 2021 primarily by Dr. Ryan Pferdehirt, Director of Membership and Ethics Education, for half his time. We secured a small increase in the rate. Key accomplishments include:

- Providing and mentoring a one-month clinical ethics rotation for a KCU medical student
- Mentoring a group of KCU students attending (virtually) the annual conference of the American Society of Bioethics and Humanities
- Collaboration with KCU on the Center’s annual Flanigan Lecture, with a panel of 5 alums of the dual degree program—DO and MA in Bioethics—discussing ethics issues encountered in their first decade of medical practice and especially during the COVID pandemic
- Teaching 5 courses (Bioethics I and II, Clinical Consultations, History and Methodology of Bioethics, and Clinical Dilemmas)
- Supervising “[Bioethics Bowl](#)”
- Serving on the [KCU Institutional Review Board](#) (IRB)

COMMUNITY EDUCATION AND ENGAGEMENT

27th Annual Flanigan Lecture – *Young Physicians on the Frontline: Real-World Perspectives on Healthcare and Ethics During COVID and Beyond* -- Five physician-ethicists who were part of the 2008 inaugural class of Kansas City University’s dual degree DO/MA in Bioethics program reflected on their practice of medicine and ethics during COVID and beyond. Common themes of the discussion, led by Flanigan Chair Dr. Tarris Rosell, included management of grief, patient autonomy vs. common good, exhaustion and the duty to serve, and the escalating impact of moral injury.

Annual Event – Humility, Health and Healing: Where Do We Go from Here? – Faced with planning the 2021 event at the height of the pandemic, we opted for a private broadcast (i.e., virtual format) produced by Eventology and co-chaired by Debbie Sosland-Edelman and Alan Edelman. With the Nelson-Atkins Museum of Art as the backdrop, the broadcast aired on February 25, featuring the Dalai Lama’s personal physician, Dr. Barry Kerzin, and presentation of the Vision to Action Award to Dr. Steven Stites. Despite pandemic restrictions, we raised \$151,873 in net revenue.

Berkley Symposium – Cultivating Resilience, Compassion and Mindfulness – On March 12, Dr. Barry Kerzin followed up his Annual Event keynote address with a two-hour workshop designed especially for frontline healthcare workers underwritten by CPB donors that garnered more than 700 registrations. Dr. Kerzin provided practical tools for coping with the stressful demands of the COVID-19 pandemic. All four segments are available on CPB’s YouTube channel – [Mindfulness, Emotional Hygiene, Compassion and Meditation](#).

Vaccine Webinar Series –The Center presented a four-part Vaccine Webinar Series to address many of the safety, accessibility and hesitancy issues surrounding the development and distribution of COVID-19 vaccines.

- KS/MO Vaccine Distribution and Allocation (January 14) – Moderator: Darrin D’Agostino, Executive Dean. Panelists: Christine Grady, PhD, MSN, and Kathy Kinlaw, MDiv, HEC-C.
- State of the Science and Ethics of Equitable Allocation (March 5) – Moderator: Tarris Rosell, DMin, PhD. Panelists: Catherine Satterwhite, PhD, MSPH, MPH, and Broderick Crawford.
- The Impact of Vaccination on Lives and Livelihoods: A People’s Dialogue (April 1) – Moderator: Erika Blacksher, PhD. Panelists: D. Rashaan Gilmore, Andrea Perdomo-Morales, MSW, and Toniann Richard (in partnership with American Public Square)
- COVID Vaccine Access in the Latino Community: Building Trust, Promoting Health (August 12) – Host: Polo Camacho, PhD. Panelists: Erica Andrade and Jennifer Sutherlin.

POLICY AND PERSONAL GUIDANCE

The Center responds to calls for help daily, from patients and family members to organizational leaders and official policymakers. For example:

- **PERSONAL GUIDANCE** - Distraught adult daughter calls the Center about her confused but still independent mom experiencing bouts of paranoia and anxiety caused by dementia. The daughter respected her mom’s autonomy but struggled with being accused by her mother of stealing from her. Resources in their rural community were limited. We helped the daughter develop a plan and set priorities to ensure her mom’s dignity.
- **POLICY GUIDANCE** – We are called upon by healthcare administrators, public health and elected officials to bring ethical perspective to protocols, standards, executive orders, regulations and even legislation. In addition to responding to individual requests for guidance, CEO John Carney and others on our staff served on committees and collaborated with more than three dozen local, regional and national entities.

This time-intensive work, for which we receive no regular financial support, 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 RESOURCE LIBRARY

The launch of our new website on November 1 included a complete overhaul of our Bioethics Library of more than 4,000 reports, guidelines, briefs, program resources, case studies, interviews, lectures and symposia. The new website was designed to appeal to our diverse constituencies and make it easier for users to find what they're looking for. It will also provide CPB with more direct control over design and content.

Audio, video and PDF files are now fully searchable in the following eight bioethics categories: Advance Care Planning, Biotechnologies and Genomics, End of Life Ethics, Informed Consent, Patient/Physician Relationships, Pediatrics, Public and Population Health, and Resource Allocation.

<https://www.practicalbioethics.org/resources/>

THOUGHT LEADERSHIP IN ETHICS

The Center's staff regularly provide regional, national and international thought leadership through invited lectures and scholarly publications. See pages 11-15 for a detailed list of staff media appearances invited talks and presentations and publications.

2. ADVANCE CARE PLANNING and SHARED DECISION MAKING

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.

Advance Care Planning (Caring Conversations®) Community Education

This activity encompasses advance care planning programs and resources – including *Introduction to Caring Conversations®* and the *Caring Conversations® Workbook* in English and Spanish – available to the general public and employers.

Online Workshops for General Audiences – While instigated by pandemic precautions, virtual workshops proved to be a most efficient and effective means to reach the most people with the most impact. A total of 430 people registered for 4 workshops held in the spring and 4 in the fall, with 198 attending live. Each workshop provides guidance through the advance care planning process, including suggestions for discussing wishes, values and healthcare preferences with loved ones, naming an agent, and forms for documenting this information. [View workshop](#).

Employee Benefit Program Services – The Center has agreements with Hallmark (12th year) and Evergy (4th year) to provide advance care planning education and resources for employees and family members. In addition to online workshops, these agreements include additional services:

- 24/7 availability of a clinical ethicist on our staff to provide guidance in a healthcare crisis
- Customized Caring Conversations® workshops
- Free Caring Conversations® materials, including TPOPP (Transportable Physician Orders for Patient Preferences)
- Help completing Advance Directives and Durable Power of Attorney for Healthcare forms

[Caring Conversations® Resources](#) – We had more than 51,000 interactions involving Caring Conversations resources, and 22,400 involving TPOPP resources.

36,050	Purchases of <i>Introduction to Caring Conversations®</i> (20,550) and <i>Caring Conversations® Workbook</i> (15,500)
198	Workshop Participants (Registrations exceeded 450)
15,500	Website Interactions with CC (includes downloads)
51,198	TOTAL (Caring Conversations)
150	Caring Conversations Continued
22,250	TPOPP Forms
22,400	TOTAL TPOPP

[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 goals and values of frail and seriously ill patients 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. In 2021, we distributed 22,250 TPOPP forms to providers and 150 copies of *Caring Conversations®...continued to consumers*.

[Advance Care Planning in African American Faith Communities](#)

In 2015, based on the conviction that advance care planning (ACP) promotion must be rooted in the context of the cultural and spiritual life of African American communities, the Center developed an initiative to design and implement a replicable program with influential African American faith communities to improve ACP and end-of-life treatment for African Americans. Our early work revealed that churches need specific curriculum and logistical support to undertake ACP promotion within their congregations. This led to five one-day in-person and/or virtual events (Alameda, CA, Boston, MA, Kansas City, MO, Pittsburgh, PA, and Columbia, SC) being held in 2020-2021 using a variety of updated curricula to teach the basics of ACP, palliative care and hospice to African American pastors, congregations and community organizations. These educational events were well attended, and survey responses indicate that the workshops were well received with most respondents increasing their understanding of ACP, as well as their confidence and readiness for specific ACP milestones.

In late 2021, this project transitioned to Duke Divinity School, where they plan to preserve and disseminate the work already done and to extend the trajectory of that work going forward, both to reduce racial disparities in ACP and to continue nurturing the capacity of the African American Advance Care Planning/Palliative Care Network to lead efforts to overcome racial inequities across healthcare, all in a way that honors the legacy of Dr. Richard Payne, a singular witness for healing and justice with respect to African American health.

3. HEALTH JUSTICE THROUGH SYSTEMS CHANGE

COVID-19 – The Center’s response to the pandemic evolved in 2021 with the trajectory of the pandemic, with a strong emphasis on vaccine allocation, access and hesitancy. More than 530 people participated in our four-part Vaccine Webinar Series, “The COVID VACCINE: State of the Science and Ethics of Equitable Allocation,” featuring national and local expert panelists:

- Safety & Efficacy in Emergency Authorization: Getting it to those who want it, responding to those who don’t (January 29)
- Equitable Distribution – Logistics, Resistance and Justice (March 5)
- The Impact of Vaccination on Lives and Livelihoods: A People’s Dialogue (April 1), in partnership with American Public Square
- COVID Vaccine Access in the Latino/x Community: Building Trust, Promoting Public Health (August 14)

We continued to collaborate with local, regional and national entities to advocate for inclusion of ethical principles into pandemic policies and plans. CEO John Carney alone worked with more than two dozen outside organizations in 2021 serving on regional pandemic response and state task forces devoted primarily to improving access to underserved populations.

Ethical AI – The goal of the *Ethical AI* Initiative is to deploy a framework for design, development, dissemination and implementation of AI models for healthcare that protect diversity and inclusion while systematically reducing risk for bias. In 2021, we established an interdisciplinary and intersectional 20-member Advisory Council and a Community Action Work Group to engage diverse populations and marginalized communities. Work began on the development of an AI ethics curriculum and identification of a pilot project to test the curriculum. In the near term, the project will finalize the ethical framework for AI in healthcare. Long-term goals envision development of consultation and certification services for healthcare IT practitioners and providers.

Civic Engagement and Health Equity – John B. Francis Chair, Erika Blacksher, PhD, is bringing her expertise in population health and democratic deliberation to expand CPB’s longstanding commitment to health ethics. Four activities illustrate her national leadership in these areas.

Building a Circuit of Civic Learning, Dialogue and Connection to Advance Health Equity:

A Deliberative Approach – In September 2021, County Health Rankings & Roadmaps, a program directed at the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation, awarded \$87,874 to fund the foundational phase of this new project, led by Dr. Blacksher. In collaboration with a seasoned research team and guided by a 15-member committee of local, regional and national experts in population health sciences, democratic deliberation, intersectionality and health justice, they are building a toolkit to convene racially, socioeconomically and geographically diverse Kansans and Missourians in a bi-state initiative to learn about, discuss and weigh in on pressing population health challenges.

Civic Engagement and Civic Infrastructure to Advance Health Equity Workshop – Dr. Blacksher served on a National Academies of Science, Engineering and Medicine committee that planned a two-day virtual workshop to explore the relationships between civic and political engagement and health equity and a more inclusive democracy. The workshop aired June 14-15, 2021, with some 500 people participating. A subset of attendees also participated in a mini-deliberation designed and facilitated by Dr. Blacksher. They weighed in on the question, “Which civic infrastructure investments are most

important in advancing health equity?” Dr. Blacksher authored an appendix to the final report describing its outcomes, which will soon be finalized.

Public Deliberation Project of the New York Academy of Medicine and the New York City Department of Health – As part of the project, Dr. Blacksher developed and delivered a presentation on various ways to think about distributive fairness that accompanied two scientific expert presentations about the COVID-19 pandemic. This online series of deliberations was held between December 2020 and January 2021 (three in English, two in Spanish), gathering informed input from a cross section of New Yorkers representing all NYC boroughs. The results of these deliberations informed New York City’s vaccine distribution plan and were published in the peer review literature.

Interdisciplinary Association of Population Health Science – Dr. Blacksher is serving on the programming committee for the Association’s 2022 conference, the nation’s premier venue for population health science research and scholarship. The 2022 program will address “Interdisciplinary Approaches for Advancing Population Health Equity.”

PAINS-KC

Chronic pain continues to be a public health crisis, affecting more than 50 million Americans. The Center’s PAINS-KC initiative, begun in 2013, gives voice to those who live with pain and provides a safe place for engagement, education and advocacy. While COVID restricted in-person gathering in 2021, Citizen Leaders met virtually and sustained collaborations with The Pain Community, the Alliance to Advance Comprehensive Integrative Pain Management, and other pain advocacy organizations.

ORGANIZATIONAL CAPACITY

HUMAN RESOURCES

In 2021, the Center improved its staffing capacity with the addition of two new PhDs. This is the first time in the Center’s history in which five staff members are credentialed with doctoral degrees. We welcomed **(Marco) Polo Camacho, PhD**, to the staff in July. Dr. Camacho manages TPOPP, Ethical AI and the Ethics Committee Consortium, promotes the Center’s health ethics education services and expansion of our services to the Latino community and our bilingual capacity. **Lindsey Jarrett, PhD**, joined the staff full time in December as Principal Investigator and Program Director of the Ethical AI Initiative after having served the remainder of the year as a part-time consultant. **Matthew Pjecha, MS**, also served as a consultant to the Ethical AI project for half the year but is rejoining the staff part-time in 2022.

In September we contracted with **Megan Neher Public Relations** to help support digital marketing, social media and media/community relations aspects of our Integrated Fundraising, Marketing and Communications plan.

FUNDRAISING

In 2021, we challenged ourselves with an ambitious seven-part Fund Development Plan. Despite the pandemic, the plan was largely successful in four categories: Individual gifts (Appeals), Board Giving, Events, and Foundation Grants. We fell short of our goals in Planned Giving, due primarily to our inability to gather face to face for events. The Center was awarded a \$158,000 loan from the PPP (Federal Pandemic response), which converted to a gift award to supplement the individual/foundation support we received.

Annual Event – We presented *Humility, Health & Healing, where do we go from here?* virtually on February 25. With the Nelson-Atkins Museum of Art as the backdrop, the private broadcast produced by Eventology began with a greeting from Debbie Sosland-Edelman and Alan Edelman, event co-chairs, Eva Karp, board chair, and Sandra Stites, immediate past board chair. After a welcome from CEO John Carney and Julian Zugazagoitia, director of the Nelson-Atkins, segments included:

- “Faces of Humility,” a collage of images of clinicians treating COVID, patients and families illustrating dimensions of humility set to the music “God Bless the Child”
- Keynote Presentation, “Cultivating Resilience, Compassion and Mindfulness,” by Dr. Barry Kerzin, the Dalai Lama’s personal physician
- “Transformations” featured comments and insights from frontline healthcare workers.

The evening also included the opportunity to purchase tickets to win a “Silver Ticket Getaway” to Four Diamond Tubac Golf and Spa Resort, to participate in a drawing for a brooch/pendant, “Crossroads of Decision,” custom-designed by Robyn Nichols, and respond to a Text to Give appeal.

We netted \$151,873 from gross revenue of \$234,302, making this our most profitable annual event.

Annual Campaign – The 2021 Annual Campaign, *The Long March*, included:

- Article in *Practical Bioethics* (print newsletter) mailed early October.
- Weekly emails in November/December to 7,100-member database featuring videos of 9 individuals (staff, student, community partners) describing a CPB program or service, briefly summarizing the need, goal and “your support makes this possible.”
- Greeting card-style appeal mailed to 525 recipients on November 30, 2021.



The campaign raised a total of \$200,872, which included over \$20,000 in memorial donations from more than 80 donors following the November 26, 2021, death of our board member Liza Townsend. The year-end campaign proceeds also include a number of family foundations and trusts that historically support the general operations of the Center. Those donations represent about 75% of the remaining total. However, it is worthy to note that about 80 more individual contributions were received from our campaign, making this one of the most successful efforts in our history for year-end fundraising.

Major Gifts – We published *The Case for Practical Bioethics* and distributed it to major donors, civic and foundation leaders. John Carney met in person and/or virtually with approximately 10 donors over the course of a three-month period. Some meetings were cancelled due to the pandemic. The results were modest with about \$35,000 netted in the effort and one new donor asking for pledge information.

Planned Giving – We also drafted a Legacy Giving brochure. A scheduled in-person gathering at the home of Linda and Terry Ward in October was cancelled due to COVID. We are aware that the marketing window to a significant group of loyal but aging Center supporters will soon close and will pursue these opportunities vigorously in 2022.

Grants – We successfully applied for the following grants:

- American Century Foundation (\$15,000) for pandemic response
- Bank of America (\$100,000) for general operating
- Sosland Foundation (\$15,000) for general operating

- BioNexus KC (\$25,000) for Ethical AI Initiative
- Cerner Foundation (\$5,000) for Ethical AI Initiative
- Sunderland Foundation (\$160,000) for Ethical AI Initiative
- County Health Rankings & Roadmaps (\$87,847) for the Civic Engagement and Health Equity Project
- Stormont Vail Foundation (\$5,000) for Art of the Wish

2021 Seal of Transparency – Once again we earned the Platinum Seal of Transparency from Candid in 2021. Candid (formerly Guidestar) is a non-profit reporting website service, sharing program and financial information on nonprofit organizations in the U.S. Read our report at www.guidestar.org/profile/48-0985815.



MARKETING & COMMUNICATIONS

New Website @ PracticalBioethics.org – On November 1, 2021, the Center launched a new, more organized website that provides ease of updating directly to staff rather than a web design vendor. Developed and hosted by **Boxer & Mutt**, the new site tells our story, educates diverse audiences, routes them to the services/resources they need, and includes eCommerce functionality and flexible options to donate.

Bioethics Bulletin – We rebranded the monthly e-newsletter that we’ve been sending to our full database for several years. Under its new name, Bioethics Bulletin, the email features three to five brief stories with links to more information at PracticalBioethics.org.



Sustainers Council & Legacy Society Update – We introduced this quarterly e-newsletter in March 2021 as a special benefit for monthly donors and those who have let us know of their plans for an estate gift to the Center.

Practical Bioethics Newsletter – This was our sixth year of publishing *Practical Bioethics*. This semi-annual newsletter helps reach constituents that prefer receiving their information in print through the US Mail. We repurpose articles from it for our blog and/or social media.



Social Media – The primary objective of social media is to create engaging content on three platforms – Facebook, Twitter and LinkedIn – that drive traffic to the website. A secondary objective is to publicize the Center’s work.

FOLLOWERS			
	JAN 1	SEP 1*	DEC 31
Facebook	6,200	6,254	6,273
Twitter	4,620	4,862	4,867
LinkedIn	1,305	1,465	1,465

* Start date for MNPR

Posts per month				
Social Platform	June	July	October	November
Facebook	7	9	17	17
LinkedIn	5	2	16	15
Twitter	6	4	17	17

MASS MEDIA, PRESENTATIONS AND PUBLICATIONS BY CENTER STAFF

MASS MEDIA APPEARANCES

Terry was interviewed by Kaci Jones for this February 10 piece on FOX4 News.

<https://fox4kc.com/video/computer-error-blamed-for-people-getting-covid-19-vaccine-before-they're-supposed-to/6278941/>

Terry was quoted extensively in a February 28 Kansas City Star editorial, "Cerner is helping create 'COVID-19 passports.' Will they be a reverse scarlet letter?" The editorial states that Terry said (without direct quotes) that "the pros of a COVID-19 immunity certification probably outweigh the cons – albeit 'with a good bit of hesitancy.' But, he adds, while immunity to the coronavirus is likely to be required internationally – and that's a good thing – the best course domestically might simply be patience: In another three months, enough of the population may be immunized to make the debate over passports moot on the home front."

<https://www.kansascity.com/article249550838.html>

Matthew Pjecha and Lindsay Jarrett were interviewed by Bill Tammus for a February 28 article on the Ethical AI Project in Flatland, a publication of KCPT Channel 19.

<https://www.flatlandkc.org/commentary/grappling-with-ethical-artificial-intelligence-in-health-care/>

John Carney and Terry Rosell were featured guests on The University of Kansas Health System's Morning Media Update on March 4. Discussion focused on the ethical distribution of the COVID-19 vaccine and vaccine equity.

<https://www.facebook.com/kshbtv/videos/279412973540280>

<https://www.kshb.com/news/coronavirus/kansas-city-covid-19-daily-briefing-for-march-4>

<https://www.medicalnewsnetwork.org/newsnetwork/doctalk/c/coronavirus%20media%20briefing%20thursday%203-4-21>

John Carney and Terry Rosell were both quoted on March 4 in a Wyandotte Daily piece, "Meatpacking Plant Workers Prioritized for Vaccines."

<http://wyandottedaily.com/meatpacking-plant-workers-prioritized-for-vaccines/>

Terry Rosell was one of three experts interviewed for a March 15 piece in Al Jazeera by Phil Devitt on ethical dilemmas posed by the vaccine rollout.

<https://www.aljazeera.com/news/2021/3/15/coronavirus-vaccine-the-ethics-behind-who-gets-the-shot-first>

John Carney was quoted on March 17 in the New York Times from a much longer interview with the authors, Ann Hinga Klein and Derek M. Norman, on prisoner access to vaccines.

<https://www.nytimes.com/2021/03/17/us/covid-prisoners-vaccine.html>

Terry Rosell was interviewed by Kaci Jones, FOX4, about vaccine passports on March 30. <https://fox4kc.com/news/will-a-vaccine-passport-be-required-to-travel-as-idea-grows-travelers-have-mixed-reactions/>

Terry Rosell was featured with David Fleming, president emeritus of the American College of Physicians and Senior Scholar at the MU Center for Health Ethics, on KCUR's 89.3 FM Up to Date hosted by Steve Kraske on Thursday October 28. The topic was "Are Vaccine Mandates Ethical?"

<https://www.kcur.org/podcast/up-to-date/2021-10-29/the-battle-between-your-bodily-autonomy-and-public-health>

Other Rosell interviews and appearances:

Marvin Yan and Sufal Deb, Zoom interview regarding immortality and ethics. I'm a Mortal Podcast, McMaster University, Toronto, Canada, June 7, 2021.

Vicky Diaz-Comacho, interview regarding end of life ethics and pandemic. Kansas City PBS *Flatlands*, May 26, 2021: <https://www.flatlandkc.org/mental-health/what-the-pandemic-taught-us-about-the-end-of-life-and-grief/>

Jim Braibish, interview regarding "Vaccine Passports and Masks: Ethical Issues in COVID-19." Kansas City Medical Society Newsletter, April 2021.

Phil Devitt, email interview and written contribution to article, "US experts tackle ethical dilemmas posed by the vaccine rollout," in *Al Jazeera* (15 March 2021): <https://www.aljazeera.com/news/2021/3/15/coronavirus-vaccine-the-ethics-behind-who-gets-the-shot-first>

"Why (Some) People Won't Wear Masks: Sociological and Ethics Reflections." With Erika Blacksher. COVID Ethics Update, Center for Practical Bioethics YouTube Channel, January 2021.

INVITED TALKS & PRESENTATIONS

JOHN CARNEY, MEd

- "Ethics and COVID-19: Has anything gone right?" Kansas City Regional Home Care Association, Kansas City, MO, November 18, 2021
- "Hospice Diversity and Inclusion – Challenges and Opportunities." Kansas Health Care Association, Fall Conference, Lawrence, KS, September 23, 2021
- "Journeys of Grief and Loss: From Surviving to Striving to Thriving." Mid-America Regional Council, 2021 Age Positive Conference, May 13, 2021

TERRY ROSELL, DMin, PhD

- "Transplantation Ethics." Guest lecture in nursing ethics class, Rockhurst University, Kansas City, MO, Dec 2, 2021.
- "Interprofessional Ethics." Presentation to Neuro-Psychology Post-Doctoral Fellows, The University of Kansas Medical Center, KS, Nov 12, 2021.
- "Medical Ethics in COVID Times." Presentation, Jubilee Class, Prairie Baptist Church, Prairie Village, KS, Oct 10, Oct 17, 2021.
- "Medical Ethics and Why It Matters to You." Presentation, Jubilee Class, Prairie Baptist Church, Prairie Village, KS, Oct 3, 2021.
- "Ethics for Research in the Medical Humanities." Lecture in a student research elective, University of Kansas School of Medicine, Kansas City, KS, Sept 21, 2021.
- "Healthcare Decision Making and Biomedical Ethics." Didactic session for Clinical Pastoral Education, Mosaic Life Center, St Joseph, MO, Sept 9, 2021.
- "Clinical Ethics for Psychiatry: Principles and Cases." GME Ethics didactic, Psychiatry Residency Program, Joplin, MO, Aug 31, 2021.
- "Young Physicians on the Frontline: Real-World Perspectives on Healthcare and Ethics During COVID and Beyond." Moderator of panel discussion, Rosemary Flanigan Lecture, Center for Practical Bioethics, Kansas City, MO, Aug 30, 2021.
- "Clinical Ethics: What You Need to Know." Orientation for Geriatric and Palliative Medicine Fellows, University of Kansas Medical Center, Kansas City, KS, Aug 12, 2021.
- "Ethics for Physical Therapists: The Cases of Dax and Schiavo." Ethics didactic and discussion in DPT program, University of Kansas School of Health Professions, Kansas City, KS, June 29, 2021.
- "Moral Distress and Resiliency at Work: Bucking Up, Hunkering Down, or Letting Go?" Workshop presenter, with Lucia Wocial, RN, PhD; Remedy Healthcare Consulting, Kansas City, MO, June 1, 2021.
- "*Kidney to Share*: Webinar with Co-Authors Martha Gershun and John Lantos." Moderator, Kansas City Public Library, Kansas City, MO, May 26, 2021.
- "An Evening Dialogue About Bioethics." Guest lecture, EdD course, Baker University, Overland Park, KS, May 13, 2021.
- "Clinical Ethics Consultation." Presentation to Onco-Psychology Team, The University of Kansas Cancer Center, Westwood, KS, March 25, 2021.
- "What the Hospital Ethics Committee Is, and How It Works." Lecture for Health Administration Ethics course, University of Kansas Medical Center, Kansas City, KS, March 18, 2021.

- “Equitable Distribution: Logistics, Resistance, and Vaccine.” Webinar moderator with Dr Catherine Satterwhite and Broderick Crawford, Center for Practical Bioethics, March 5, 2021.

ERIKA BLACKSHER, PhD

- Two talks in January to the **Pacific Northwest University’s Bioethics Club** (January 12) and **Madigan Army Medical Center’s Ethics Committee** (January 26). She explored questions of health justice raised by worsening white mortality trends in white people with low levels of educational attainment.
- Two talks to the **KC Quality & Innovation Panel** (February 18) and the **National Hispanic Council on Aging** (March 16). She argued for the ethical importance of meaningful public involvement in pandemic planning, priority setting, and response.
- On March 11 to the **NIH Clinical Sequencing Evidence-Generating Research Consortium** (CSER2 – the “2” stands for the second round, focused on studies with minority, underrepresented and underserved populations). She discussed how to translate democratic deliberative theory into democratic engagement to translate the findings of their projects into principles, policies and practices in healthcare.
- On August 19 to the **European Society of Medicine Annual Conference**. In this virtual presentation, she spoke to questions of health justice raised by worsening white mortality trends in white people with low levels of education.
- On September 8 to **University of Kansas Medical Center (grand rounds)**. She discussed the Center’s new Civic Engagement and Health Equity Project, *Building a Circuit of Civic Learning, Dialogue and Connection to Advance Health Equity: A Deliberative Approach*. She explained what democratic deliberation is, its roots in democratic deliberative theory, the toolkit being developed to test it, and the population health challenges it will help to address.

LINDSEY JARRETT, PhD

- “What We Ought to Do with AI in Healthcare, April 15 at the BioNexus KC Informatics Conference.
- “The Intersection of Artificial Intelligence and Ethics,” June 17 for North Central University School of Health Sciences’ Interprofessional Student Seminar. https://youtu.be/j_Nlt_QMAPY
- “The Intersection of Artificial Intelligence and Ethics,” June 28, for Rockhurst University “Business Intelligence” class, focusing on Lindsay’s career in healthcare IT and the important considerations (including ethical ones) for students as they make business-related decisions in their intelligence/analytics careers.

RYAN PFERDEHIRT, D. Bioethics, HEC-C

- “Bioethics Workshop.” Invited Workshop leader. Ochsner Health Center. New Orleans, LA. November 19, 2021.
- “Medical Ethics Immersion Workshop: Part 4.” Webinar Presenter. Kansas City Area Ethics Committee Consortium. Kansas City, MO. November 11, 2021.
- “Outside the Irony Tower.” Career Day, Arizona State University, November 10, 2021.
- “Medical Ethics Immersion Workshop: Part 3.” Webinar Presenter. Kansas City Area Ethics Committee Consortium. Kansas City, MO. November 4, 2021.
- “Medical Ethics Immersion Workshop: Part 2.” Webinar Presenter. Kansas City Area Ethics Committee Consortium. Kansas City, MO. October 28, 2021.
- “Medical Ethics Immersion Workshop: Part 1.” Webinar Presenter. Kansas City Area Ethics Committee Consortium. Kansas City, MO. October 14, 2021.
- “Futile Care: Identifying and Navigating.” Keynote Speaker. Heartland Health Alliance and Bryan Health. Lincoln, NE. September 17, 2021.
- “Importance of Word Choice in Clinical Conversation.” Session for Clinical Pastoral Education, Mosaic Life Center, St Joseph, MO, September 9, 2021
- “Bioethics Workshop.” Invited Workshop leader. Mary Lanning Hospital. Hastings, NE. June 17, 2021.
- “Social Isolation During a Pandemic.” Invited Presenter. Mosaic Life Care. St. Joseph, MO. June 15, 2021.
- “Caring Conversations Training Session.” Co-Presenter. Caring Conversations Advance Care Planning Education Webinar Series. Kansas City, MO. May 20, 2021.
- “What a Bioethicist Says About Treating NDErs.” Invited Presenter. International Association for Near-Death Studies, Inc. Spring Symposium. *Providing Care for Those Touched by Near-Death and Related Experiences: Ethical Best Practices*. Virtual Symposium. April 30, 2021.
- “Caring Conversations Training Session.” Co-Presenter. Caring Conversations Advance Care Planning Education Webinar Series. Kansas City, MO. April 28, 2021.
- “Caring Conversations Training Session.” Co-Presenter. Caring Conversation Advance Care Planning Education Webinar Series. Kansas City, MO. April 16, 2021

- “Patient Capacity: Fundamentals and Clinical Illustrations.” Invited Presenter. University of Kansas Hospital, Internal Residents Grand Round. Kansas City, KS. April 9, 2021.
- “Importance of Word Choice in Clinical Conversation.” Webinar Presenter. Kansas City Area Ethics Committee Consortium. Kansas City, MO. April 8, 2021.
- "Caring Conversations Training Session." Co-Presenter. Caring Conversation Advance Care Planning Education Webinar Series. Kansas City, MO. March 23, 2021.
- "Advance Care Planning". Invited Co- Presenter. North Kansas City Hospital Nurse Resident Rounds. Kansas City, MO. March 16, 2021.
- "Advance Care Planning". Invited Co- Presenter. North Kansas City Hospital Nurse Resident Rounds. Kansas City, MO. March 11, 2021.
- “Ethical Considerations in the Care of the Elderly.” Invited Presenter. Moon River Senior Care and Transportation. Ashburn, VA. March 10, 2021.
- “Withholding/Withdrawal of Life Sustaining Treatments.” Invited Presenter. Kansas City Hospice & Palliative Care Social Workers. Kansas City, MO. February 12, 2021.

POLO CAMACHO, PhD

- "Caring Conversations Training Session." Co-Presenter. Caring Conversations Advance Care Planning Education Webinar Series. Kansas City, MO. September 21, 2021.
- "Caring Conversations Training Session." Co-Presenter. Caring Conversations Advance Care Planning Education Webinar Series. Kansas City, MO. October 15, 2021.
- "Caring Conversations Training Session." Co-Presenter. Caring Conversations Advance Care Planning Education Webinar Series. Kansas City, MO. October 26, 2021.
- "Caring Conversations Training Session." Co-Presenter. Caring Conversations Advance Care Planning Education Webinar Series. Kansas City, MO. November 1, 2021.

PUBLICATIONS

JOHN CARNEY, MEd

Co-authored “POLST Is More than a Code Status Form: Suggestions for Appropriate POLST Use in Long-Term Care” in JAMDA (Journal of Post-Acute and Long Term Care Medicine), May 21, 2021. Authors contend that use of #POLST as a code status order form can be problematic, explain why and make recommendations to implement appropriate use. <https://doi.org/10.1016/j.jamda.2021.04.020>

TERRY ROSELL, DMin, PhD

Rosell, Tarris and Allen Greiner. Blog: “Eight Principles and Practices for Ethical Vaccine Distribution: A Proposal.” Center for Practical Bioethics online, March 9, 2021: <http://practicalbioethics.blogspot.com>

Rosell, Tarris and Erika Blacksher. Blog: “Should Doctors Refuse to Treat Unvaccinated People?” Center for Practical Bioethics online, Aug 23, 2021: <http://practicalbioethics.blogspot.com>

ERIKA BLACKSHER, PhD

Trinidad SB, **Blacksher E**, Woodbury RB, Hopkins SE, Woodahl EL, Burke W, Boyer BB, Hiratsuka VY. Precision Medicine Research with American Indian and Alaska Native Communities: Results of a Deliberative Engagement with Tribal Leaders, *Genetics in Medicine*, accepted October 29, 2021.

West KM, Cavanaugh KL, **Blacksher E**, Fullerton SM, Umeukeje EM, Young B, Burke W. Stakeholder Perspectives on Returning Non-Actionable *APOL1* Genetic Results to Research Participants. *Journal of Empirical Research on Human Research Ethics*, accepted October 13, 2021.

Scherer M, Kamler A, Weiss L, **Blacksher E**, Jeavons J, Gold MR. Using Public Deliberation to Set Priorities: The Case of COVID-19 Vaccine Access in New York City. *Journal of Public Health Management and Practice*, accepted October 7, 2021.

Estime SR, Lee HH, Jimenez N, Andreae M, **Blacksher E**, Navarro R. Diversity, Equity, and Inclusion in Anesthesiology. *International Anesthesiology Clinics* 2021;59(4):81-85.

Blacksher E, Hiratsuka VY, Blanchard JW, Lund J, Reedy J, Beans JA, Saunkeah B, Percy M, Byars C, Yracheta J, Tsosie KS, O’Leary M, Ducheneaux G, Spicer PG. Deliberations with American Indian and Alaska Native People about the Ethics of Genomics: Three Tribal Deliberations in the United States, *AJOB Empirical Bioethics* 2021;12(3):164-178.

Freedman BI, Burke W, Divers J, Eberhard L, Gadegbeku CA, Gbadegesin R, Hall ME, Jones-Smith T, Knight R, Kopp JB, Kovedsky CP, Norris KC, Olabisi OA, Roberts GV, Sedor JR, **Blacksher E**. Diagnosis, Education, and Care of Patients with *APOL1*-Associated Nephropathy: A Delphi Expert Panel Consensus and Systematic Review, *Journal of the American Society of Nephrology*, April 2021, ASN.20201011399.

Blacksher E, Valles S. White Privilege, White Poverty: Reckoning with Class and Race in America, *Hastings Center Report* 2021;51 (Suppl1):S51-S57. doi: 10.1002/hast.1230

RYAN PFERDEHIRT, D.Bioethics, HEC-C

Pferdehirt, Ryan. "Voluntary and Involuntary Nonadherence: Terminology for Labeling Patient Participation." *The Journal of Healthcare Ethics & Administration* 7, No. 3 (Summer 2021): 1-7.

POLO CAMACHO, PhD

"[Beyond descriptive accuracy: The central dogma of molecular biology in scientific practice](#)" *Studies in History and Philosophy of Science, Part A* 86, 20-2.

"Could the Greatest Illusion of the Modern Synthesis Be Practical?" *Biosemiotics* 14 (1), 55-60.

https://scholar.google.com/citations?view_op=view_citation&hl=en&user=Y1tYGZsAAAAJ&citation_for_view=Y1tYGZsAAAAJ:9yKSN-GCBOIC

TRUDI GALBLUM, MPS

"Small But Powerful: How two family foundations boosted a researcher's dream to address health disparities," relates the multi-year process that led to Project Talk, a five-year, national, randomized controlled trial funded by the NIH.

"Exhibit Celebrating the Wishes of Elders Provokes Strong Emotions"

"Becoming a Living Donor"

<https://www.practicalbioethics.org/in-the-news/becoming-a-living-organ-donor/>



Board Meeting Financial Reports

Examples of each follows:

- Statement of Condition
- Statement of Activities
- Headlines for Financial Results
- Forecasted Results (Presented September – December)

Center for Practical Bioethics, Inc.
Preliminary Unaudited Combining Statement of Condition
as of September 30, 2019

SAMPLE

Line #		Funds Without Donor Restrictions 2019	Funds With Donor Restrictions 2019	TOTAL - September 2019	Statement of Condition - September 2018
	Assets				
	Current Assets				
3	Total Cash & Cash Equivalents	(271,209)	290,823	19,614	5,877
8	Total Accounts Receivable	65,358	-	65,358	87,657
13	Total Pledges and Grants Receivable	54,223	155,160	209,383	410,274
16	Total Short-term Investments	99,705	(99,595)	110	141
19	Total Prepaid Expenses	24,646	-	24,646	56,520
22	Total Other Current Assets	3,612	-	3,612	6,670
23	Total Current Assets	(23,664)	346,388	322,725	567,138
	Long-term Assets				
28	Total Property & Equipment	2,876	-	2,876	6,767
33	Total Long-term Investments	25,000	6,005,640	6,030,640	6,292,921
36	Total Other Long-term Assets	257,401	-	257,401	331,787
37	Total Long-term Assets	285,277	6,005,640	6,290,917	6,631,475
	Total Assets	261,613	6,352,028	6,613,641	7,198,613
	Liabilities				
	Short-term Liabilities				
43	Total Accounts Payable	57,516	1,837	59,353	65,563
46	Total Deferred Revenue	85,521	-	85,521	65,125
52	Total Other Short-term Liabilities	30,319	-	30,319	33,810
53	Total Short-term Liabilities	173,355	1,837	175,193	164,498
	Long-term Liabilities				
57	Total Notes Payable	209,825	-	209,825	245,500
60	Total Long-term Liabilities	254,388	-	254,388	331,787
61	Total Long-term Liabilities	464,213	-	464,213	577,287
	Total Liabilities	637,569	1,837	639,406	741,785
	Net Assets				
	Beginning Net Assets				
	Net Assets				
62	Permanently Restricted Funds	-	4,845,578	4,845,578	5,131,935
63	Temporarily Restricted Funds	-	1,057,671	1,057,671	1,365,022
64	Unrestricted Funds	(128,215)	-	(128,215)	(138,582)
65	Total Net Assets	(128,215)	5,903,249	5,775,034	6,358,375
66	Total Beginning Net Assets	(128,215)	5,905,086	5,775,034	6,358,375
67	Current YTD Net Income	(247,741)	446,942	199,201	98,452
68	Total Net Assets	(375,956)	6,350,191	5,974,235	6,456,828
69	Total Liabilities and Net Assets	261,613	6,352,028	6,613,641	7,198,613

Center for Bioethics, Inc.
Preliminary Unaudited Statement of Activities
For the Nine Months Ended September 30, 2019

SAMPLE

A	B	C	D	E	F	G	H	I	J	K	L
		2019 Budget	ACTUAL 1.1.19 thru 9.30.19	Budget 1.1.19 thru 9.30.19	Actual vs. Budget Favorable/(Unfavorable) Dollars Percentage		Notes 2019 Budget vs. Actual Variance	ACTUAL 1.1.18 thru 9.30.18	Variance Dollars	Variance Percentage	Notes 2019 Actual vs. 2018 Actual
Revenues											
	<i>Program/Grant funds released from Restrictions</i>	\$ 272,481	\$ 79,587	\$ 97,853	\$ (18,266)	-18.67%	<i>Grant funds released were for Harman (\$59.2k), Sunflower (\$10k), Pains (\$2.6k) and Consortium (\$7.7k).</i>	187,767	\$ (108,180)	-57.61%	<i>Grant funds released were for Sunflower Foundation (\$142.5k), Pains (\$39.5k) and Harman (\$5.8k).</i>
	Endowment Income										
2	Francis Endowment Income	\$ 147,818	\$ 111,045	110,755	290	0.26%	<i>Will be evaluated on a quarterly basis. No 2019 distribution made through September.</i>	\$ 110,212	833	0.76%	
3	Foley Investment Account Income	59,497	-	44,622	(44,622)	N/A		49,841	(49,841)	N/A	
	Additional Foley Income	-	-	-	-	N/A		151,966	(151,966)	N/A	
4	Flanigan Endowment Income	104,227	93,804	78,170	15,634	20.00%	<i>Includes additional 1% - total draw adjusted to 6%</i>	79,311	14,493	18.27%	
5	Total Endowment Income	\$ 311,542	\$ 204,849	\$ 233,548	\$ (28,699)	-12.29%		\$ 391,331	\$ (186,482)	-47.65%	
Earned Income											
6	Earned Income	\$ 263,312	\$ 204,349	\$ 191,859	\$ 12,490	6.51%	<i>Actual includes: KCU, CARE, KU Hospital, Cerner and Pains. Additional KCU earnings for teaching staff.</i>	\$ 241,221	(36,872)	-15.29%	<i>Actual includes: KCU, CARE and KU Hospital and Pains PCORI.</i>
7	Honoraria & Fees	10,000	1,730	4,000	(2,270)	-56.75%		18,182	(16,452)	-90.49%	
8	Workshop & Lecture Fees, Other	1,980	415	990	(575)	-58.08%	<i>Fewer registrants than anticipated</i>	980.00	(565)	N/A	
11	Total Earned Income	\$ 275,292	\$ 206,494	\$ 196,849	\$ 9,645	4.90%		\$ 260,383	\$ (53,889)	-20.70%	
Development											
12	Donations	\$ 245,000	32,664	\$ 52,000	(19,336)	-37.18%		\$ 12,662	20,002	157.97%	
12a	Leadership Fund	75,000	4,015	5,000	(985)	-19.70%		127,353	(123,338)	N/A	<i>Leadership Fund donations began in late 2017.</i>
12b	Major Gifts Campaign	50,000	-	-	-	N/A		-	-	N/A	
13	Membership-Institutional	84,500	52,750	55,250	(2,500)	-4.52%	<i>Mosaic Membership delayed</i>	62,500	(9,750)	N/A	
14	Membership-Individual	500	200	300	(100)	-33.33%		125	75	N/A	
15	Total Development Revenues	\$ 455,000	\$ 89,629	\$ 112,550	\$ (22,921)	-20.37%		\$ 202,640	\$ (113,011)	-55.77%	
Special Event Fundraising											
16	Annual Dinner	250,000	298,428	250,000	48,428	19.37%	<i>Annual Dinner Revenue exceeded target. Includes in-kind revenue of \$27k.</i>	\$ 210,164	88,264	42.00%	
17	Other Special Events	-	555	-	555	N/A		4,463	(3,908)	-87.56%	
18	Total Fundraising	\$ 250,000	\$ 298,983	\$ 250,000	\$ 48,983	19.59%		\$ 214,627	\$ 84,356	39.30%	
19	Total Communications Revenues	\$ 30,000	\$ 14,248	\$ 21,500	\$ (7,252)	-33.73%		\$ 14,953	\$ (705)	-4.71%	
Other Income											
20	Other Revenue/Reimbursements	9,675	5,121	\$ 5,618	(497)	-8.85%		\$ 8,778	(3,657)	N/A	
21	Interest Income	-	74	-	74	N/A		3	71	2284.52%	
22	Miscellaneous Income	1,000	352	553	(201)	-36.38%		6,006	(5,654)	-94.14%	
23	Total Other Income	\$ 10,675	\$ 5,547	\$ 6,171	\$ (624)	-10.12%		\$ 14,787	(9,240)	-62.49%	
25	Total Revenues	\$ 1,604,990	\$ 899,336	\$ 918,471	\$ (19,134)	-2.08%		\$ 1,286,487	\$ (387,150)	-30.09%	
Expenses											
39	Total Salaries, Benefits, Other Staff Costs	\$ 968,364	\$ 692,642	\$ 714,855	\$ 22,213	3.11%	<i>Budget includes Francis Chair salary and benefits</i>	\$ 1,030,987	\$ (338,345)	-32.82%	<i>2018 includes Francis Chair, Foley Chair and VP of Aging an</i>
44	Total Occupancy Expenses	57,774	41,917	43,340	1,423	3.40%		43,250	(1,334)	-3.08%	
51	Total Professional-Contract Service Fees	234,343	182,509	185,997	3,487	1.88%		194,269	(11,760)	-6.05%	
55	Total Supplies	6,640	1,764	3,925	2,161	55.06%		2,592	(828)	-31.94%	
56	Telephone	7,395	5,454	5,440	(14)	-0.25%		5,508	(54)	-0.98%	
61	Total Postage & Shipping	7,700	3,462	5,275	1,813	34.36%		3,902	(440)	-11.27%	
66	Total Equipment & Maintenance	16,250	9,679	11,850	2,171	18.32%		9,885	(206)	-2.08%	
73	Total Printing & Promotions	55,020	38,923	40,120	1,197	2.98%		47,656	(8,733)	-18.32%	
81	Total Travel & Transportation	50,860	18,467	36,010	17,543	94.99%	<i>Travel expenses lower than anticipated to date</i>	11,205	7,263	64.82%	
90	Total Conferences, Conventions & Mtgs	118,433	113,045	107,517	(5,528)	-5.14%	<i>Primarily higher Annual Dinner costs offset by in-kind revenue and lower meeting space expense.</i>	63,297	49,748	78.59%	
94	Total Memberships & Subscriptions	34,805	28,671	29,916	1,245	4.16%		13,257	15,414	116.27%	
101	Total Insurance	17,776	13,281	13,279	(2)	-0.02%		13,159	123	0.93%	
105	Total Interest Expense	9,600	9,776	8,300	(1,476)	-17.78%		9,241	535	5.79%	
110	Total Misc Operating Expenses	12,590	12,724	9,104	(3,620)	-39.76%		6,865	5,859	85.34%	
112	Total Operating Expenses	\$ 1,597,550	\$ 1,172,315	\$ 1,214,928	\$ 42,612	3.51%		\$ 1,455,073	\$ (282,758)	-19.43%	
113	Net of Operating Revenue (Expense)	\$ 7,439	\$ (272,979)	\$ (296,457)	\$ 23,478	8.60%		\$ (168,587)	\$ (104,392)	38.24%	
119	Total Other Income (Expense)	-	25,238	-	25,238	N/A		12,992	12,241	N/A	
120	Net of Revenue (Expense)	\$ 7,439	\$ (247,741)	\$ (296,457)	\$ 48,716	19.66%		\$ (155,595)	\$ (92,146)	37.19%	

HEADLINES FOR SEPTEMBER 2019 FINANCIAL PERFORMANCE

REVENUE

Through the month of September, actual revenue was \$899,336 which is unfavorable by (\$19.1k) to our plan, and unfavorable to September 2018 by (\$387.1k). The largest unfavorable 2019 revenue variances to budget are in the Endowment Income category which is (\$28.7k) behind plan through the end of September. This variance is primarily because there has not been a 2019 Foley distribution through September. This is offset by the increase to 6% in the Flanigan Endowment distribution. The Foley Investment fund will be evaluated quarterly to determine if a distribution will be taken. Additionally, Donations are behind our plan by approximately (\$20k) and Funds Released from Restrictions are behind plan by approximately (\$18.2k). These variances are offset by the positive revenue variances in:

- Annual Dinner – Revenue exceeded target by approximately \$48.4k, including \$27k of in-kind revenue.
- Earned Income – Revenue exceeds target by approximately \$9.6k due to additional teaching revenue.

EXPENSES

Through the month of September, actual expenses were \$1,172,315 which is favorable to budget by \$42.6k and approximately (\$282.8k) lower than 2018 expenses to date, primarily due to lower salary and benefit expenses in 2019. The primary expenditure variances to budget are in the following categories:

- Salaries and Benefits – under budget by \$22.2k. The primary reason for this variance is the Francis Chair position, which has been vacant through September, offset by the variance in 457(b) account.
- Travel and Transportation – under budget by \$17.5k. Travel expenses incurred to date and for the Annual Dinner and Flanigan Lecture/Berkley Symposium were lower than anticipated.
- Conferences, Conventions, and Meetings – over budget by (\$5.5k) due primarily to the Annual Dinner PSAV charges (offset by in-kind revenue), and Ethical AI workshop and Francis Chair candidate events.
- Miscellaneous – over budget by (\$3.6k) due primarily to the accrual for Major Illness Leave. This replaces the Short-Term Disability Insurance coverage which was discontinued in December, 2018.

OPERATIONS THROUGH SEPTEMBER 2019

2019 net unrestricted operating revenue over expenditures through the month of September is (\$273k). Combined with the other investment income related to the Center's 457(b) plan of \$25k, our net operating revenue over expenditures is (\$248k).

We had anticipated having total net unrestricted revenue of (\$296k) through September, so we are about \$48k ahead of our plan. At this time last year, the Center had net unrestricted operating revenue of (\$155.6k), so we are about (\$92k) behind where we were at the end of September 2018. In 2018, the newly established Bioethics Leadership Fund was the primary reason for the increase in our donation revenue. Also, we drew both regular and additional funds from our Foley Investment account. Additionally, our 2018 expenditure level was higher mainly due to additional Center program staff.

Center for Practical Bioethics, Inc.
2019 Forecasted Results

SAMPLE

	Budget FY 2019	Year to Date Actual Thru				2019 Forecast Total	Difference Favorable/ (Unfavorable)	
		September	October	November	December			
Revenues								
Program/Grant funds released from Restrictions	\$ 272,481	79,587	30,175	30,726	58,726	\$ 199,214	(73,266)	Primarily Harman Grant
Endowment Income								
Francis Endowment Income	\$ 147,818	111,045	12,354	12,354	12,354	\$ 148,108	290	
Foley Endowment Income	59,497	-	12,600	-	-	12,600	(46,897)	
Foley Additional Endowment Income	-	-	-	-	-	-	-	
Flanigan Endowment Income	104,227	93,804	8,686	29,419	8,686	140,594	36,367	Flanigan increased to 7%
Total Endowment Income	\$ 311,542	204,849	33,640	41,773	21,040	\$ 301,302	(10,240)	
Earned Income								
Earned Income	\$ 263,312	204,349	20,818	28,318	25,318	\$ 278,802	15,490	
Honoraria & Fees	10,000	1,730	1,250	2,000	2,750	7,730	(2,270)	
Workshop & Lecture Fees, Other	1,980	415	-	-	-	415	(1,565)	
Total Earned Income	\$ 275,292	206,494	22,068	30,318	28,068	\$ 286,947	11,655	
Development								
Donations	\$ 245,000	32,664	1,000	21,382	184,585	\$ 239,631	(5,369)	Based on 2016-2018 averages
Leadership Fund	75,000	4,015	-	-	42,570	46,585	(28,415)	
Major Gifts	50,000	-	-	-	28,581	28,581	(21,419)	
Membership-Institutional	84,500	52,750	-	28,500	750	82,000	(2,500)	
Membership-Individual	500	200	-	100	100	400	(100)	
Total Development Revenues	\$ 455,000	89,629	1,000	49,982	256,586	\$ 397,197	(57,803)	
Special Event Fundraising								
Annual Dinner	250,000	298,428	-	-	-	\$ 298,428	48,428	
Other Special Events	-	555	-	-	-	555.00	-	
Total Fundraising	\$ 250,000	298,983	-	-	-	\$ 298,983	48,983	
Total Communications Revenues	\$ 30,000	14,248	2,500	2,500	3,500	\$ 22,748	(7,252)	
Other Income								
Other Revenue/Reimbursements	\$ 9,675	5,121	1,400	1,419	1,000	\$ 8,940	(735)	
Interest Income	-	74	-	-	-	74	74	
Miscellaneous Income	1,000	352	83	83	83	602	(398)	
Total Other Income	\$ 10,675	5,547	1,483	1,502	1,083	\$ 9,616	(1,059)	
Total Revenues	\$ 1,604,990	\$ 899,336	\$ 90,866	\$ 156,802	\$ 369,003	\$ 1,516,007	(88,983)	
Expenses								
Total Salaries, Benefits, Other Staff Costs	\$ 968,364	692,642	75,770	79,420	92,720	\$ 940,551	27,813	
Total Occupancy Expenses	57,774	41,917	4,743	4,793	4,899	56,351	1,423	
Total Other Operating Expenses	629,337	437,757	26,744	24,295	53,897	\$ 542,693	86,644	
Total Operating Expenses	\$ 1,597,701	1,172,315	107,256	108,507	151,516	\$ 1,539,595	58,106	
Net of Operating Revenue (Expense)	\$ 7,289	(272,979)	(16,390)	48,294	217,487	\$ (23,588)	(30,877)	
Total Other Income (Expense)	-	25,238	-	-	-	25,238	25,238	
Net of Revenue & Expenses-Gain/(Loss)	\$ 7,289	(247,741)	(16,390)	48,294	217,487	\$ 1,650	(5,638)	

2021 Fund Development Plan

OVERVIEW

Achieving the Center’s mission and sustaining an effective organization over the long term requires a long-term annual Fund Development Plan that ensures reliable streams of income and organizational financial health. To be successful, the Center must support a culture of philanthropy where: (1) fund development responsibilities are shared by all Staff and Board members; and (2) all can articulate a case for support and play a role in helping to acquire resources needed (not just money) to do the Center’s work. Fund development activities include networking, making connections, and fostering relationships at all levels. Our 2021 Plan is built on past successes and lessons learned over the previous five years, along with a focus on future sustainability.

Earned Income and Endowment

Future sustainability will require at least one-half of the organization’s revenues be derived from Earned Income (organizational affiliates, contracts and other fee-based income) and Endowment Income. As we negotiate the parameters, these resources are managed differently from grants.

Program Grant Income

Program Grant Income (minimum of 20%) is tied to specific projects and activities and is time limited; this income fluctuates as grants are solicited and received.

Development Income and Special Events

The balance of the second half of income is from philanthropic donations of unrestricted funds from individuals and corporations and special event(s).

BUDGET

The Center’s 2021 Budget projects **\$1,619,748** in total income. This includes \$192,000 in program grant funds released from restriction, \$285,745 in endowment funds, \$384,333 from Earned Income, **\$285,000** unrestricted funds raised through events, development income of **\$441,500** including donations of \$275,000 and individual membership contributions of \$1,500.

2019-2020-2021 Comparisons & Goal

Category	2019	2020	2021	Goal	Budget of \$1.5m
Earned Income*	19%	20%	26%	27.5%	\$412,500
Endowment Income	24%	16%	18%	22.5%	\$337,500
Program Grant Income	8%	22%	12%	20.0%	\$300,000
Development Income	28%	19%	18%	20.0%	\$300,000
Special Events	20%	11%	18%	10.0%	\$150,000
*Communications	1%	2%		0%	
*Other Income	0%	0%		0%	
Payroll Protection		10%	10%	0%	
TOTAL	100%	100%	100%	100.0%	\$1,500,000

STRATEGIES

Seven strategies have been identified for the 2021 Fund Development Plan:

1. Board Giving
2. Major Gifts
3. Events
4. Individual Appeals
5. Businesses and Corporations
6. Foundation Grants
7. Legacy (Planned) Giving

Beyond these strategies, we remain open to evaluating new and innovative ideas that Board or Staff may have to add to our unrestricted fundraising plan.

RESPONSIBILITIES

The Board Resource Development Committee and the Vice President of Operations & Fund Development will ensure that:

- actions identified are taken by those so designated.
- fund development momentum is maintained throughout the year.
- progress is evaluated and adjustments to the plan are made as needed.
- progress will be tracked including dashboards and reported on monthly by the Center VP to the Resource Development Chair and CEO and to the Staff.

At each Board meeting, the Board Resource Development Committee Chair will be prepared to report on the progress of this fund development plan.

ACTION PLAN

The 2021 Fund Development Plan will articulate a clear course of action for Center Staff and Board to work on together. It will include detailed tactics (e.g., direct mail, email, visits, etc.), timelines and deadlines for each strategy.

A completed Draft Plan will be presented to the Resource Development Committee at its February meeting, followed by the full Board at its March meeting.

2021 Fund Development Strategies:

1. **Board Giving** – As leadership, all current Board members should make an annual gift at a level that is significant to him/her. This is a personal gift, regardless of size, separate and distinct from any influence in procuring any organizational, corporate or matching gifts. Personal gifts may include single, one-time donations or multi-year pledges, with each annual pledge payment recorded as a gift in that calendar year.

2021 Goals: 100% of all Board members

Action Steps: Led by Resource Development Chair; Supported by Center Development Team

a. May Board Meeting – Board Chair and Resource Development Committee Chair remind board members that we will be meeting with them to discuss their giving plans for the upcoming year. Goal is to complete one-on-one meetings by August 31.

b. September Board Meeting -- Board Chair and Resource Development Committee Chair will update board members on progress of meetings and thank those who have made their commitments.

1. Gift acknowledgements made by Board Chair within one week of gift receipt.

Timeline: Annual donations to be received by year-end.

Costs: Indirect: Minimal Center Staff time
Direct: Printing of pledge cards

Ways Board Members Can Support the Center for Practical Bioethics

1. Cash – Unrestricted cash is always welcome.
2. Monthly Giving – Spreading the gift out over a year is a great way to make a significant stretch gift.
3. Pledges – Some donors may prefer to pledge quarterly or semiannual payments, perhaps to coincide with stock dividend checks or other income they receive at specific time periods.
4. Matching Gifts
5. Legacy Giving – Board members should have the opportunity to make a legacy gift before we launch a major marketing effort.
6. Gifts in Kind – For the Center, this would include such items as office supplies and furniture, as well as pro bono services such as printing, graphic design, etc.
7. Sponsorships – In addition to participation in the Annual Event, sponsorships could include a program, project, lecture series, etc.

- 2. Major Donor Leadership Giving Circle** - A Major Gift to the Center is \$5,000 and higher. These gifts are acquired through a process of Identification, Cultivation, Asking and Thanking. Typically, the larger the gift, the longer the cultivation period. All Board members and Center staff may take part in this process. At the appropriate time, only a select few Center Staff and Board will do the actual solicitation of a major gift request in an in-person setting. A team of two works best.

In 2020, the Center received major gifts from 5 individual donors ranging from \$5,000-\$10,000.

2021 Goals: \$50,000 in Major Gifts
Identify and begin building relationships with 5 **new** major donors
18 prospective major donor “in-person” visits for the year

Action Steps: CEO, Board Chair, VP, Resource Development Committee Chair serve as leads;
Supported by Board Members, Honorary Directors, and Center staff

- 1) Create a Case for Support as well as clearer regional messages, stories, and impact results
- 2) Review CPB database and compile list of potential major donors, including longtime supporters and those with whom cultivation efforts may result in their becoming Major Donors, as well as those who may be interested in Legacy Giving.
- 3) Segment full potential 2021 Major Donor list.
- 4) Identify solicitation team for each Major Donor including appropriate Board and Staff.
- 5) Evaluate best ways to customize the approach for engagement with each individual donor including personal visits with CEO, VP and other appropriate Staff.
- 6) Extend Special Invitations to potential Major Donors to regional events to begin cultivation process.
- 7) Meet one-on-one in person with all past and potential Major Donors.
- 8) Ask donors for other potential contacts and ask each to consider peer to peer outreach.
- 9) Development Committee recruit Board members to host cultivation events when appropriate.
- 10) Provide Staff with fund development outreach training session and develop general talking points and PowerPoint presentation to use for outreach.
- 11) Track all conversations in RE NXT.
- 12) Maintain regular communications with Major Donors – phone calls, personal notes, etc., with emphasis on impact of the donor’s gift.
- 13) Consider opportunities for Major Donor recognition: Annual Report, Special Event

Timeline: Schedule Monthly Visits (average two per month) and provide monthly updates

Costs: Indirect: Staff time
Direct: Some travel and cultivation event expenses

- 3. Events** – The major Center fundraising event is the *Annual Event*. In 2020, even though the event was not held, the Center raised \$166,014 for the *Annual Dinner*.

Additionally, annually the Center hosts the Flanigan Lecture and the Joan Berkley Bioethics Symposium, and may host the Christopher Forum in 2021, all of which are opportunities to raise friends and funds.

The Center will also coordinate planning for a major face to face art event post-pandemic to raise Center visibility, friends and funds. The event will be evaluated from the point of view of input (time and money) and output (funds raised, increased exposure, new donors, new volunteers, and cultivation of friends) and will have a written budget and a set of specific goals including a net financial goal.

2021 Goals: Annual Event: \$275K, net \$210K, # of Sponsors = 134
Other Events: Net \$50,000 (post-pandemic)
Increase RE NXT contact list (6,306) by 5% through events and outreach (using Sign Up Sheets at ALL Events, including workshops and sponsored events, etc.)

Action Steps: Led by Development Team, Ad hoc committees including Board, Honorary Directors, Center Staff and volunteers; Supported by all Staff and Board Members

- a. Set a feasible event schedule for the year.
- b. Sponsor and/or attend local events including tabling and gather contact information for all attendees.
- c. Present and/or attend workshops, webinars, etc. and collect all attendee contact info.
- d. For each event - determine budget, timeline and the net fundraising and organizational goals.
- e. Establish an ad hoc committee for each major event
- f. All major events should have a lead and a designated Ad hoc committee defined to work on sponsorships, planning and logistics and to recruit additional volunteers to assist with event efforts.
- g. Ensure all contact information is gathered for all event attendees including sign-up sheets, as appropriate. All info should be input into RE NXT, Constant Contact and/or Market Segmentation.
- h. The Board Development Committee with Center Staff should evaluate the “success” of the event.

Timeline: Annual Event – February 25, 2021

Costs: Indirect: Staff time
Direct: Actual Event expenses offset by sponsorships and donations

4. **Appeals** - There are two major Center appeals per year – one at mid-year (MYA) (May-June) targeting those individuals who were not able to support the Annual Event, and one at yearend (early November). In addition, appeal letters will be sent in the 1Q and 3Q to a unique group of donors who may consider themselves Center Members. Lapsed donor letters are sent to all donors who have not donated at any time over the past 3 years. The MYA and EOY appeals are sent to all donors via mail, email and through our newsletter and social media. The hard copy appeal mailings are made as personal as possible - such as acknowledgement of past giving and include an inside note from CEO, Staff and/or Board members. The Center also mails out a print newsletter twice each year. In 2020, the Center raised approximately \$300,000 through its appeals. Current donor communication lists include our 8,308 donor database and our 7,469 Constant Contact email list.

Mid-year – Target individuals who were not able to support the Annual Event and encourage monthly giving.

Yearend – Target individuals who have not given generously to date. **Encourage monthly giving.** Be sure to exclude major donors and monthly donors from this appeal. Design campaign built around video testimonials by program participants.

2021 Goals: Expand Monthly Sustainers Council to 15 donors with **auto annual renewal**
Raise \$10,000 annually through Monthly Sustainers Council
Raise \$75,000 through Appeals
Identify at least 20 new donors

Action Steps: Led by Center Staff; supported by Board

- a. Expand Communications throughout the year with impact reports to grow support
- b. Encourage current donors to share our messages and help us reach new audiences including peer-to peer.
- c. Pay for Facebook ads to share our stories with larger audience
- d. Expand social media reach
- e. Design and mail appeals, letters and add personalized notes
- f. Develop and implement communication plan to support appeals
- g. Promote Monthly Giving sign ups with goal of 15 monthly givers.
 - a. NOTE: A monthly donation of \$84 will make the donor a member of our Major Donor Circle (\$1,000)
- h. Promote increased giving by 10% for all donors through communications, which emphasize impact of the donor’s gift.
- i. Identify Lead Matching Gifts for Appeals as appropriate
- j. Track and thank donors
- k. Make phone calls and send personal thank you notes for donations.

Timeline: Mid-Year Appeal early June, End of Year Appeal in early November
Membership and lapsed donor letter mailings 1Q and 3Q

Costs: Indirect: Staff time to develop and create appeals and coordinate mailings
Direct: Mailing Printing, postage – approximately \$1.00 - \$1.50/piece

- 5. Business/Corporations** - Corporations and businesses donate to the Center to support their sustainability and social responsibility goals in their community and to further their corporate mission. When the Center can identify and merge business and corporation goals with our mission and specific Center programs and projects, there is a great potential for meaningful and impactful partnerships. This strategy does not include the CARE Program nor the Organizational Affiliation Agreements.

This strategy calls for unique conversations with specific corporations and a targeted follow up solicitation for support based on corporate interests and priorities. Currently, the Center approaches this audience through Board contacts.

In 2020, the Center raised nearly \$60,000 in support from corporate sources.

2021 Goals: Increase corporate sponsorship support to \$75,000
 Seek multi-year support for programs and projects

Steps to be taken: Led by Development Team and CEO; Supported by Board and Center Staff

- a. Center Staff and Board members identify potential business/corporate donors
- b. Board members open doors to corporate leadership and corporate support
- c. Acquire contact info for corporate employees who participate in Center activities and work with them to introduce Center to corporations.
- d. Research benefits to each corporation for their support of the Center (including employee volunteerism, sustainability goals, impact achieved, positive perceptions)
- e. Answer the question “How does the gift/support from the corporation benefit the corporation?” and develop appropriate materials in advance of corporate outreach
- f. Schedule meetings to discuss interests and match Center program and projects.
- g. Invite corporate and business employees to participate in Center events.
- h. Provide outreach training for Staff and Board members as needed.

Timeline: Year round

Costs: Indirect: Staff time
 Direct: travel and other cultivation expenses

- 6. Foundation Grants** – Most foundation grants are restricted to programmatic work. In 2021, the Center will search for and develop relationships with private foundations, especially regional family foundations, that do not accept unsolicited proposals.

2021 Goal: Identify and submit 5 new foundation proposals based on CPB areas of focus

Steps to be taken: Led by VP and Center Development Team, supported by Center Staff, including the Francis and Flanigan Chairs, Board Resource Development Committee and Board

- a. Identify specific foundations whose priorities match the programs and work of the Center
- b. Board makes introductions where possible
- c. Build relationships in 2021
- d. Center Staff, including the Francis Chair and Flanigan Chair, submit proposals

Timeline: Year-round; deadlines vary

Costs: Indirect: Staff time
Direct: little, possible meetings

- 7. Legacy Giving** – A planned giving program will cultivate donors to consider legacy gifts through a number of financial instruments. A planned gift is any major gift made, in lifetime or at death, as part of a donor’s overall financial and/or estate planning. It may include cash, appreciated securities/stock, trusts, annuities, real estate, partnership interests, personal property, life insurance, a retirement plan, etc. This strategy will continue to be explored and expanded in 2021 with a goal to launch a structured Planned Giving Campaign in mid-2021. These gifts are not part of the budgeted revenue for the Center, as they are difficult to project and often unknown.

2021 Goals: Form a Board Sub-Committee to lead this effort
 Incorporate Planned Giving information into conversations with Major Donors
 Update bequest language to all Center printed materials and website
 Plan to launch this strategy in July 2021

Steps to be taken: Led by Board Sub-Committee, Supported by Center Development Staff

- a. Identify legacy donors (those who have given consistently over the years)
- b. Develop Legacy Giving form. Document should include names and addresses of close relatives to be notified upon receipt of the gift.
- c. Develop an informational brochure and other communications.
- d. Update Planned Giving on website and all other appropriate Center communications.
- e. Compile a list of prospects for planned giving outreach.
- f. Make thank you calls to older donors and long-time donors, etc. to start cultivation
- g. Organize a planned giving information event for donors in 2021.

Timeline: Set a due date for each of the above steps above throughout 2021

Cost: Indirect: Staff time
 Direct: Costs to produce promotional materials



2021 Organizational Affiliates

January 1, 2021 – December 31, 2021

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 for 2021. To learn more about our ethics services, please visit <https://www.practicalbioethics.org/programs/ethics-direct-and-ethics-services/>.

Organization Name	Agreement Type
AdventHealth Shawnee Mission	Ethics Plus
Bryan Health	Ethics Plus
Crossroads Hospice	Basic Services
HCA Health Care	Basic Services
KC Hospice	Basic Services
Liberty	Basic Services
Midwest Transplant Network	Basic Services
Missouri Delta	Basic Services
Mosaic	Basic Services
North Kansas City Hospital	Basic Services
Ochsner	Ethics Plus
Saint Luke's	Ethics Plus
Salina Regional	Basic Services
Stormont Vail	Basic Services
University Health (Truman)	Basic Services
University of Kansas Health System	Basic Services
Visiting Nurse Association - 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. Uffelmann
Linda D. Ward and Terrence R. Ward



Our 2021 Community Supporters

Donors from January 1, 2021 – December 31, 2021

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

Phyllis and Erwin Abrams	Largo and John Callenbach
Alice J. Achtenberg and David Atchtenberg	Dianne and John Carney
Gary and Mary Adams	Peter Carney
Nina Ainslie Warren, M.D.	Angel and Brian Carter
Ann Allegre, M.D.	Cerner Corporation
American Century Investments Foundation	Janice and Joe Chambers
Clay and Michelle Anderson	Charles M. Helzberg Philanthropic Fund of the JCF/GKC
Barbara and Raymond Andrews	Andi and John Chatburn
Barbara Ashe	Mohamed Chaudry
Jennifer and Bud Bacon	Dr. and Mrs. Jonathan Chilton
Helen and Casus Baird	Myra and Truman Christopher
Robin T. Barber	Barbara Coats
Carol and Tom Barnett	Ruth Cohen
Sarah and John Baum	Donna Gould Cohen
James and Judith Beck	Ambassador Allan Katz and Nancy Cohn
Angela Bedell	Copaken Family Foundation
Judy and Fred Bellemere	Amy and Kyle Cordes
Judy and John Bellome	Country Club Bank
Bert Berkley	Suzanne C. Crandall
Andy Berkley	Karren and Thomas and Thomas Crouch
Maureen and William Berkley	Dorothy and William Curry
Irene Bettinger, M.D.	Timothea and Darrin D'Agostino
Rose Beuthien	Diane and Mark Davidner
Sheryl Biermann	Peggy and Alex Davis
BioNexus KC	Dr. Richard Dayringer
Michael Bizal	Ted DeVore
Erika and Thomas Blacksher	Jan and Edwin Dexter
Mary Beth and Mike Blake	Nancy and John Dillingham
Blue Cross and Blue Shield of Kansas City	Karen and Brian Divelbiss
Harvey Bodker	Kirk H. Doan
Ellen and Dan Bolen	Nick and Lynn Douthat
Barbara and Rene Bollier	Jennifer Draper
Julie Boudreau	Betty and William Drees
Cathy Boyer-Shesol	Janet and Daniel Dubrava
Amy Bresky	Penelope Dunckel
Bresky Foundation	Brenda Dykstra
Linda and Gus Breyspraak	Debbie Sosland-Edelman and Alan Edelman
Patricia A. Brown	Ron and Joan Edelman
Charlotte Budding and Rick DeWald	Leslie Mark and Mark Eisemann
Wendy Burcham	Gustave and Elinor Eisemann
Richard E. Butin, M.D.	Diana T. Ennis and William C. Ennis
Greg Bynum	

Sarada Katragadda and Sukumar Ethirajan
Judith Evnen
Susan Fenner
Sheryl A. Feutz Harter
Lyndia and George Flanagan
Rosemary Flanigan
Pamela Fleischer and Kenneth Weiner
Frankie Forbes
Donna Forgey
Alan Forker and Anne Lewis
The Francis Family Foundation
Tresia and John Franklin
SuEllen Fried
The Friends of the KC MO Mounted Patrol
Letty Friesen
Susan C. Fry, RN
Michael T. Gabhart
Betse M. Gage, M.D.
Dr. and Mrs. Hires W. Gage
Anne and Clifford Gall
Diane and Terrence Gallagher
Tiffany Gannan
Jane Garney
Karen and Mike Garrison
Dody Gates
Robert Steven Gaw
Barbara and John Gilbert
Andrea Giles
Caitlin Gilmore
Dayly Ginnings
David and Annie Glickman
Elsberrys Gonders
Kristin Goodwin
Theresa Gordon
Anita B. Gorman
Griggs Family Foundation
Fritz Grupe
H&R Block Foundation
Carol Hafeman, RN
Emily Hagen
Don Hall
Laura and David Hall
The Hall Family Foundation
Hallmark Cards, Inc.
Marc and Alana Hammer
Laura Hanson, M.D.
Barbara Head
Hesse Family Foundation

Rev. Robert L. Hill and Priscilla Reckling
Patricia and Robert Hines
Ellen and Irvine Hockaday
Kathy and Michael Hockley
Sarah and Jeffrey Hon
Joyce Hrinaya
Mary Elizabeth Ingram
Ann and Tom Isenberg
Joan and Steven Israelite
Kathy Jackson, RN, MSN
Anne and Mike Jacobs
James B. Nutter & Company
Jean McGreevy Green Trust
Alicia and William Jennings
Marn Jensen
Cheryl Jernigan
JMW & Associates, LLC
John and Susan Crowe Foundation
John H. Tietze Foundation Trust
Nancy Johnson
Dianne Johnson-Feelings
Julian Rymar Foundation
Julie and Lenny Jurden Family Charitable Fund
Richard L. Jungck
Kansas City University (KCU)
Julius Karash
Marcia and Joe Karbank
Eva and Jeffrey Karp
Ellen S. Karp and Richard Esten
Erin Keith-Chancy
Dr. and Mrs. Gordon R. Kelley
Tamara Kile
Janice Kinney
Julie and Mike Kirk
Paula Kitt
Dena Klein
Florence and William Kline
Rachel B. Krantz and Edward Goldstein
Gus Krucke
Linda S. Kurtz
James Larson, M.D.
Margaret Latshaw
Miranda Lewis
Lauren Lexton
Cindy and Dave Leyland
Robert and Sue Lock
Jane and Charles Lombard
Lynette and Chuck Koester Foundation

Robert Maday
Liz and Greg Maday
Terri Major-Kincade
Elisabeth Mann
Carl E. Martin
Patricia Martin
The Massman Foundation
Lowell Mayone
Carol and Ron McAdoo
Amelia McIntyre
Julie and Sam Meers
Lynne F. Melcher
Harold Melcher
Sandra and Dick Mellinger
Ellen Merriman
Ann Mesle
Marilyn and Kurt Metzl
Midwest Transplant Network
D.D. and Holly Milledge
Susan and Steve Miller
Karin and Richard Morgan
Morgan Family Foundation
Morgan Stanley Gift Fund
Eric and Shanny Morgenstern
Susan J. Morgenthaler
Mosaic Life Care
Allison Moskow
Muriel McBrien Kauffman Foundation
Deborah Smith and Mark Myron
Heidi and Nelson Nast
Susan Nelson
Susan Seidler Nerman and Lewis Nerman
Maggie Neustadt and Brian Rotert
Andy Newcom
Michelle Nowlan
Patricia O'Dell
Joshana and Stefan Offenbach
Joyce and Louis Pack
Roshann Parris
Sandy Passer
Anne and Craig Patterson
Heather Paxton
Terrie Payne
Nathan Pearson
Brenda and Joel Pelofsky
Shirley Pink
Janice Pinson
Pledgeling Foundation

Polsinelli PC
Mary Jo Powell
Sara Prince
Margo Quiriconi
Julie L. Quirin
Randal L. and Debbie A. Linville Charitable Trust
Page and Bruce Reed
Jama Rice and Carl Budke
Richard and Annette Block Family Foundation
Fund
Dennis Ridenour
Henry Riffe
Laurette J. Robertson
Judi and Steve Roling
Ruth and Tarris Rosell
Steve Rosen
Martie Ross
Sally Rudy
Jane and Larry Rues
Carol and Harold Sader
Saint Luke's Health System
Phyllis and Stephen Salanski
Heather Savedra
Lisa and Charles Schellhorn
Susan Schmelzer
Brent Schondelmeyer
Susanne Schutz
Sally Schwab
Schwab Charitable Fund
Howard I. Schwartz, M.D.
Barbara Scott
Marshall Scott
Seigfreid Bingham
Lili Shank
Kelly Shapiro
Marny and John Sherman
Shirley and Barnett Helzberg Foundation
Dianne Shumaker and Robert Southard
Jim Silber
Laura Curry Sloan and Laura Sloan
Nancy J. Smith
Julia Smith
David Sobb
Dr. Ken Sonnenschein and Sheila Sonnenschein
Charles and Meyer Sosland
Blanche Sosland
Jane and Joshua Sosland
Elizabeth Sosland

Sosland Foundation
Margo Soule
Cindy Spaeth
Charles and Susan Spaulding
Teresa Spear
John Spertus
Jim and Lisa Spigarelli
St. Joseph Medical Center - Medical Staff
Barbara S. Stern
Edward S. Stevens and Jenny Atterbury
Linda Stinnett
Sandra and Steven Stites
Carol Stoller
Stormont Vail Health
Stowers Foundation
Marie Strohl
Barbara and Jack Stuber
Jo Ann and William Sullivan
Mary P. Sullivan
Angela and Charles Sunderland
Sunderland Foundation
Marilyn and William Taylor
Tina and Claude Thau
Beth Thomas
Ann and Peter Thompson
Mark and Barbara Thompson
Nancy Tilson-Mallett and Grant W. Mallett
Jim and Ann Tinsman
Guy Townsend
Sharon and Samuel Turner
Lisa and Darryl Uffelmann
University of Missouri –
School of Medicine
University of Kansas –
History & Philosophy of Medicine
University of Kansas –
School of Health Professions
University of Kansas Health System
University of Kansas Medical Center
Milanka Van Osdol
Victor E. Speas Foundation,
Bank of America-Trustee
The Wally Foundation, Inc.
Marcia K. Walsh
Jennifer Wampler
Linda and Terry Ward
Steven Weinstock
Tina Welch

Cynthia S. Wickstrom
Rebecca and Peter Wilkinson
William Jewell College
Tim and Janice Williams
Gene Wilson
Leslie Wilson
Sheridan and Bob Wood
Rosalie Wooten
Barbara and John Yeast
Jeff Zucker

87-883-5

Contact Information
 Kansas Secretary of State
Ron Thornburgh
 Memorial Hall, 1st Floor
 120 S.W. 10th Avenue
 Topeka, KS 66612-1594
 (785) 296-4564
 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.

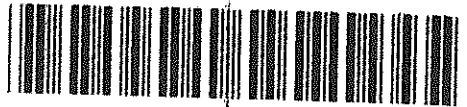
1. Name of the corporation:

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:

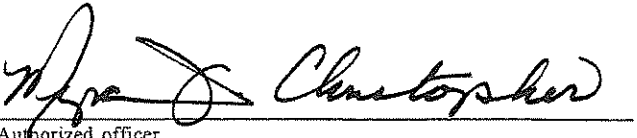
Amended Articles of Incorporation of the Center for Practical Bioethics, Inc. are attached hereto having been duly adopted October 9, 2007.

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

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

FILED
 SECRETARY OF STATE
 KANSAS
 2007 OCT 16 AM 9 20

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

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 reconvening 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



Strategic Thinking

Initiatives and Programs
Operational Plans

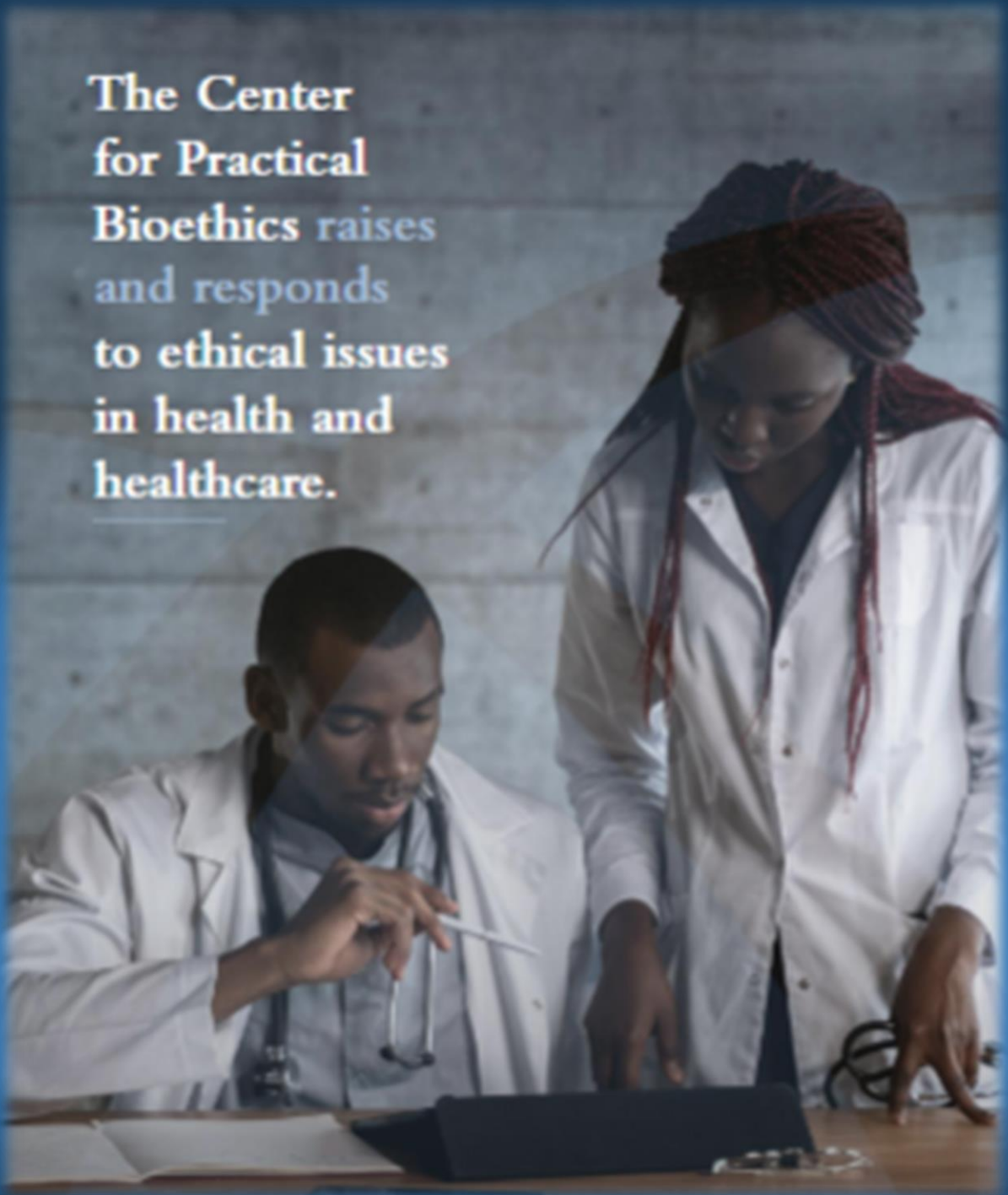
Guidance at
the crossroads
of decision

Policy
Professional
Personal

2022 and 2023



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



CENTER FOR PRACTICAL
BIOETHICS

Strategic Thinking

Early in 2018, at its board and staff retreat, the Center for Practical Bioethics faced a fundamental question about the merits of renewing efforts in developing a new strategic plan. At the time, the just concluding 5-year plan, adopted in 2013, had proved helpful upon adoption but as the years unfolded it grew increasingly apparent that our mission of “raising and responding to ethical issues in health and healthcare” sometimes required dramatic shifts in plans, goals, programs that were unknowable and unforeseen even months earlier.

Additionally, formal initiatives embraced and adopted with multi-year usually required pledges of support by major partners and collaborators. In a few instances those entities shifted emphases accompanied by senior leaders’ departures causing the initiatives to end abruptly. In another, philanthropic support dramatically shifted after a failed referendum erasing a major regional effort that included a regional ethics role for the Center. Carefully crafted strategies, goals, objective and timelines days and weeks in the making dissolved leaving major strategic plans for the Center canceled.

Recognizing that our size and spheres of influence required a collaborative approach were necessary and also acknowledging that our ability to chart our own course was far less integral to our mission than helping others at the Crossroads of Decisions Making, we chose a path more aligned with our model of service.

This new approach to strategy development effort coincided with similar major shifts in higher education – confronting “external challenges” and “disruption” as endemic reality in service delivery. Recognizing volatility as an expectation of the environment, effective strategies require a more nuanced response than traditional formal strategic planning methods employed. Strategic thinking coupled with adoption of shorter-term annual plans (one to three years in length) were integrated into annual strategic thinking and visioning retreats focused more on “What’s hot now” to ensure that initiative and programs were continuously adjusting and aligning with mission and a compelling vision of the future.



A Three-Dimensional Response

The Center's work encompasses
three dimensions.

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.

PERSONAL

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



Strategic Goals and Programming 2021-2023

Section I.

Within the POLICY arena: Health Justice Through Systems Change
Initiatives Focus

- Civic Population Health Project (2021-)
- Ethical AI Framework for Justice (2021-2023)
- Emerging Issue: Maternal HealthEquity (2022-)

Section II.

Within the PROFESSIONAL arena (2022-2023)
Initiatives Focus

- Professional Ethics Education and Training
- Consultation Services

Section III.

Within the PERSONAL Arena:
Initiatives Focus

- Online Resources and Website
- Legacy: Advance Care Planning and Shared Decision Making (2022-2023)
 - Equity - Serving Latino Populations (2022-2023)
- TPOPP/POLST Resources Update and Leadership Transition

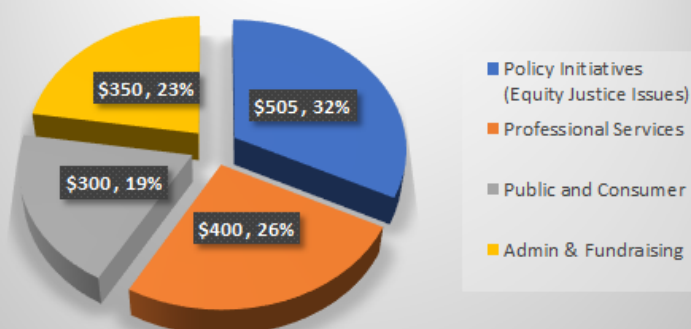
Section IV.

Management and Execution

- Sustainability: Earned Revenue and multi-year grant funding
- Equity and Diversity Within (Board and Staff Training 2022)



Strategic Initiatives and Programs - \$1,500K Total
Projected Sources of Support (In thousands)



Policy
Professional
Personal

SECTION I: Ethics Policy Guidance: Mission Alignment

HEALTH JUSTICE THROUGH 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

Service to Policy Makers,
Public and Population Health Leaders...
Locally, regionally and nationally
Ongoing Public Health Response (COVID 19)
Health Equity and Justice

POLICY

Initiative Focus: Civic Population Health Project

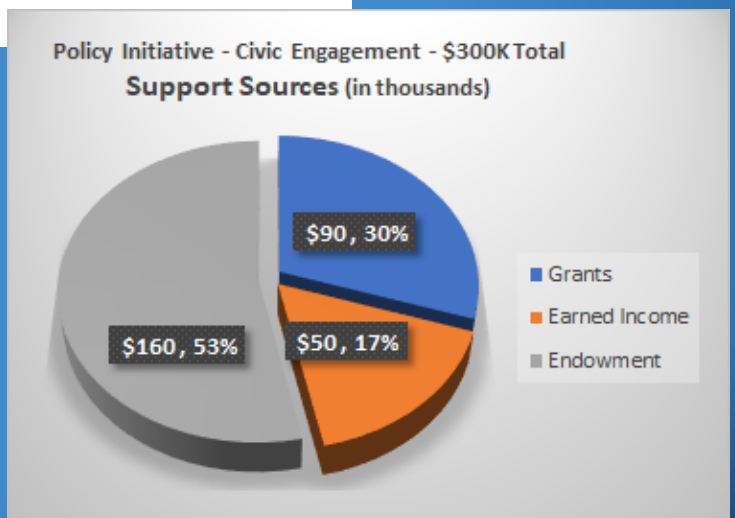
CIVIC ENGAGEMENT AND HEALTH EQUITY



CPB launched **Building a Circuit of Civic Learning, Dialogue and Connection to Advance Health Equity: A Deliberative Approach**, led by Erika Blacksher, PhD. In 2021, she helped in a National Academies of Science plan and participated in a National Academies of Science, Engineering and Medicine workshop on health equity and in a New York Academy of Medicine and NYC Department of Health project to gather informed public input about vaccine distribution.

The project's 15-member **Expert Advisory Committee** will develop resources to convene diverse Kansans and Missourians to **learn about and weigh in** on population health challenges

2021 Launch,
2022 Initial Grant Award
Plans for 2023



In 2023, pilot project will measure participants' learning about how the role of social and economic conditions causes poor overall health and health differences for certain groups of people.

Piloting activities will evaluate:

- if participation in democratic deliberation expands participants' views and enables respectful dialog in presence of disagreement;
- whether participation by diverse groups forges positive connection and increased trust;
- and whether people can find shared purpose on pressing population health challenges.



2021 thru 2023

Initiative Focus and Mission Alignment Ethical AI Initiative

AI will soon be pervasive in healthcare. How do we embrace this inevitable shift while navigating the accompanying uncertainty? As stakeholders, we can agree we need guidelines for safety, but what about fairness, accountability and protections for vulnerable patients to protect them from systemic bias? There is an urgent need for industry standards and for contextual guidance accounting for theoretical problems facing development of intelligence for healthcare applications.

Ethical AI: A Framework for Justice



Three factors create a context in which AI tools can produce ethically problematic outputs that can be difficult to detect and audit:

- AI tools are black boxes. For complexity and intellectual property reasons, they can be difficult/impossible to scrutinize when they produce unexpected outcomes.
- AI tools have been shown to reproduce systemic biases contained in the data used to train them.
- AI tools are afforded deference by human users; AI judgments are generally considered to be “more objective” than those made by people.

Ethical AI Initiative Goals and Program Performance

2021 Launch

2022 Program Plan

PhD, Principal Investigator, Lindsey Jarrett



MS, AI Ethics Associate, Matthew Pjecha



PhD, Project Manager, Polo Camacho



PhD, Senior Ethics Advisor, Erika Blacksher



Steering Committee

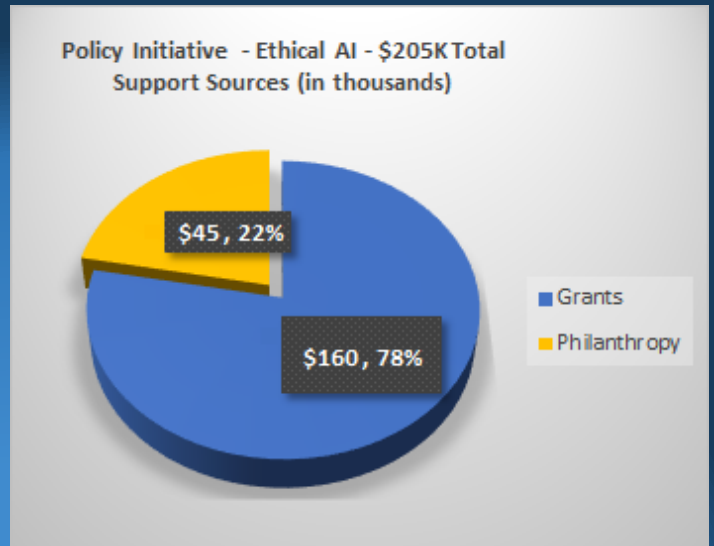
Ethical AI Advisory Council

-  **Anurag Patel**
Abada Health
-  **Mark Hoffman**
Chief Research Information Officer, Children's Mercy
-  **Casey Overby Taylor**
Assistant Professor, Johns Hopkins University
-  **Dick Flanigan**
Senior VP, Cerner Corporation
-  **Md Mobashir Hasan Shandhi**
Assistant Professor, Duke University
-  **James (J.D.) Martindale**
Director of Data Science, Anthem
-  **Ann Ogborn**
EHR Instructional Designer| Training Env. Coordinator, UKHS
-  **Sierra Davis**
Data Scientist, Children's Mercy
-  **Dennis Ridenour**
CEO-President, BioNexus KC
-  **Julie DeJean**
CEO, The Whole Person
-  **Tapan Bhatt**
CEO-Founder, TeraCrunch
-  **Aleksander Eskilton**
Director of Engineering, Softek Illuminate
-  **Alexs Thompson**
Director of Data Strategy, O'Reilly Auto Parts
-  **Lindsey Adams**
Public Policy & Government Affairs, Cerner Corporation
-  **Gerald Wyckoff**
Professor & Chair, UMKC School of Pharmacy
-  **Aaron Deacon**
Managing Director, KC Digital Drive
-  **Tony Jenkins**
Healthcare IT Business Partner, UKHS
-  **Saroi Gupta**
CEO-Founder, Asuun Blockchain
-  **Sara Hart Weir**
CEO, RareKC

ARTIFICIAL INTELLIGENCE IN HEALTHCARE

A group of 20 leaders have joined CPB's Advisory Council for our **Ethical AI Initiative** guiding the deployment of a framework to design, develop, disseminate and implement new models that address bias and inequity in AI in healthcare. Subgroups are creating a curriculum and preparing to implement a pilot project seeking to protect diversity and involve underserved persons.

Ethical AI Initiative 2022-2023 Underway



2022 and 2023 Program Plan

- Progress resulting from foundation work during first two years since launch and mid-2022 execution of pilot will lead to developing process improvement measures for providers and entrepreneurs developing and implementing ethics interrogated AI solutions in care settings.
- Regional stakeholder collaborations designed to test these measures should include such things as ethics checklists, checkpoint meetings, project scorecards and feedback from diverse community advisory boards.
- Expanded curriculum offerings beyond the pilot site will occur.



2022 and 2023

Exploring Emerging Issues

Maternal Health Equity

KC Regional Health IT Initiative: Mission Alignment

Initiative is currently unfunded (2022)

Diverse set of Stakeholders and Regional Commitment to achieve improved health outcomes

Everybody cares but nobody owns the issue.

Challenges and Opportunities

- Defining Scope of Problem
- Identifying Stakeholders and Commitments of Leaders
- Meaningful involving Moms
- Other Stakeholder Groups

Who is already doing work?

New Federal and State Initiatives

Regional and Local (Mayor)

Research efforts Agenda

- Kansas Birth Equity Network
- 4th Trimester Project
- State/County Health
- Pre, peri, neo-natal programs



2022 and 2023

Section I. continued

Maternal Health Equity
KC Regional Health IT Initiative

Assessing Need and CPB Capacity

Problem/Need Assessment

- Meetings with Advocates New Birth Company –Exec. Kendra Wyatt
- Rep Sharice Davids Office on National Efforts (VP Initiative)
- KC MO Mayors Office on National efforts to cities and technology
- Office of the ONC on new priority on Maternal Health (2022)
- Mid America Regional Council – Health initiative (jurisdictional)
- KC Cradle (CBOs) and Cinci leadership
- Digital Drive
- LACIE CEO

Shared Decision Making intersects with Technology:

- E-Health Information
- Social Determinants of Health
- Ownership of Patient Record

Health Outcomes Maternal Morbidity and Mortality

- MO is 4th worst state in outcomes

Assessment Scan - Identifying Existing Efforts

Moms (and CBOs serving them)

Providers and Health Plans

HIT and HIE (LACIE, et.al.)

Employers /Businesses (Pvt and Public)

Civic Leaders - Local/State/Fed

CBOs and SDOH Advocates

Research and Public Health Groups – MO and KS

Opportunities:

New federal, (DOD), state, local initiatives



Section II. Professional Ethics Education & Training: Mission Alignment

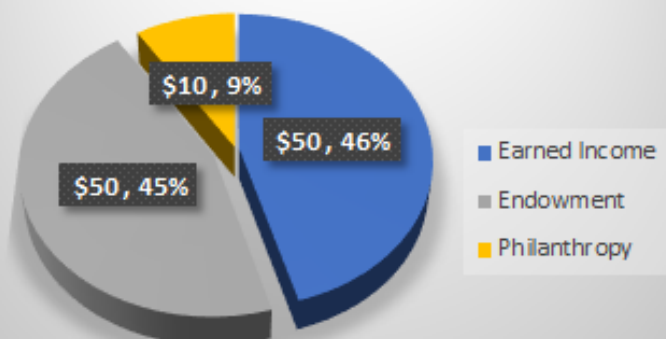
Professional Education and Clinical Services

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. 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. It matters to us because those who consult know that it matters to them and those they serve.

A recent study 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.



Professional Services - Teaching - \$100K Total Support Sources (in thousands)



Professional Ethics Education & Training 2021/2022

PROFESSIONAL



Increased services provided to more than **500 Individual members** representing **40 Institutional ethics committees**

ETHICS COMMITTEE CONSORTIUM

CPB's Ethics Consortium services increased in 2021 with monthly webinars, ethics immersion workshops, the monthly *Ethics Dispatch* e-newsletter and ongoing access to case studies, guidelines and Crisis Standards of Care with staff support.



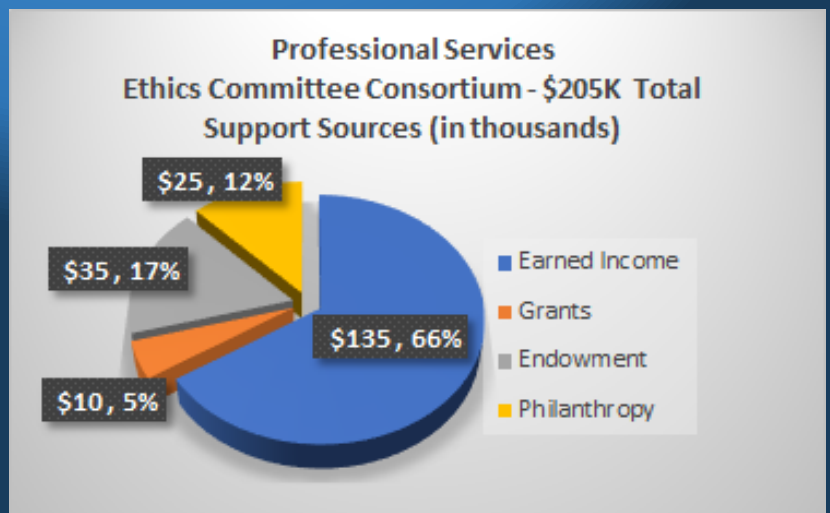
EXPANDED CLINICAL SERVICES

We custom-designed clinical ethics workshops for three new health systems in Nebraska and Louisiana.

Improved Ethics Direct training services to **16 Affiliate Health Systems** involving **42 locations**, providing nearly **500 hours** of direct clinical consultation



- Continued increasing Education and Training Services to individual professionals
- Expanded Clinical Consultation Services to current affiliates and outreach to new systems
- Ongoing Impact of COVID



PROFESSIONAL

Professional Ethics Education & Training 2022-2023

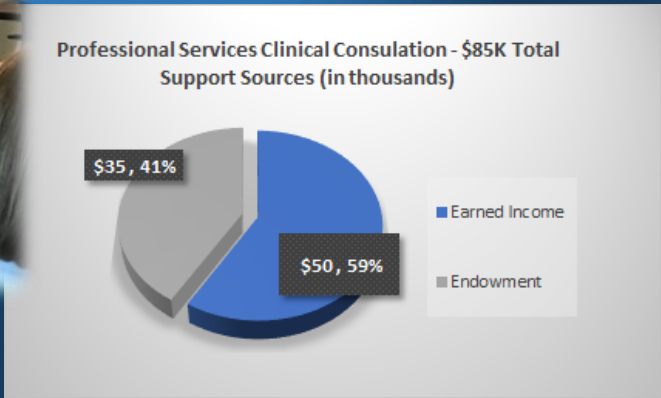
2022 Renewed Agreements/expand beyond medical education
2023 Efforts beyond Medical Education

2022 and 2023 MEDICAL ETHICS EDUCATION

- CPB renewed contracts with two of three area medical schools for ethics training, education and mentoring of students and fellows.
- Renewals include serving nearly 1,500 students from first-year medical school and master’s level through residents and fellows in diverse settings and ethics rich situations

2023 CLINICAL ETHICS EDUCATION AND CONSULTATION SERVICES

- Increasing full- and discounted fee-based services to address cultural diversity, inequities in care (provider implicit bias), access barriers, systemic racism, ethics committee performance, and dealing with complex cases
- Expand Health System Affiliations from 16 to 18 and increase consultations by 100 hours



Section III.

2021 Services and 2022 Plan

Public Access and Consumer Education New Website



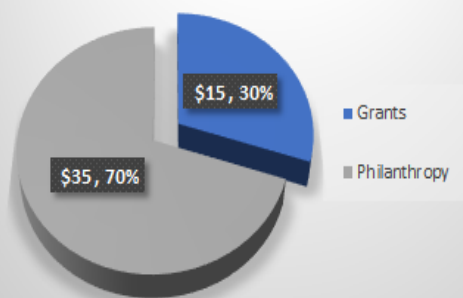
Bioethics Library
of more than
**4,000 reports and
other resources** made
more easily accessible

EDUCATIONAL RESOURCES

The new website at *PracticalBioethics.org* includes reports, guidelines, program materials, case studies, interviews, lectures and symposia. The redesign

will appeal to more diverse groups and make it easier to find resources.

Consumer Services (Personal) - Website Resources - \$50K Total
Support Sources (in thousands)



Section III. continued

2022 and 2023 Plans for Caring Conversations® and Shared Decision Making

PERSONAL

ADVANCE CARE PLANNING

Caring Conversations®
Caring Conversations® resources provide guidance through the advance care planning process. Nearly 450 people registered for eight online workshops. CPB also renewed agreements with Hallmark and Evergy to provide advance care planning education and personal healthcare navigation services for employees and their families.

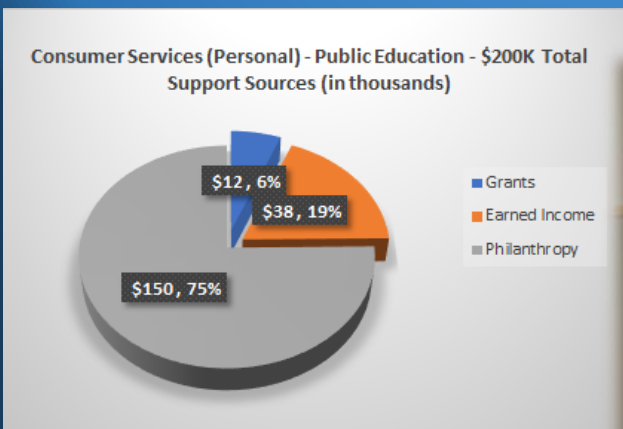


More than **51,000 people** interacted with Caring Conversations® resources

2022 Plan to Expand to more diverse populations and collaborators

Pursue support for services to Latino population in 2022 and 2023

Seek consumer input to revise format for cultural sensitivity

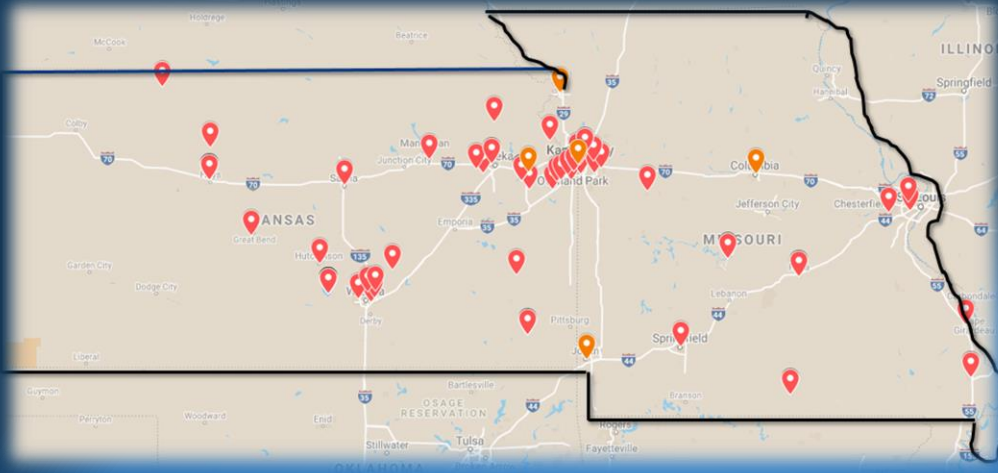


2022 and 2023

Section III. continued

PERSONAL

KS/MO TPOPP/POLST: Uptake through 2021

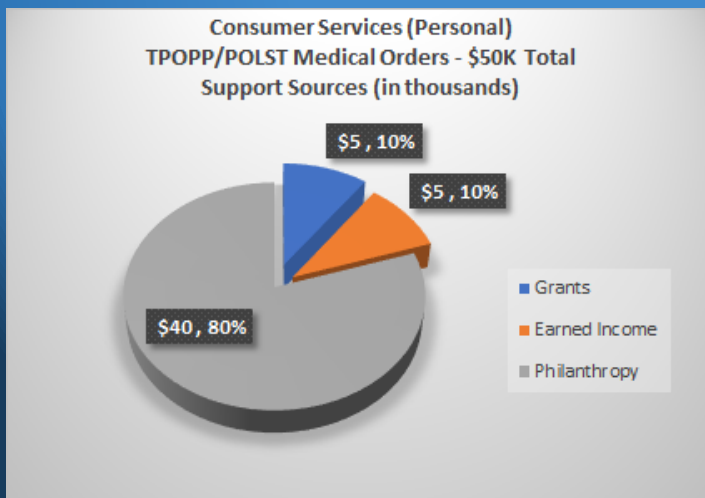


Bi-State Collaborative: Single State Leadership Sustainability challenges

2022 TPOPP/POLST new form, clinical guide and curriculum



Proposed Change in MO DNR Law & KS scope of practice (2023)



FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED	
Kansas - Missouri Transportable Physician Orders for Patient Preferences (TPOPP/POLST)	
This medical order will be used for patient consent, medical orders and preferences. Any written or computerized electronic orders must be used for this order. The original form must not be present at the time of emergency. A signed, hard or electronic version of this form is valid.	
Last Name	First Name, MI
Date of Birth	Last 1591 or State SW
A. CARDIORESPIRATORY RESUSCITATION (CPR): Person has no pulse and is not breathing. If patient is not in cardiopulmonary arrest, follow order in B and C.	
CHECK ONE	<input type="checkbox"/> Allow CPR <input type="checkbox"/> Do Not Attempt Resuscitation (DNAR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR)
B. INITIAL TREATMENT ORDERS: Follow these orders if patient has a pulse and/or is breathing.	
Reasons and discuss treatment with patient and/or representative regularly to ensure patients care goals are met.	
CHECK ONE	<input type="checkbox"/> Full Treatment (resuscitation of CPR, dialysis for kidney failure, etc.) <input type="checkbox"/> Full Treatment (resuscitation of CPR, dialysis for kidney failure, etc.) with limitations (e.g., no intubation, no mechanical ventilation, no dialysis, etc.) <input type="checkbox"/> Substantive Treatment (ST): Allow a person to receive life-sustaining treatments and procedures that are necessary to keep a person alive until they are able to make their own decisions about their care. <input type="checkbox"/> Comfort and Palliative Treatment (CPT): Allow a person to receive life-sustaining treatments and procedures that are necessary to keep a person comfortable and relieve suffering.
C. MEDICALLY ADMINISTERED NUTRITION: Offer food by mouth if desired by patient, to safe and tolerated.	
CHECK ONE	<input type="checkbox"/> Provide feeding through oral or enteral (nasally placed) tubes. <input type="checkbox"/> Do not provide feeding through oral or enteral (nasally placed) tubes. <input type="checkbox"/> Not decided or no decision made.
D. ADDITIONAL ORDERS OR INSTRUCTIONS FOR SECTIONS B AND C: Includes e.g., tube wash, blood products, and other orders. (DNR/Do Not Resuscitate may limit emergency response ability to act on orders in this section.)	
E. INFORMATION AND SIGNATURES (E-Signed documents are valid)	
CHECK THAT APPLY	<input type="checkbox"/> Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Patient Representative <input type="checkbox"/> Agent/CPA/Health Care <input type="checkbox"/> Parent of minor <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other (specify)
Signature of patient or recipient decision maker (all fields required): By signing this form, the patient/recipient decision maker certifies that he/she is competent to consent with his/her wishes and has been advised of the nature of the patient's condition and the consequences of the patient's decision.	
Print name	Signature
Address	Relationship
Phone	Phone
Signature of authorized health care provider (all fields required): My signature below indicates to the best of my knowledge that this order is consistent with the person's medical condition and preferences (unless noted as otherwise with follow-up signature).	
Print name of authorized provider and/or Physician	Phone
Signature of authorized provider	Date

WMA PERMITS DISCLOSURE TO HEALTHCARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT

© Case for Patient Dignity, 1111 Main, Suite 700 (Health Building), Kansas City, MO 64101 | 816-221-1100 | 2021

Community Coalitions rely on standard of care and clinical consensus
 Transportability across settings: Hospitals, LTC, Home Care, Hospice and EMS

Leadership Transitions in 2023

2022 and 2023

Section IV. Management and Execution

Sustainability – 2021 thru 2023

For nearly a decade, the Center has been steadily working to shift its emphasis from charitable to earned revenue. Staff have sought to shift programming and project-based opportunities from short term grant funding to more sustainable models of earned revenue and formal agreements that specify works for hire, contractual agreements, and memoranda of understanding.

In 2021, we adopted a plan that sets forth a significant portion of the annual budget to achieve that goal along with staffing and resources to accomplish it. Adoption of these efforts and monitoring of our success remain critical to implementing and expanding on this long-term sustainability plan.

Ongoing commitments from leadership and management staff include identifying, developing, and providing value-add ethics services to health entities and professions through our traditional legacy programming (professional ethics education and training for organizations and professional associations and consumer and workforce education efforts with collaborators and corporations). Steps are now in place to present and promote these offerings in our communications and staffing assignments, and ongoing monitoring and evaluation of our success will be assisted through a more comprehensive use of our customer relationship management systems.

(Note: COVID's impact on workplace programming has had some impact, but the long-term goal stays in place.) This effort will be overseen by the board on a continuing basis through its committee process (Development and Finance Committees) and through the annual strategic planning retreat.

