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The Ethics Dispatch

“The object of philosophy is the logical clarification of thoughts. Philosophy is not a theory but an activity.”

- Ludwig Wittgenstein

Hot Topic

Passing the Torch: Why Mentorship is Essential in Bioethics

Bioethics and clinical ethics, like many other fields, are disciplines that build on previous knowledge and experience. Respect and status of today's bioethicists are rooted in the work of those who came before them. It has been our experience that bioethics and clinical ethics cannot be learned from books alone; they must be experienced to be truly understood and practiced. One cannot, for example, be prepared to conduct a clinical ethics consultation without having observed a skilled consultant in action.

Knowledge, methodologies, and approaches in this field are passed down through academic generations via colleagues and friendships. Most importantly, however, bioethics requires mentorship. Newcomers to the field can only fully develop competence and expertise through meaningful mentorship, which demands time, attention, a passion for bioethics, and the desire to see the field grow. As Senghor (2024) states, “Volunteering and interning during bioethics mentorship allows the mentee to gain practical experience in the field. In addition, bioethics addresses ethical issues that affect individuals' autonomy and respect for their values in health research and care.”

Complexity and Change

Fortunately, many bioethics programs offer fellowships and mentorships designed to address this need, as mentorship is crucial for three key reasons:

- the complexity of the issues,
- constantly evolving nature of the field, and
- emotional toll the work can take.

Regarding the first two factors, Senghor (2024) writes:

The current and future generation of bioethicists can and should, together, pave the way for a better understanding of ethical issues in health care and clinical research, and ways to tackle these challenges. The modernization of society, technological advances, democratization of health care, and therapeutic innovations all call for an ongoing renewal of bioethical thinking: the environment is not static, and our activities are embedded in this environment.

Soft Skills

Bioethics demands that ethicists possess not only analytical skills but also a range of “soft skills,” which are defined as the behavioral competencies needed to thrive in collaborative work. These include communication, conflict resolution, decision-making, and stress management (Simon Powers, <https://www.adventureswithagile.com/ethics-principles-and-soft-skills/>). Success in bioethics is not solely dependent on intellectual abilities; personal skills are equally important. The American Society for Bioethics and Humanities’ (ASBH) *Core Competencies for Healthcare Ethics Consultation* outlines not only assessment skills but also process and interpersonal skills as critical to effective ethical practice (Core Comp, p. 25).

Additionally, bioethicists and clinical ethicists often navigate some of the most morally and emotionally complex situations in healthcare. Given the nature of the work, providing guidance during these difficult dilemmas can be personally challenging. Having trusted colleagues or mentors with whom one can openly discuss these issues is invaluable. Some bioethicists are researching the emotional impact of moral distress on ethicists and how mentorship can help mitigate it.

Human Connections

The field of bioethics is only as strong as those who contribute to it. If the abilities of future bioethicists diminish, the field as well as patients and providers will inevitably suffer. The only way to adequately prepare future bioethicists is through robust, capable, and passionate mentorships. This is profoundly beneficial for mentees and mentors alike.

While bioethics is grounded in strong philosophical and analytical foundations, it is ultimately a field that revolves around human connections—between doctor and patient, ethicist and patient, ethicist and healthcare team, and, importantly, between ethicist and mentor. Now more than ever, the field of bioethics needs those who are passionate about it and eager to share their knowledge and skills with those who will carry the torch forward.

SOURCES

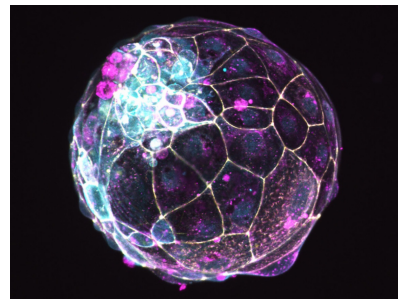
<https://thedaily.case.edu/quite-the-duo-bioethics-mentor-mentee-pair-explore-emotional-impact-of-clinical-ethics>)

<https://global.oup.com/academic/product/medical-professionalism-9780197640814?cc=us&lang=en&#>

Bioethics in the News



[The Nuremberg Code isn't just for prosecuting Nazis – its principles have](#)



[New report urges guidelines for stem cell-based embryo models](#)

Case Study: When Ethicists and Mentors Disagree

Interpreting Mr. Yuuz's Advance Directive

Mr. Yuuz is an 82-year-old man suffering from progressive lung cancer, which he has had for several years. He was admitted to the hospital following a fall at home. His health had been declining over the past few years, but the deterioration accelerated in recent months following multiple hospital stays. Mr. Yuuz has lacked decision-making capacity for the past several months and, after the fall, he is now completely nonresponsive.

His daughter, Janice, is his surrogate decision-maker, as designated by his Durable Power of Attorney (DPOA) paperwork. Mr. Yuuz also has an advance directive stating that he would not want aggressive measures if those measures would only prolong his life without improving his quality of life.

The medical team believes that there is little more they can offer him, but Janice insists that they continue to "do everything to keep him alive." She is now requesting that he be enrolled in an experimental lung cancer study. The medical team believes that enrolling him would violate his advance directive. When they discussed this with Janice, she argued that keeping him alive with her would be a form of quality of life. She further stated that during his last hospital admission, the medical ethicist agreed with her, asserting that spending time with her constituted quality of life, and continuing treatment would not violate the advance directive.

Upon reviewing the chart, you find a note from the previous ethicist and realize that it was written by your long-time colleague and mentor. You strongly disagree with her assessment and recommendation. How do you navigate this situation going forward?

Ethical Musings

By Ryan Pferdehirt, D. Bioethics, HEC-C
Vice President of Ethics Services

Terry Rosell: Uncompromising Ethicist, Unrivaled Educator

["Functioning as our better selves leads to better outcomes for patients and everyone."](#)

-- Dr. Tarris (Terry) Rosell, PhD, DMin, H-HEC

I started at the Center for Practical Bioethics in the summer of 2019. I could not contain my excitement at the opportunity to join this organization. It was my dream job for several reasons.

For one, it was an honor to be able to be part of such an internationally respected organization. I had dedicated my career to bioethics and clinical ethics, so it was a once-in-a-lifetime opportunity to work with a dedicated ethics

organization and collaborate with some of the leading figures in bioethics. One of those people was the other reason I was excited to join the Center: Dr. Terry Rosell. Working at the Center meant I would get to work with Terry. It was a chance to constantly be around and learn from one of the best in the field.

My First Mentor

I learned the importance of mentorship in bioethics early in my career. I had discovered the field and read as much as I could about it. I read books, articles, journals, websites, etc., in an attempt to understand its different aspects and approaches. I thought I had a decent understanding and enough passion to make this field my career.

When I started my first job, I reached out to the head of the bioethics department to ask if I could shadow her and volunteer. She posed a challenging clinical ethics question and then agreed to meet with me. It was one of the most meaningful meetings of my life. I was nervous but confident. After talking with her for ten minutes, she stopped me.

"You seem to know the textbook," she said. My pride swelled. "But you don't know much about real medical ethics. If you want to learn, we can work together."

In the years that followed, I tried to get as much guidance from my mentor as I could without annoying her too much. She was graceful and always happy to teach me. Because of my work with her, I changed my approach to medical ethics, adopting a more Care Ethics approach. I learned valuable lessons that I still embrace and share.

But I learned three major life lessons from her:

1. Your family is the most important thing. Over the years, whenever I called to share an accomplishment at work, she would always congratulate me but then quickly turn the topic to my family.
2. Disconnect from ethics and read Sherlock Holmes at home.
3. Though not explicitly taught with words, the most important lesson: Learn from your colleagues. Learn from your mentors. Learn from others. Everyone knows something you can learn. This mindset changed me as a person and influenced how I approach my work.

What Would Terry Recommend

Years passed, and my career eventually took me to Kansas City and the Center for Practical Bioethics, but I continued to keep this mindset. My thoughts on Dr. Terry Rosell remain the same as when I first interacted with him. He is one of the kindest, most humble, and compassionate people I have ever known. But he is also an uncompromising ethicist and an unrivaled educator.

Terry is always willing to take extra time to work with someone. He never looks down on anyone or considers himself more deserving than anyone else. These principles guide his every interaction, leaving a lasting impact. I am fortunate to count myself among the many who have learned from Terry and will never forget the lessons he taught.

It is widely known how incredible it is to work with Terry on anything. But as friendly and approachable as he is, he is also an exceptional ethicist. I remember several projects where we initially started on opposite sides, but as the work continued, I found myself shifting toward Terry's perspective. I have also learned how to approach families and engage with them. The ability to sit with someone and truly listen is a skill few possess, but it carries incredible power.

There are few words that describe Dr. Terry Rosell better than "mentor." Even

when he is not actively trying, he is always mentoring, leading, and shaping the next generation of bioethicists. He has amazing depth of knowledge and is always willing to help you learn and understand. He remains humble and takes pride in the success of others.

The impact of Dr. Terry Rosell will continue through the next generation of great ethicists. His approach has shaped the careers of many, and he continues to mentor and teach. Even after Terry has retired from the field of bioethics, his influence will remain. So many have learned from him and continue to hold him as their teacher. In virtue ethics, you ask yourself, "What would a virtuous person do in this situation?" For many years to come, ethicists across the world will ask themselves, "What would Dr. Terry Rosell recommend in this situation?"

Ethics Committee Consortium Resources

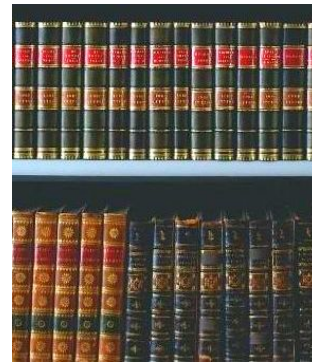
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