



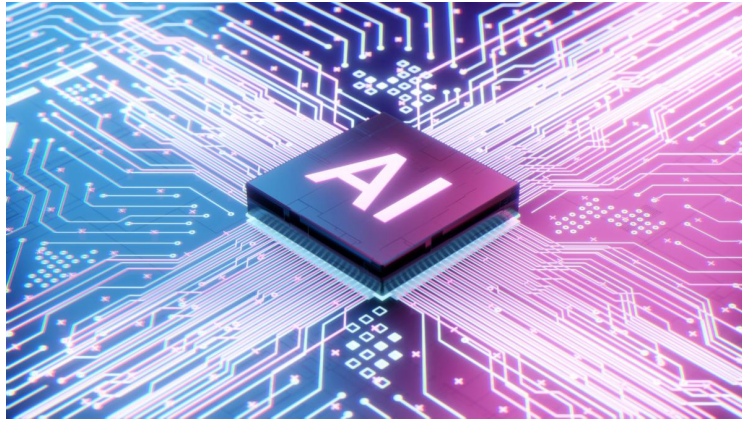
## Board Appoints Ryan Pferdehirt as Flanigan Chair in Bioethics

The CPB Board of Directors is excited to announce the appointment of Ryan Pferdehirt, D.Bioethics, HEC-C, as the Flanigan Chair in Bioethics. Dr. Pferdehirt succeeds [Tarris \(Terry\) Rosell, PhD, DMin, HEC-C](#), who held the inaugural chair position for 15 years and retired at the end of 2024.

The Flanigan Chair was established to honor [Rosemary Flanigan CSJ, PhD](#). Dr. Flanigan served the Center for 14 years after retiring as a decorated Professor of Philosophy at Rockhurst University. In her 98th year of life, Sister Rosemary continues to educate, prod and inspire those who remain her students of moral philosophy, bioethics, spirituality and life.

Dr. Pferdehirt joined the Center in 2019 as Director of Organizational Membership and Ethics Education and was named Vice President of Ethics Services in 2023. He previously served as Department Chair and Bioethicist for Multi-Care Health System in the Seattle/Takoma and as an adjunct professor at the University of Puget Sound in the Religious Studies and Bioethics Department.

"It is evident with the known quality of Ryan's current work at the Center that he is extremely well-qualified for the Flanigan Chair position," said Stephen Salanski, Board Chair. "Ryan is clearly passionate about his clinical ethics case consultation work, as well as teaching medical students and other learners. His passion for bioethics resembles that embodied by Sister Rosemary Flanigan and Dr. Terry Rosell."



## A Practical Approach Towards Ethical AI Implementation in the Healthcare Community

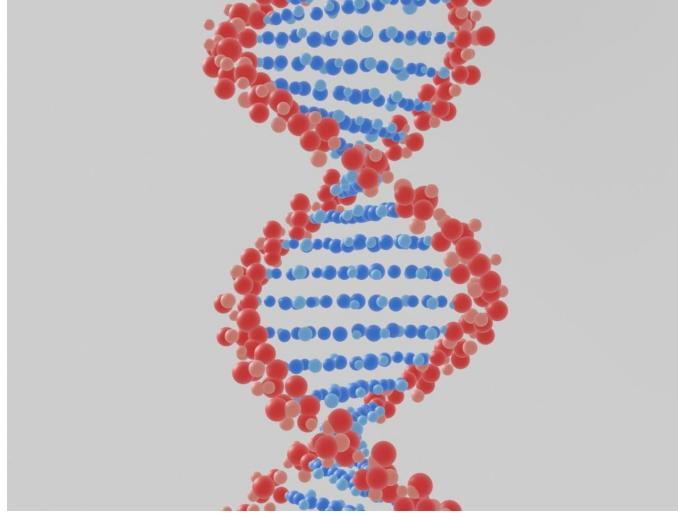
There is growing concern around how AI can pose significant potential risk and harm across healthcare systems. How ought organizations, regulators, software vendors, and individual practitioners respond to these risks while still utilizing and appreciating the benefits of these technologies? That is the key question addressed in a paper published in the December 2024 issue of the *Journal of Hospital Ethics* titled, *A Practical Approach Towards Ethical A.I. Implementation in the Healthcare Community*, found in Volume 10, Number 3.

The authors, including [Lindsey Jarrett, PhD](#), CPB Vice President of Ethical AI, and Matthew Pjecha, MS, a former CPB program associate, outline a practical approach to establish common foundations and a framework for considering AI-enabled technologies and to train developers and purchasers to reflect on the ethical dimensions of these capabilities more thoroughly. Collaborating authors include Brian Carter, MD, FAAP; Gerald Wyckoff, PhD; and Mark Hoffman, PhD.

They propose that a process and standards for applying ethical considerations in AI-enabled technology will help to ensure that the principles of bioethics – beneficence, nonmaleficence, autonomy and justice – are embedded in the output of such technology.

If you subscribe to the journal,  
you can access the article here.

READ



## **Ethics Dispatch**

### **Genetics and Life Insurance: Should DNA Define Your Coverage?**

In a world where genetic testing has become increasingly accessible, a new, complex issue is emerging: the ownership of genetic data and its implications for privacy and fairness.

As more people turn to services like 23andMe or Ancestry.com, the results of these at-home genetic tests could soon determine your eligibility for life insurance and the premiums you'll pay.

While genetic tests can provide valuable insights into health, in this issue of the *Ethics Dispatch*, CPB Program Associate [Cassandra Shaffer Johnson](#) raises questions about the ethics of genetic ownership and the risks of discrimination.

READ THE DISPATCH



*Click on the Video to Watch Now*

## **CLINICAL ETHICS CORNER VIDEO**

### **Genetic Material: To Whom Does It Belong?**

For our January mini-video case study, Dr. Ryan Pferdehirt reviews a case that addresses a major topic in philosophy: Who are we? Are we our bodies? Our history and experience? Or our genetic codes?

The patient in the case had a difficult pregnancy. The fetus had been diagnosed with a genetic condition that was non-compatible with life. Mom was admitted to the hospital due to complications and wanted to deliver naturally. Labor soon began and the fetus was delivered at 14 weeks gestation. Mom and Dad understood and were incredibly saddened. But they would become more distressed later.

They informed the hospital that they found out that “not all of her baby was at the funeral home.” This made the family extremely distraught and they wanted to know more and, most importantly, why? They felt that they had already gone through a terrible situation and now they cannot be at peace because they cannot even bury all of their baby.

If you were the ethicist for this case, what would you do?

- Does the family have cause to feel their baby is not buried complete?
- Do patients have a right to their own genetic materials?
- If patients do not own their own genetics, who does?
- If others are profiting off someone’s DNA, does that person have a right to the profits?
- And, finally, as technology marches forward, where do we go from here?

*Enjoyed the video case study?  
Copy and paste the link to share with colleagues.*

[https://youtu.be/N897uTNXjH8?si=kjajZFMuzE-l51e\\_](https://youtu.be/N897uTNXjH8?si=kjajZFMuzE-l51e_)

**EXPLORE ALL OUR CASE STUDIES HERE**

---

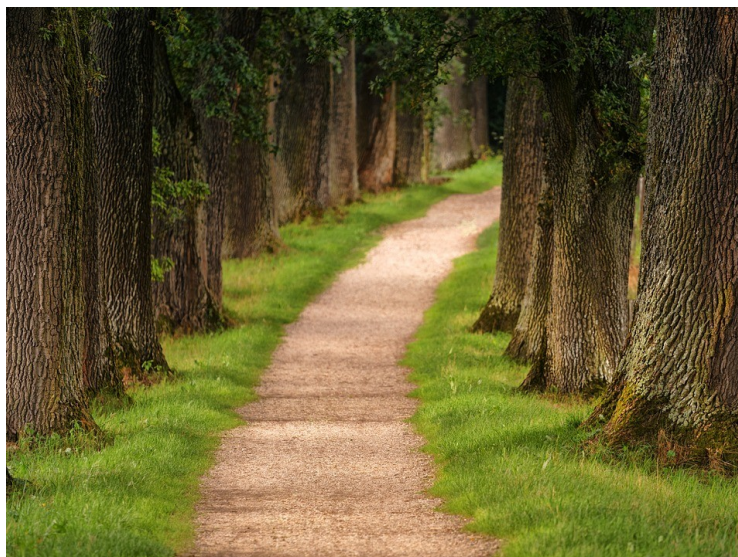


*Click on the Video to Watch Now*

## **The Ethics and Legality of Euthanasia**

Patients often have one idea of what words mean and their physicians another. As a result, they may communicate but fail to share meaning and ideas. Words like euthanasia, medical aid in dying and assisted suicide, which refer to emotionally extreme situations, exemplify the challenge.

In this interview with Dr. Brian Haas, founder of [Wellspring Healthcare](#), Dr. Ryan Pferdehirt, Flanigan Chair in Bioethics at the Center, describes four categories that bioethicists consider when addressing issues involving euthanasia. They then discuss the bioethics principles of beneficence (doing good) and non-maleficence (doing no harm), how difficult it can be to know whether a provider is doing good or harm for a patient, and the meaning of a “good death.”



## **Clinical Ethics Consultation**

**Responding to MAID and the Issues That Foster It**

How have recent changes in laws about medical aid in dying, otherwise known as MAID, affected the work of the Center for Practical Bioethics?

The Center maintains neutrality on morally complex issues where reasonable people may disagree about what is the right thing to do. MAID, which allows terminally ill patients to choose a “good death” is currently authorized in the U.S. in 10 states and Washington, D.C.

This piece describes a case that involves issues that can drive seriously ill patients to consider MAID as an option. The piece then shows how an ethicist’s clearly communicated unbiased recommendations can enable those involved to understand and accept a decision even though they may not agree with it.

[READ MORE](#)



*[Click on the Video to Watch Now](#)*

## **Top 10 CPB Highlights of 2024**

### **Thank You!**

Watch the 10 ways your generosity made a difference in 2024 in this short video.

We couldn't have done it without you!

---

**To ensure you continue to receive our emails,  
please add us to your safe senders list.**



DONATE



Center for Practical Bioethics | 13725 Metcalf Avenue, #427 8162211100 | Overland Park, KS 66223 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)