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Four Case Studies Algorithms Raise Ethical Issues

Recognizing and understanding the risks of AI in healthcare be hard for the average “person in the street.” Even many of the people developing, selecting and deploying these technologies may not fully comprehend how the algorithms they create make decisions.

Here are four cases that illustrate the types of ethical issues that AI can raise:

- An algorithm that has been shown likely to incorrectly predict a lower mortality risk for patients with asthma who present with pneumonia.
- An algorithm that doesn’t differentiate between historical ordering and testing patterns in rural versus academic facilities.
- An algorithm’s use of historical cost-to-treat data that systematically underrates the risk of black patients with high-risk medical conditions.
- Concerns about how health data is collected, stored and used leading patients to decline to provide information important to their treatment and future accuracy of algorithms.

The Center offers services to help healthcare organizations design infrastructures of accountability with standard processes to help make AI technologies safer and less susceptible to bias.

LEARN MORE ABOUT ETHICAL AI SERVICES



Board Member Profile

Maggie Neustadt Brings Risk Management and Clinical Ethics Goals Together

The primary goal of risk management in healthcare, according to Maggie Neustadt, Vice President for Risk Management for the BJC Health System, is to be a creative problem solver. To find compromises to complicated medical/ethical/legal questions.

The primary goal of clinical ethics is to improve the quality of patient care by resolving ethical problems that arise in healthcare.

Those two goals come together in the Center's long-standing relationship with Saint Luke's Health System, which merged with BJC Health System 2024, and Maggie's service on the Center for Practical Bioethics Board of Directors since 2020.

[READ MORE](#)



Clinical Ethics Resources

CPB provides resources to help healthcare professionals increase their ability to respond to complex ethical issues and that ethics committees can use to educate committee members.

These resources include the **Ethics Dispatch**, which addresses a hot topic with analysis, a case study and ethical musings, **Clinical Ethics Corner**, which features video and narrative discussion of a case, and **Ethics Committee Consortium** meeting and webinar news.

Ethics Dispatch

When Is It Just to Defy a Law?

Recent Executive Orders raise important ethical concerns – particularly where they appear to conflict with bioethics principles like beneficence (doing good) and justice (ensuring fairness and equity).

In this month's Hot Topic, Cassie Shaffer Johnson, Ethics Services Program Coordinator, explores the intersection of public health ethics and executive policy and how it affects marginalized communities in particular.

In Ethical Musings, Ryan Pferdehirt, Vice President of Ethics Services, delves into the tension between legal positivism and natural law theory and the deeper question: Should legality dictate morality, or should morality inform our obedience to the law?

[READ THE DISPATCH](#)

Clinical Ethics Corner Video Case Study for April

Law or Ethics: What Should Take Priority?

Bioethics asks, What is the right thing to do? The law, on the other hand, often asks, What are we allowed to do?

Our bioethicist was brought in to consult on a case involving an unrepresented, unresponsive man in his mid-50s with no advance directive. He had been found down and brought to the hospital. He had severe diabetic ulcers and needed an amputation. Legal told the clinicians that they couldn't proceed with the surgery because the patient couldn't consent. This created a deeply morally distressing situation for the medical team.

In moments like this, what should take priority—law or ethics?

[WATCH THE SHORT VIDEO](#)

Ethics Committee Consortium News

Untangling Complexity Together

Ethics Committee members in healthcare organizations that partner with the Center for Ethics Services met virtually on April 8 to discuss complex clinical ethics cases. Here are some of the takeaways:

- **Balancing Truth and Compassion** – We shared resources for balancing truthfulness and compassion in family conversations.
- **Legal and Ethical Considerations** – We clarified Kansas guardianship laws, discussed misconceptions around futile care decisions, and stressed the importance of clear communication regarding resuscitation and full code status.
- **Multi-Disciplinary Approach** – Participants emphasized the value of collaboration in care decisions, even when conflicts arise.
- **End-of-Life Planning** – We discussed the importance of Advance Care Planning and keeping documents accessible.
- **Talking about Death** – We concluded noting the importance of becoming a culture that is comfortable talking about death.

In addition to learning, ECC meetings are a great way to network virtually with your peers. If your healthcare organization partners with the Center, watch your inbox for details about our next meeting in late May or early June. Contact Cassie Shaffer Johnson for more information at cshafferjohnson@practicalbioethics.org.



Feeding Tubes, Defibrillators and Medical Ethics

Thanks to Bill Tammeus for his article in [Flatland](#) about the growing need for skilled bioethicists and ethics consultations.

“In Kansas City and around the country,” he writes, “medical ethicists like [Ryan] Pferdehirt and [Tarris] Rosell are increasingly being asked to help medical professionals find the most ethical treatment for patients. It can be a complex, puzzling, and difficult job, and artificial intelligence, organ transplantation, experimental treatments, and other issues are causing the medical ethics field to grow.”

Tammeus describes cases where consultations were sought from CPB bioethicists. Dr. Rosell notes, however, that in the case of the capacitated patient who requested to have his pacemaker turned off, he did not consider turning it off under these circumstances to be “homicide” (or assisted suicide).

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[READ THE CASE](#)



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