



2025 Impact Report

PILLARS OF OUR WORK

We are guided by **the four principles of bioethics**.

- 1) autonomy (self-determination)
- 2) beneficence (doing good)
- 3) non-maleficence (doing no harm)
- 4) and justice (fair, equitable and appropriate treatment).

These principles offer a structured approach to resolve conflicts in healthcare by ensuring that patient rights are respected, benefits maximized, harm minimized and resources distributed fairly.

Our primary objective is to provide **clinical ethics services**.

In 2024, we provided core services to 28 and advisory services to 9 partner organizations. Core services include Ethics Committee Consortium and Ethical AI Consortium membership, educational offerings, policy development assistance and advance care planning support. We tailor advisory services to each organization's needs.

Ethics education and consultation are key components of our programs.

Case consultations led by CPB clinical ethicists provide guidance in medically complex and emotionally charged situations. Our Ethical AI team helps organizations establish ethical standards for the development, selection and deployment of AI technologies. We assist in establishing and growing Health IT oversight and train providers in AI process improvements.

We enhance **partner organizations' internal capacity** to address complex ethical issues.

We help healthcare systems and teams mature to the point where they prevent ethical dilemmas in the delivery of care. Clinicians become skillful enough in patient engagement to deescalate concerns and clarify options. Healthcare IT personnel learn to develop and implement ethical AI tools that reduce administrative burden while improving care quality and delivery.

OUR COMMITMENT



Empathy and Listening

Our programs, services and long-term strategies are informed by community voice to address community concerns.



Dignity and Advocacy

We strive to uphold human worth and amplify unheard voices.



Action Oriented

From patient bed sides to network operations centers, we engage real people solving real problems in the real world.



Accountability and Transparency

We publicly disclose financial information, communicate how donations are used, and share our goals, strategies and achievements. For this we receive the highest grades available for accountability and transparency.



40 Successful Years All Thanks to You!

Dear Friend,

There is no definitive count of bioethics centers in the United States.

The vast majority are housed within universities and medical schools. Best we can tell, the Center for Practical Bioethics is one of only three that operate as independent entities and the **ONLY** one – with your support – that is laser-focused on bioethics in action.

What does that mean...bioethics in action?

The answer is in our name. We are the Center for **PRACTICAL** Bioethics. Unlike the other two independent centers, which conduct research and provide educational resources, CPB works in communities directly with people who have concerns about ethics in healthcare.

What moves us to action? People like YOU call us.

...Doctors, nurses, patients and families call us when they need a clinical ethicist to help determine the best treatment and discharge options.

...Hospital and hospice administrators call us when an ethicist's perspective can complement the oversight of clinicians, risk managers and technicians.

... IT leaders call us when they need help establishing ethical standards to ensure AI safety and accountability.

...Policymakers call us for help evaluating proposed legislation and its potential intended and unintended outcomes.

There is great danger in this moment to become complicit in harm, embittered or apathetic. Looking back on 2024, we see you behind each and every instance where bioethics in action helped to promote a brighter path ahead.

We are able to act because YOU make it possible.

Thank you for helping the Center for PRACTICAL Bioethics finish 2024 strong and do even more in 2025.

Gratefully,

A handwritten signature in blue ink that reads "James Stowe".

James Stowe, PhD

A handwritten signature in blue ink that reads "Steve".

Stephen Salanski, MD

BIOETHICS IN ACTION

It's not difficult to describe what we do. We do medical ethics education and consultation, and we help healthcare organizations leverage AI to reap its benefits and avoid its pitfalls.

Still, the best way to explain our impact is by sharing stories where ethical issues arose and the Center made a difference.

Father Trent Chose to Reject a Kidney

True Clinical Ethics Story*

Fr. Trent, a Catholic priest, was a 68-year-old male with end-stage renal disease who had been on the transplant list for over two years. One day, a compatible kidney became available. Fr. Trent was identified as the top candidate and admitted to the hospital to undergo the transplant.

While Fr. Trent was being prepared for surgery, a 21-year-old female arrived in complete renal failure. She was unlikely to survive long enough to receive an organ through the standard allocation process. Upon learning of her condition, Fr. Trent requested that she be given the kidney instead.

Fr. Trent's request presented a complex ethical dilemma involving organ allocation policy, personal autonomy, and the role of altruism. **An ethics consult enabled Fr. Trent's providers to balance these conflicting demands in a way that relieved moral distress while upholding Fr. Trent's autonomy.**

*names changed



An Algorithm That Underrated Medical Risk

True Ethical AI Story

The health system used a care management algorithm to risk-stratify patients and ensure those facing high-risk medical conditions received appropriate attention and care. The algorithm used historical cost-to-treat data as a proxy to measure how sick a given patient was.

The health system – having infused ethical accountability into design, purchasing and implementation of AI-enabled applications – conducted a retrospective audit of the algorithm's performance.

The audit revealed that the algorithm systematically underrated risk faced by Black patients due to their historical unequal access to care, which was reflected in their cost-to-treat data. As a result, the algorithm could fail to recognize high-risk medical conditions in Black patients.



BIOETHICS IN ACTION Continued

The Patient's Family Prevents Informed Consent

True Clinical Ethics Story*

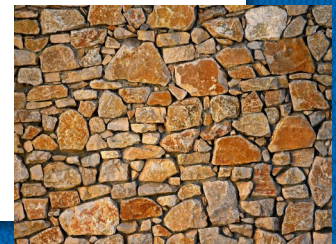
Mr. Rothson is an 82-year-old male with metastatic non-small cell lung cancer with pleural and brain metastases. He has a poor prognosis, and the medical team unanimously recommends hospice and comfort-focused care.

Although he retained full decision-making capacity, he did not speak English. His family insisted on translating but refused to disclose his diagnosis or allow a medical interpreter. Per their wishes, Mr. Rothson remained unaware of his condition.

He was discharged to home hospice last week but returned to the emergency department with dyspnea (difficulty breathing), which his daughter reports began during a wheelchair transfer. He is currently a Full Code and receiving a heparin drip, oxygen, antibiotics, and has a catheter in his left lung.

The primary ethical concern is the lack of informed consent, as the patient is capable but unaware of his diagnosis and care decisions.

*names changed



2024 HIGHLIGHTS

Clinical Ethics Services



Provided core services to 28 and advisory services to 7 partner organizations, including 193 inpatient ethics consultations and case reviews.

Ethical AI Services



Made 18 community presentations to 2,100 people. Launched the Ethical AI Consortium. Assisted 3 large healthcare organizations with AI policy development.

Ethics Education



Provided ethics training and mentoring at The University of Kansas Health System and served on faculty teaching Bioethics to medical students at Kansas City University.

Advance Care Planning



Pilot tested structured ACP sessions in African American faith communities led by trained facilitators.

Community Engagement



Celebrated the 40th anniversary of the Center's founding and presented the 30th Annual Rosemary Flanigan Lecture.

Thought Leadership



Responded to requests for guidance on ethical aspects of healthcare policy and legislation from administrators, public health and the media.

Bioethics Library



Published 12 Bioethics Bulletins, 7 Ethics Dispatches and 13 blog essays. Launched Clinical Ethics Corner case studies. Received 175,000 total pageviews at [PracticalBioethics.org](https://practicalbioethics.org).

Professional News

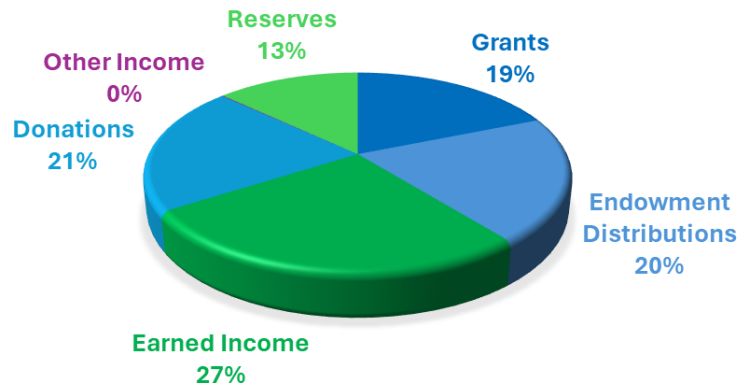


Ryan Pferdehirt, D.Bioethics, HEC-C, succeeded Tarris (Terry) Rosell, PhD, DMin, HEC-C, as the Rosemary Flanigan Chair in Bioethics.

FINANCIALS

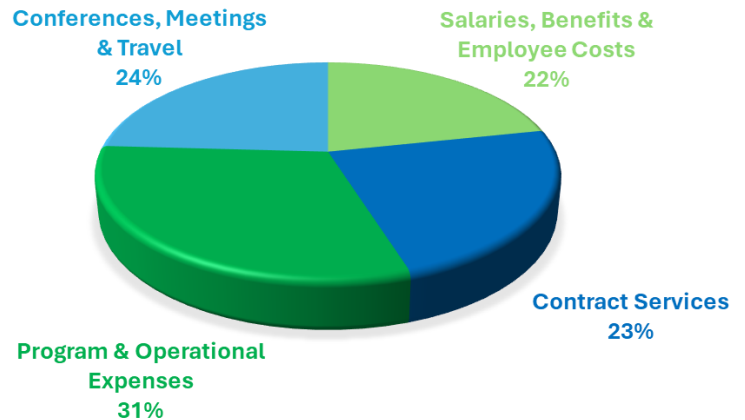
Revenues

Grants Income	\$285,732
Endowment Distributions	308,699
Earned Income	\$405,428
Donations	\$317,822
Other Income	\$1,498
Reserves	\$197,201
TOTAL	\$1,516,380



Expenses

Salaries, Benefits & Employee Costs	\$1,049,497
Contract Services	\$310,090
Program & Operational Expenses	\$100,995
Conferences, Meetings & Travel	\$55,798
TOTAL	1,516,380



BOARD OF DIRECTORS

- Stephen Salanski, MD
Chair
- Maggie Neustadt, JD, CPHRM, FASHRM
Vice Chair
- Tresia Franklin, CEBS, CFA, CCP
Treasurer
- Eva Karp, DHA, MBA, RN-C, FACHE
Secretary
- Mary Beth Blake, JD
Center Founder
- Raghu Adiga, MD
- Abiodun Akinwuntan, PhD, MPH, MBA
- Norberto Ayala-Flores, MA
- Mitzi Cardenas, MS
- Inmaculada de Melo-Martin, PhD, MS
- Alan S. Edelman
- Darron LaMonte Edwards, Sr.
- Anita Ho, PhD, MPH
- Karen S. Johnson, PhD
- Victoria Leff, MSW, LCSW, APHSW-C
- Edward O'Connor, PhD, MBA, FACHE
- Mike Rode, CFA

OUR STAFF



Our Staff Left to Right:

Ryan Pferdehirt, D.Bioethics, HEC-C; Abby Gast-Watterson; Trudi Galblum, MPS; Monica Delles; Lindsey Jarrett, PhD; James Stowe, PhD; Odessa Sawyer, MSW; and Cassie Shaffer Johnson, MA.

LOOKING FORWARD WITH GRATITUDE

Looking back on 2024, we see you – our generous supporters, healthcare partners, health organizations, universities and community groups – behind everything we were able to do to facilitate ethical outcomes to moral dilemmas in healthcare.

Looking forward, we see values-driven partnerships, innovation, and growth in community impact plotting paths to a brighter, more ethical future. We invite you to join us on the journey.

You can stay up to date on Center programs, with easy access to our blog, case studies and more, by subscribing to our monthly newsletter, Bioethics Bulletin, at PracticalBioethics.org.

YOU CAN PUT BIOETHICS IN ACTION

- ✔ Help patients, families and care teams make the hardest decisions.
- ✔ Help leverage AI benefits while ensuring its safety and accountability.
- ✔ Help policymakers incorporate ethical principles into their rules and laws.
- ✔ You can stay up to date on Center programs, with easy access to our blog, case studies and more, by [subscribing to our monthly newsletter](#), Bioethics Bulletin, at PracticalBioethics.org.



Your donations are in responsible hands.

Only 0.1% of national charities earn this highest level of transparency — Platinum. CPB has shared clear and important information about our goals, strategies, achievements and progress indicators.



YES! I want to support Bioethics in Action!

[Click Here to Donate Now](#)

www.PracticalBioethics.org

816.221.1100

13725 Metcalf Ave., #427
Overland Park, KS 66223



The Center for Practical Bioethics (CPB), founded in 1984, is a Kansas City-based nonprofit nationally recognized for its work in practical bioethics.

MISSION

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

VISION

Advancing the health and dignity of all persons through ethical discourse and action.

© Copyright 2025 All rights reserved.