



The Ethics Dispatch

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"Functioning as our better selves leads to better outcomes for patients and everyone."

-- Tarris (Terry) Rosell, PhD, DMin, HEC-C

Hot Topic

When Empathy Is Turned into Fear

How to Protect Immigrant Patients and Students

By [Cassie Shaffer Johnson, MA](#), Program Director of Ethics Services

Most people I know are not indifferent to what immigrants are experiencing right now. They are deeply empathetic. They imagine the fear of a knock at the door, the risk of family separation, the uncertainty of not knowing whether ordinary routines – school drop-off, work, a doctor's visit – might suddenly become sites of danger.

As bioethicist Mark Kuczewski has powerfully described in his recent essay, [Supporting Patients and Students Who Are Immigrants: What to Do and Why Most Bioethicists Won't Do It](#), "a devastating wave of fear now permeates immigrant communities," with immediate and predictable harms to health, well-being, and public trust.

Child of Detained Parent Dies

But something else is happening alongside that empathy, and it deserves closer ethical attention. Under conditions of sustained cruelty – and I do not think "cruelty" is hyperbole here – and radical unpredictability, empathy does not always lead to solidarity. It can turn inward. It can harden into fear for our own families and ourselves.

The tragic case of Wael Tarabishi and his father, Maher, described by [Nicquel Terry Ellis in a CNN report](#), makes this painfully clear. Wael, who lived with a severe genetic disorder, depended entirely on his father as his primary caregiver. Maher dutifully attended a routine immigration check-in, one he had completed dozens of times before. This time, he was detained. While Maher sat in ICE

detention, Wael's condition deteriorated, and he died. His father learned of his son's decline and death while powerless to intervene, and was later denied even the dignity of attending his funeral.

Kuczewski argues that the steps needed to protect immigrant patients and students are well known, ethically justified, and within the bounds of the law: clear communication, front-door policies, institutional vigilance, and the willingness to spend professional and political capital.

The more uncomfortable truth is that failing to act does not preserve neutrality, but rather it redistributes harm.

As a parent, this is suffering I cannot fathom. It is a stark illustration of the arbitrary and limitless cruelty of the system. And like many others, it triggers in me an instinct to close ranks – to protect myself and my family, to stay silent, to not write this Hot Topic at all.

Fear Spreads, Distance Replaces Beneficence

This turn is subtle but profound. When immigration enforcement is highly visible, inconsistently applied, and no longer constrained by once-respected boundaries – schools, hospitals, churches – people begin to ask not only *what is happening to them?* but *could this happen to us?* Helping feels risky. Speaking up feels dangerous. Distance begins to feel safer than beneficence.

Kuczewski details how fear drives immigrants to avoid medical care, delays treatment until emergencies arise, and creates toxic stress with lasting health consequences. These harms are real and urgent. But cruelty rarely confines itself neatly to its intended targets. Fear spreads. And as Kuczewski himself notes, “fear is not only prevalent among our immigrant communities but currently permeates our society.”

That broader permeation matters ethically. A system that reliably converts empathy into fear does more than enforce policy; it changes an entire population. It teaches people, quietly and effectively, what compassion and beneficence may cost them. It reshapes moral and ethical behavior not through persuasion, but through intimidation and uncertainty.

For clinicians, educators, and neighbors, this produces a familiar and painful form of moral distress. People recognize what justice and care require. They see the harm of silence and retreat. And yet they also sense the personal and institutional risks of acting – risks to their careers, their organizations, even their families. As Kuczewski observes, many bioethicists and professionals know exactly what should be done to support immigrant patients and students, but fear narrows the scope of what feels possible.

Refuse to Let Fear Set Moral Terms

Cruelty operates most efficiently when it does not require universal agreement. It only requires enough fear to quell resistance and enough uncertainty to make beneficence feel like a liability. Over time, this degrades not only the safety of vulnerable communities, but the ethical integrity of institutions that exist to uphold the principles of beneficence, nonmaleficence, autonomy, and justice.

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In moments like this, ethics is not about heroism or purity. It is about refusing to let fear set the moral terms. When empathy is redirected into self-protection, cruelty wins twice – first against those it targets directly, and again against the society that learns to look away.

As Kuczewski reminds us, “the worst thing we can continue to do is nothing.” Not only because immigrants deserve safety and dignity, but because a society that punishes compassion and beneficence cannot remain ethically stable for long.

Sources

[Supporting Patients and Students Who Are Immigrants: What to Do and Why Most Bioethicists Won't Do It - The Hastings Center for Bioethics](#)

[A Texas man detained by ICE was his disabled son's sole caregiver. His son will be laid to rest without him | CNN](#)

Bioethics in the News



[Authors of HHS report on gender-affirming care respond to critics](#) STAT



[Houston surgeon allegedly denies patients life-saving care through horrific manipulation](#) msn



[NIH rolls back red tape on some experiments — spurring excitement and concern](#) nature

Case Study

Insurance Barriers to Care

Application for Outpatient Coverage of Early-Stage Breast Cancer Denied

Ms. Grayson is a 44-year-old woman diagnosed with early-stage breast cancer. She recently noticed a lump in her left breast and sought care at a small community clinic, as she lives in a remote rural area without easy access to an oncologist. The clinic was unable to provide a definitive diagnosis and referred Ms. Grayson to the nearest hospital, located a little over an hour from her home.

At the hospital, she underwent a biopsy, which confirmed a cancer diagnosis. The medical team recommended immediate treatment, explaining that

because the cancer was detected early, Ms. Grayson could expect a relatively straightforward course of treatment and a high likelihood of full recovery. They advised beginning outpatient treatment as soon as possible, noting that any delay could negatively affect her prognosis and overall survivability.

However, the situation became complicated. Ms. Grayson does not have medical insurance and does not reside in the same county as the hospital. The medical team provided information and assistance to help her apply for charity care, but her application was denied. Because her cancer is in an early stage and is not yet considered an emergency, the team is currently unable to initiate treatment under existing policies.

Members of the medical team, particularly her oncologist, Dr. Saran, believe this outcome is ethically troubling. If Ms. Grayson were to begin treatment now, it would likely be relatively minor and less costly – for both her and the healthcare system. If treatment is delayed until her condition worsens and qualifies as an emergency, her health may significantly decline, requiring more invasive and expensive interventions. The team believes that all involved, including the hospital, would ultimately benefit if the hospital chose to cover the cost of her outpatient treatment now rather than wait until the situation becomes an emergency.

Ethical Musings

Beyond Natural Selection Is Empathy Necessary?

By [Ryan Pferdehirt, D.Bioethics, HEC-C](#), Vice President of Ethics Services,
Rosemary Flanigan Chair

Philosophy enjoys dividing itself into different groups. These groups take the form of schools of thought, intellectual movements, academic institutions, and so on. For example, there is a long-running debate between Continental philosophy and Analytic philosophy, but this division extends to many other topics as well. One of the most famous debates is between materialism and dualism, and how that difference impacts further concepts such as personal identity, time, and more.

Briefly summarized, materialism is the philosophical belief that everything can be reduced to material things, such as atoms. This contrasts with dualism, which holds that mind and body are two separate things. One of the key concepts of materialism is reduction to known quantities, such as taking the idea of the soul or spirit and reducing it to biochemistry and psychology. Materialism tends to view itself as objective and absolute.

There are no ethics when studying atoms and quantum fields. This has made materialism appealing to many scientific perspectives, as philosopher John Searle writes:

There is a sense in which materialism is the religion of our time, at least among most of the professional experts in the fields of philosophy, psychology, cognitive science, and other disciplines that study the mind. Like more traditional religions, it is accepted without question and it provides the framework within which other questions can be posed, addressed and answered.

<https://graham-pemberton.medium.com/darwinism-and-atheism-materialism-4edfe1d78bf5>

It is also in this way that materialism has had a close relationship with Darwinism and the concept of natural selection. This approach tries to reduce cognitive biases, personalities and perspectives, instincts, and most basic

human actions to manifestations of natural selection. Our biases and desires are viewed as thousand-year-old survival mechanisms and therefore cannot be easily ignored.

Natural Selection Is Insufficient

However, this perspective has several logical flaws, some articulated by philosopher Thomas Nagel in his book *Mind and Cosmos*. In it, Nagel argues that the reductionist approach to human consciousness cannot succeed, that there is something limiting about reduction itself. As stated by John Dupré:

The case of cognition, finally, brings out most strikingly Nagel's rationalism. Nagel thinks that reason gives us insights into reality that evolution cannot account for. Whereas perception gives us a view of the world mediated by a 'mental effect' that it causes in me, something that emerged to serve my evolutionary interests, reason gives me direct, unmediated insight into the world. If I realise that my beliefs are in contradiction, I know directly that one of them is false.

[\(https://ndpr.nd.edu/reviews/mind-and-cosmos-why-the-materialist-neo-darwinian-conception-of-nature-is-almost-certainly-false/\)](https://ndpr.nd.edu/reviews/mind-and-cosmos-why-the-materialist-neo-darwinian-conception-of-nature-is-almost-certainly-false/)

My takeaway from this line of argument is that humans and human interactions cannot be reduced simply to natural selection. There is something deeper going on in terms of consciousness and what it means to be human. What is the value of consciousness or self-awareness? What survival benefit does consciousness provide? These questions cannot be fully answered by natural selection, and evolutionary biology cannot fully account for consciousness. This suggests that aspects of consciousness do not easily fit within a natural-selection framework. I would expand this to aspects of human existence related to consciousness, particularly empathy.

Empathy Impacts the Whole

Recently, it has become popular to be critical of empathy (<https://www.bbc.com/future/article/20200930-can-empathy-be-bad-for-you>). Some have argued that people need to move past empathy in order to be more efficient and productive. I would push back against that.

Yes, empathy can create issues and difficulties. For example, "during the pandemic, this sense of empathy fatigue has become of particular concern among caregivers, such as those working in mental health support or hospital doctors and nurses" (<https://www.bbc.com/future/article/20200930-can-empathy-be-bad-for-you>; <https://www.bmj.com/content/369/bmj.m1815/rr-4>).

But this is precisely the point of the human endeavor, and it highlights why reductionism and materialism may fail to account for human empathy. If applied through a purely natural-selection perspective, which holds that individuals should prioritize their own survival, the value of empathy becomes difficult to define. However, following the work of Nagel, human consciousness cannot be fully accounted for by natural selection, which suggests that human emotions and empathy must be understood as existing outside of that framework. When empathy is viewed not in terms of what it brings to the individual, but rather in terms of how it impacts the whole, its value becomes self-evident.

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