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The Ethics Dispatch

May 2026

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

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

Hot Topic

Here Today, Gone Tomorrow?
Policy Volatility, Abortion Access, and the Erosion of Trust in Healthcare

By Cassie Shaffer Johnson, MA, Program Director of Ethics Services

Recent federal court rulings on access to mifepristone – the most commonly used medication abortion drug – have once again placed abortion at the center of national attention. A federal appeals court moved to restrict access to the drug via mail before the Supreme Court temporarily restored broader access while it considers the case, leaving the ultimate outcome uncertain and leaving the public unsure and anxious.

The most immediate consequence of these developments is not simply a change in access, but the growing instability surrounding it. For patients and clinicians alike, what is permissible today may not be permissible tomorrow. In the context of time-sensitive care, that uncertainty is not a peripheral concern but also ethically consequential.

Decision Paralysis

Autonomy, long understood as a cornerstone of ethical medical practice, depends not only on the formal availability of options, but on their stability and accessibility in practice. Patients cannot make meaningful decisions about their care when access is subject to rapid and unpredictable change. At the same time, clinicians navigating evolving legal and regulatory boundaries may be uncertain about what they can recommend or prescribe. In this environment, the conditions necessary for informed, supported decision-making begin to erode.

These dynamics also raise concerns about an all-too-familiar issue these days: justice or lack thereof. The use of telehealth and mail distribution for mifepristone has expanded access for patients in rural areas, those with limited transportation, and individuals seeking privacy. Restrictions on these

modalities do not affect all patients equally. Instead, access begins to reflect geography, resources, and timing. Access depends on whether a patient happens to seek care before or after a policy shift rather than clinical need.

This introduces yet another level of arbitrariness into care delivery that challenges the ethical commitment to fair and equitable access. This is added to the already decimated services – such as Medicaid, which we examined in last month's Hot Topic – that marginalized people are grappling with.

Avoidable Harms

Beyond autonomy and justice, the current moment also implicates the principles of beneficence and non-maleficence. **Instability in access introduces avoidable harms.** This is demonstrated not only through delays in care, but through the stress and uncertainty patients must navigate when making time-sensitive decisions. For clinicians, the ability to consistently act in the patient's best interest may be constrained by factors external to the clinical encounter, including legal ambiguity and institutional response.

When care is filtered through shifting external pressures, the alignment between clinical judgment and patient well-being becomes more difficult to maintain. The human brain functions as a kind of prediction machine; uncertainty triggers anxiety because our brains perceive unknown outcomes as potential threats. No matter where you stand on the issue, the instability itself triggers anxiety on all sides. Patients, clinicians, community workers: all just pawns in an unstable and temperamental political climate.

Trust Depends on Consistency

Taken together, these pressures point to a broader concern: the erosion of trust. Trust in healthcare depends not only on clinical competence, but on consistency – on the expectation that care will be available, that guidance is reliable, and that decisions are grounded in stable and legitimately recognized frameworks.

When access to a widely used, FDA-approved medication fluctuates in response to legal and political dramatics, that expectation becomes harder to sustain. Patients may begin to question whether the care they are offered is dependable. Clinicians, in turn, may struggle to provide clear and confident guidance. The result is a system that feels increasingly uncertain to those navigating it.

Take this for instance: I recently had the distinct displeasure of buying yet another family car. Tedious, expensive, and time-consuming, but ultimately an unavoidable part of life. Now imagine adding instability to that process. There is no Carfax report, no guaranteed loan rate, and no assurance that the car will even be legal to drive from one day to the next. I suspect most people would walk away entirely, because trust in the process itself would no longer exist. Something once viewed as predictable and dependable would instead feel arbitrary and unstable.

Metastasis of Mistrust

Healthcare functions much the same way. Over time, this kind of mistrust does not remain isolated to a single issue. It begins to shape broader patterns of care-seeking and engagement, raising concerns not only about individual outcomes, but about the health of the population more broadly. Patients who are uncertain about access may delay or avoid care altogether. Others may turn to informal or less reliable alternatives. In this way, the effects of instability extend beyond policy and into the lived experience of healthcare.

The ethical stakes of this moment, then, extend beyond the question of access alone. They reach into what makes ethical care possible: the ability to support patient decision-making, to provide care consistently and fairly, and to maintain the trust that underpins the relationship between patients, clinicians, and the healthcare system itself.

Ultimately, the question is not only what access will look like moving forward, but what repeated instability may continue to do to public trust in healthcare itself.

Source

Abortion pill rulings bring the issue back to the forefront in a midterm election year | PBS News

Bioethics in the News

Friday essay: why has philosophy ignored motherhood? **The Conversation**

Zhang | Where are the humanities majors in medicine? **The Stanford Daily**

RFK Jr.'s collection of animal parts raises questions of bioethical judgment **STAT**

Experts urge ethical debate as cosmetic procedures become the norm **AP News**

Case Study

Pregnancy Termination

Mrs. Tonyson and Her OB/GYN Disagree on Facts and Treatment

Ms. Tonyson is a 32-year-old pregnant woman who visits her OB/GYN for a routine appointment. During the appointment, Dr. Seventh performs an ultrasound scan and states that the fetus is measuring too small to detect cardiac activity. Ms. Tonyson is adamant that the fetus is likely at 10 weeks gestation because she and her husband have not had sexual intercourse in over two months.

This news makes her extremely distressed because she was very excited to become a mother, but she understands that no detectable heartbeat at 10 weeks likely means the pregnancy is nonviable. Dr. Seventh explains that this could represent a missed miscarriage, but also maintains that the pregnancy may be earlier than Ms. Tonyson believes.

Ms. Tonyson requests that Dr. Seventh prescribe medication to end the pregnancy because she is confident that she is 10 weeks pregnant. However, Dr. Seventh refuses to prescribe the medication because he believes the pregnancy could possibly be earlier than estimated and wants Ms. Tonyson to wait two weeks and return for another scan. At that point, they can discuss

options. Ms. Tonyson does not want to wait the two weeks; she believes she is experiencing a miscarriage and wants to begin grieving.

Ethical Musings

Virtue and Character
An Alternative Approach to Decision Making

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

Ethics has always had to grapple with the problem known as the “is-ought” gap. What this contends is that philosophy and logical rationality are built upon “is statements,” or, simply stated, facts. The sky is blue, the grass is green, etc. We build our logical thoughts by taking “is statements” and attempting to reach conclusions. Socrates is a man. A man is mortal. Therefore, Socrates is mortal.

These arguments are at the heart of logic and philosophy. We like them because they make sense and can be worked with easily. This is where the difficulty with ethics comes in, because ethics is concerned with “ought statements.” The grass is long, and it is going to rain tomorrow. Therefore, I ought to cut the grass today and not tomorrow.

As many philosophers have struggled with, once you introduce an “ought statement,” the logic collapses because it is a different beast from an “is statement.” It is one type of debate to discuss whether the grass is long or if it is going to rain. It is another to debate whether you ought to cut the grass.

Ought implies a judge.

In her highly influential paper *Modern Moral Philosophy* (1958), Elizabeth Anscombe argued that “ought statements” have become overly legalistic and that morality should move away from that approach.

When you use “ought statements,” you imply a verdict on the action; you are presupposing a morality within the action. But who determines that verdict? There must be an outside, powerful, and knowledgeable body: a judge. When you use an “ought statement,” you are subtly, but crucially, implying a judge. Historically, God, or gods, acted as that judge. This comes from the Divine Command nature of most modern ethics. Why is it wrong for someone to commit murder? Because God has determined that it is wrong, and when God is all-knowing, all-powerful, and all-loving, do you need anything more than that?

But what if there is no judge?

But to Anscombe, divine law requires a divine lawgiver, and in her argument, because society has moved away from belief in God’s existence, we should therefore also give up moral terms and approaches that imply divine law. For her, this means that we should stop seeing morality as a law and instead focus on morality as a virtue. Adopting this approach would move morality away from rules that we are required to follow and into a realm of results-based caring and the moral character of those who engage with it.

We can tie moral decision making to virtue.

It would be a paradigm shift if we adopted this approach to moral decision-making as a society. Instead of focusing on what we cannot and should not do

to others, we would instead prioritize what we can and should do. Moral virtues are a proactive, character-based approach to ethics, while legalistic approaches are reactionary and based on an outside, all-knowing judge.

Imagine a scenario where an individual stole bread in order to feed his family. One approach would be to view this as a wrong action because Divine Command Theory says it is wrong to steal. Therefore, we should punish the individual so that he repents, is made an example to discourage others, and so that more security is put in place to protect the bread. A virtue-based, moral-character approach would look at the hungry family the man is trying to provide for and would put into place means so that the man would not need to steal in order to feed his family.

When you place moral decision-making on an outside judge, you can alleviate yourself of the harm that application would cause because you are just following the judge's determination. When you keep moral decision-making tied to the virtuousness of the individual, you take responsibility and deem it a reflection of that person's moral character.

Source

Modern Moral Philosophy on JSTOR

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