

THE CENTER FOR HEALTHCARE ETHICS AT
DUQUESNE UNIVERSITY

PRESENTS



PALLIATIVE CARE
AND ETHICS
CONFERENCE

May 16 and 17, 2013

9 a.m. – 5 p.m.

Power Center Ballroom, Duquesne University



DUQUESNE UNIVERSITY
Center for Healthcare Ethics
McANULTY COLLEGE AND GRADUATE SCHOOL OF LIBERAL ARTS

www.duq.edu/palliativecare

Palliative Care and Ethics Conference

Description:

This two-day conference is aimed to enhance the healthcare professional's understanding of ethical issues that can arise in end-of-life care. A combination of speakers, break-out groups and case discussions will provide participants an opportunity to expand their understanding of end-of-life care and the ethical issues that are pertinent in that care, as well as their capacity to deal with these issues.

Objective:

The objective of the conference is to educate the participants on the major ethical issues related to palliative care and hospice care, in particular:

- Examining ethical questions arising in the care for the dying
- Reflecting on philosophical and religious queries at the end of life
- Providing examples and experiences to better articulate the ethical issues in end-of-life care

Continuing Education (CE) Credits:

Program qualifies for 13.8 Nursing CE credits.

The National Association of Catholic Chaplains (NACC) has approved 13.25 of CE hours.

The Association of Professional Chaplains also has recognized this conference for CE hours for its members.

The National Association of Social Workers has approved this conference for 13.5 CE credits.

Conference Program Committee

Henk ten Have, M.D., Ph.D.

Glory Jo Smith

Meg Lemley

Beth Stroud

Kristen Crebs

Sr. Rosemary Donley

Special thanks to:

Alyssa Kramer

Dean Jim Swindal, McAnulty College

Gerard Magill, Ph.D., Vernon F. Gallagher Chair

Catholic Hospice

Beth Stroud

David Jakielo

Taylor Tobias

On behalf of the Center for Healthcare Ethics at Duquesne University, I welcome you to Pittsburgh for the Palliative Care and Ethics Conference, organized in cooperation with Catholic Hospice. Although our Center was officially established in December 1994, its activities had already begun in September 1992 with a master degree program in bioethics. In fall 1996, the PhD and Doctor of Healthcare Ethics (DHCE) programs have been initiated.

The research and teaching in the Center have three characteristics. One is the interconnection between religion and bioethics. Students are trained as experienced scholars learning how to reflect on significant value systems. Courses are approaching healthcare ethics from Christian, Jewish and secular perspectives with faculty specializing in each of the three major approaches in American medical ethics. With a growing number of Muslim students over the past few years, more attention is paid to Islamic bioethics. The second feature of the Center is its emphasis on clinical ethics expertise. A substantial number of courses are focused on clinical ethics with practical rotations in various healthcare settings, so that students are also trained as clinical ethics consultants. Third, teaching and research are focused on global bioethics. In many courses and activities it is demonstrated that the current problems of bioethics are inherently global. Similar problems and issues are emerging in many countries, but at the same time different approaches and solutions are made depending on differing social, cultural and religious contexts. This international orientation of the program is reiterated in publications and research projects but also in organizational activities. For example, last year the Center established the International Association for Education in Ethics and organized its first international conference on ethics education in Pittsburgh with 125 presentations of colleagues from 33 countries.

It is a pleasure to welcome you. We hope that you will take this opportunity not only to visit Pittsburgh and Duquesne, but also to meet with colleagues. End-of-life care is an increasingly important area of healthcare. It is of growing significance now that the population is growing older and healthcare is becoming more and more complicated. Quality palliative and hospice care also present ethical challenges. This conference will present salient ethical issues in this area of care. It will present a combination of plenary lectures and small breakout groups focused on cases. The organizers hope that this conference will assist you in obtaining a better understanding of the ethics of palliative care and hospice care.



Henk ten Have, MD, PhD,
Director, Center for Healthcare Ethics

Schedule

Thursday, May 16, 2013

8:00 – 9:00	Registration and continental breakfast
9:00 – 9:15	Welcome and introduction <ul style="list-style-type: none">▪ Henk ten Have, M.D., Ph.D., Director and Professor, Center for Healthcare Ethics, Duquesne University
9:15 – 10:00	Introduction to palliative care/hospice care <ul style="list-style-type: none">▪ Cristen Krebs, D.N.P., ANP-BC, Catholic Hospice
10:00 – 10:15	Refreshments
10:15 – 11:00	Keynote lecture: Suffering, death and palliative care <ul style="list-style-type: none">▪ Rosemary Donley, Ph.D., APRN, FAAN, Professor, Jacques Laval Chair for Social Justice, School of Nursing, Duquesne
11:00 – 12:00	Discussion
12:00 – 12:30	Lunch break
12:30 – 1:30	Autonomy and dependence <ul style="list-style-type: none">▪ Daniel A. Iracki, MD, Critical Care Medicine, Pulmonology, Internal Medicine, Pittsburgh and Washington, PA
1:30 - 2:30	Case Discussion 1: autonomy and beneficence in end of life care
2:30 – 3:30	Plenary reporting
3:30 – 4:00	Refreshments
4:00 – 5:00	Quality of life and good death in palliative care <ul style="list-style-type: none">▪ James Rossetti, DO, Western Pennsylvania Cancer Institute
5:00	Reception

Schedule

Friday, May 17, 2013

8:30 – 9:00	Continental breakfast
9:00 – 10:00	Moral deliberation <ul style="list-style-type: none">▪ Gerard Magill, Ph.D., Professor, Center for Healthcare Ethics, Vernon F. Gallagher Chair for the Integration of Science, Theology, Philosophy and the Law, Duquesne
10:00 – 11:00	Case Discussion 2: what is a good death?
11:00 – 12:00	Plenary reporting
12:00 – 12:30	Lunch break
12:30 – 1:30	Foregoing treatment <ul style="list-style-type: none">▪ William A. Ferri, M.D., UPMC - Cancer Center, Medical Director, Catholic Hospice
1:30 – 1:45	Refreshments
1:45 – 2:45	Sedation in palliative care <ul style="list-style-type: none">▪ Henk ten Have, Center for Healthcare Ethics, Duquesne University
2:45 – 3:45	Case Discussion 3: Sedation in palliative care
3:45 – 4:00	Plenary reporting
4:00 – 5:00	Panel Discussion: Conference presenters
5:00 – 5:15	Evaluation
5:15	Closure

Case Discussion #1: Autonomy and Beneficence in End of Life Care

Mrs. E. is an 89-year-old woman with a recent history of multiple hospitalizations for her COPD. Mrs. E. lives alone in her own home, her adult son and his family live two states away. Although attentive to his mother via telephone, he has not been in for a visit in the past five months. Mrs. E.'s short term memory shows a mild to moderate deficit. Following a fall at home, Mrs. E. was readmitted to the hospital with pneumonia and a UTI, as well as her need for caregiver assistance.

Mrs. E. wishes to return home. Her son visits her in the hospital and has his mother released into his care, agreeing to hire private caregivers, as well as allow for admission to home hospice. The son hires a private caregiver to attend to his mother 24/7. Over the next two weeks, the hospice staff begins to find the patient home alone more often, not fed or properly clothed, and no food in the home. Mrs. E. is losing weight and often left without her oxygen on. The patient's son, contacted by the hospice social worker, is irritated and states he cannot miss any more work and is not coming back into town.

Demonstrating more confusion and general decline, Mrs. E. refuses admission to assisted living.

Discussion:

1. What is the ethical problem in this case?
2. What do you suggest to do, and why?

Case Discussion #2: What is a Good Death

Mr. G. is a 49-year-old man who presented to the medical clinic with a history of progressive rectal cancer. Following his admission to the hospital, the palliative care team was invited to review his case and make recommendations for ongoing care.

Mr. G. was found to be a chronically ill looking man, appearing older than his stated age, pale, and disheveled. He is unable to lie down because of his pain and rectal spasms - pain score is 8/10. He has a significant other of seven years who shares an apartment with Mr. G. She is present at all times in the hospital and is very concerned for Mr. G.'s well-being. Mr. G. reports that he has never been married, and never had children. His parents are deceased. He reports two brothers who are local, but estranged. Mr. G. worked at a local produce company for the past 10 years unloading trucks. He reports that he worked every day until two months ago.

Once Mr. G.'s pain is better controlled, the palliative care team begins a psychosocial and spiritual assessment.

Mr. G. states he is a Christian, but has not been to church since he was a small boy. He states that he has never been baptized. During the process of discussion, including his spiritual assessment, he indicated the desire to have a closer relationship with God through baptism and said it would be his greatest wish if he could be baptized.

Despite his initial positive response to opioid therapy, the palliative care nurse specialist noticed that Mr. G.'s mood was still low and his pain not adequately under control. Further emotional and spiritual review led to elicitation of spiritual distress. For the first time, Mr. G. began discussing the possibility of his death, and again mentioned his desire to be baptized.

Discussion:

1. What is the ethical problem in this case?
2. What do you suggest to do, and why?

Case Discussion #3: Sedation in Palliative Care

Mr. H. is a 58-year-old male with a one hundred pack year history of smoking. Additionally, he reports using chewing tobacco x 42 years. He was diagnosed with COPD at the age of 52. Approximately one year ago, Mr. H. noted a silvery patch on his tongue, but did not seek immediate dental or medical attention. Mr. H. continued to smoke and use chewing tobacco.

Three months ago, Mr. H. developed numbness of his tongue, difficulty moving his tongue and difficulty chewing and swallowing. Additionally, he reported feeling that food was getting caught in his throat. These symptoms lead him to seek medical intervention.

A work up revealed oral squamous cell carcinoma of the tongue and floor of the mouth, with metastasis to the cervical lymph nodes. Mr. H. refused surgical resection. The malignancy progressed rapidly and resulted in extensive tissue necrosis resulting in the following distressing symptoms:

- Facial pain
- Necrotic non-healing oral ulcers
- Severe facial disfigurement
- Extensive loss of teeth making swallowing increasingly difficult
- Unintelligible speech

Mr. H.'s severe pain was initially controlled with:

- Oxycontin 60 mg bid
- Immediate-release morphine sulfate (50 mg every four hours,) for breakthrough pain and, on an "as needed" basis,
- Lorazepam (0.5 mg every four hours) for anxiety

Mr. H. did quite well on this regimen for several weeks, but as the disease progressed, his pain worsened secondary to extensive local tissue necrosis culminating in admission to the hospital for symptom control.

Upon admission, numerous interventions were attempted in an effort to control Mr. H.'s pain:

- Conversion from oral pain medication to a continuous subcutaneous infusion of morphine (6 mg/h)
- Patient controlled anesthesia (PCA) of morphine sulfate infusion 2 mg every 15 minutes as needed
- Lorazepam (0.5mg every 4 hours)
- Metronidazole gel applied to the ulcerated tissue on the face (to control local infection and thereby the bad odor)
- Oxygen via a nasal cannula
- Fan gently blowing on his face

Unfortunately, none of the treatments alleviated his sense of severe pain. A family meeting was held to elicit goals of care and it determined the following:

- Patient adamantly refused further surgery, chemotherapy and radiation therapy and received complete support from his wife and adult children
- Life prolonging measures (endotracheal intubation with mechanical ventilation, etc.) was discussed with Mr. H./family; however, they elected to forgo artificial respiratory support
- Patient and family elected comfort care

Over the next three days, Mr. H.'s pain worsened despite aggressive pain management. Mr. H. was clearly suffering physically and emotionally, and this caused severe distress to his family.

Discussion:

1. What is the ethical problem in this case?
2. What do you suggest to do, and why?

Speakers



Cristen M. Krebs, DNP

Dr. Cristen Krebs, Catholic Hospice founder and executive director, is a graduate of Robert Morris University's doctor of nursing practice program and has 20 years of end-of-life care experience. After several years in the field of hospice nursing, Dr. Krebs became disheartened with the trend of hospices becoming more business oriented than patient focused. Concerned that direct patient care was being compromised, in 1997, Dr. Krebs began the first faith-based, non-profit hospice program serving Pittsburgh, Pa., and surrounding counties. In May 2007, she incorporated Catholic Hospice, the only pro-life, non-profit hospice in Pittsburgh. Catholic Hospice embraces the Vatican's Declaration on Euthanasia and encourages all faiths to uphold the teachings of the church when caring for those with terminal illness.



Sr. Rosemary Donley, Ph.D.

Sr. Rosemary Donley, a member of the Sisters of Charity of Seton Hill, came to the Duquesne University School of Nursing in 2009. She was attracted to Duquesne because of the University's commitment to social justice. She holds the Jacques Laval Chair for Justice for Vulnerable Populations in the School of Nursing. Each year, she spearheads the Rita M. McGinley symposia on justice for vulnerable populations. These national symposia, *The Face of the Elderly*, *The Face of the Immigrant* and *The Face of the Veteran*, awaken awareness and stimulate action on behalf of justice. On October 24-25, 2013, the School of Nursing will present *The Face of the Child*. Sr. Rosemary also teaches graduate seminars in health policy and social justice and works with family nurse practitioner faculty and students. She also serves as a member of the Department of Veterans' Affairs' Special Medical Advisory Group.



Daniel Iracki, M.D.

Dr. Daniel Iracki is a practicing physician with specialties in internal medicine, pulmonary medicine and palliative care. He is now the palliative care director at Monongahela Hospital. He received his doctorate in medicine at the Medical College of Pennsylvania, as well as certifications in internal medicine, pulmonary medicine and critical care medicine. He has had a private practice since 1984 and has practiced in Western Pennsylvania Hospital, St. Clair Memorial Hospital and Washington Hospital. He is now finishing work on a master's in philosophy with a concentration in bioethics at Franciscan University. His bioethics studies have centered on end-of-life issues.



James Rossetti, D.O.

Dr. James Rossetti is associate director of the cell transplantation program, associate director of fellowship training and director of clinical apheresis at The Western Pennsylvania Hospital. He earned his doctor of osteopathic medicine degree from the Lake Erie College of Osteopathic Medicine and completed an internship and internal medicine residency at St. Francis Medical Center of Pittsburgh, Pa. He did fellowship training in hematology and medical oncology at The Western Pennsylvania Hospital and is board certified in medical oncology and hematology. He is an assistant professor at the Temple University School of Medicine and an adjunct clinical instructor for the Lake Erie College of Osteopathic Medicine. He serves on the advisory board and medical advisory committee of the Leukemia and Lymphoma Society, Western Pennsylvania Chapter. He is also an active participant in the Leukemia and Lymphoma Society's Team in

Training events. He serves as a member and consultant on the Western Pennsylvania Hospital's ethics committee and also functions as the chairman of the hospital's cancer committee.

Speakers



Gerard Magill, Ph.D.

Dr. Gerard Magill holds the Vernon F. Gallagher Chair for the Integration of Science, Theology, Philosophy and Law and is a tenured professor in the Center for Healthcare Ethics at Duquesne University. Dr. Magill received his bachelor's degrees in philosophy and theology as well as his licentiate degree in moral theology from the Gregorian University, Rome, Italy. He received his Ph.D. in theology from the University of Edinburgh in Scotland. Prior to his role at Duquesne, Dr. Magill was department chair, executive director and a tenured professor in the Center for Health Care Ethics at Saint Louis University, St. Louis, Mo. During that time he also held faculty appointments as professor in the Department of Internal Medicine in the School of Medicine and as professor of Health Administration in the School of Public Health. Additionally, he held an appointment as a division director in the Department of Internal Medicine at Saint Louis University Hospital, was a member of the Faculty Executive Committee for the Center for Business Ethics in the School of Business and Administration at Saint Louis University and served on the University's Institutional Review Board for the Health Sciences Campus and the Hospital Ethics Committee. Dr. Magill also has held academic appointments in ethics at Drygrange College, Melrose, Scotland, at Loyola University, Chicago, Ill., and in the Department of Theology at Saint Louis University.



William A. Ferri, M.D.

Dr. William A. Ferri is in his 13th year of serving as a hospice medical director and has been an oncologist since 1992, currently practicing within the Heritage Valley Health System. Board certified in palliative medicine and hospice, Dr. Ferri's keen sense of making all opportunities educational has yielded him as a highly regarded medical director by hospice teams. He was instrumental in the development of the first free-standing hospice house in western Pennsylvania. As the medical director of Catholic Hospice, Dr. Ferri serves as a member of the interdisciplinary team for developing, maintaining and monitoring all policies and standards of the medical activities of the organization consistent with the program's policies. Dr. Ferri has authored numerous publications with regards to oncological medicine and has participated in research studies related to the comprehensive treatments of patients and biologic implications. He is active on several professional boards throughout Allegheny and Beaver counties.



Henk ten Have, M.D., Ph.D.

Dr. Henk ten Have studied medicine and philosophy at Leiden University, the Netherlands. He received his medical degree in 1976 from Leiden University and his philosophy degree in 1983. He has served in the following roles throughout his career: researcher at the pathology laboratory, University of Leiden; practicing physician in municipal health services, City of Rotterdam; professor of philosophy in the medicine and health sciences departments, University of Limburg, Maastricht; professor of medical ethics and the director of the Department of Ethics, Philosophy and History of Medicine at the University Medical Centre Nijmegen, the Netherlands; and as director of the Division of Ethics of Science and Technology for UNESCO. Since July 2010, he has served as director of the Center for Healthcare Ethics at Duquesne University.

Abstracts

Dr. Cristen Krebs

Palliative care and hospice care are now recognized around the world as an essential feature of dignified care, especially for those experiencing late stage chronic illness and terminal illness. Although many studies demonstrate physical, emotional and spiritual distress in patients and their families facing life-threatening illnesses, the implementation and benefits of palliative/hospice services are often absent from the patient's plan of care. When realized, research demonstrates that most often palliative/hospice services are implemented too late. This presentation will explore the similarities and differences between present day palliative care and hospice care. Additionally, rationales for early integration of palliative care and hospice care in the management of terminal disease will be examined, as well as the challenges complicating ease of implementation, including difficulty determining life limiting prognosis, and limited direct, honest and early health provider communication with terminally patients and their loved ones. The Medicare Hospice Benefit and patient rights and entitlements according to Federal law will be reviewed, along with common misconceptions of hospice care.

Sr. Rosemary Donley

Although Americans pride themselves on being independent and autonomous, suffering, death and palliative care remain taboo topics. Americans shy away from discussing their lives' journey perhaps in the hope that the journey will be long and pleasant until the end. Yet suffering is a real, human experience and the continuum of life ends in death. Because the future is unknown, no one can predict the day or the hour when the journey will be over or how it will end. Dialogue is a very important part of the last phase of the journey. It is a time to both reminisce and plan. It is a time to share hope and complete the business of living. Palliative care providers are blessed to be part of these dialogues and privileged to enter into the suffering of the person and his/her family.

Daniel A. Iracki, M.D.

The biggest shift in bioethics over the last 40 years has been the rise in patient autonomy. In and of itself, this is not a shift for the worse but this shift has its roots in the increasing empowerment of individuals against authority of any kind and that includes physicians. The locus of authority in decision making has shifted from the physician to the patient. Unfortunately, this has led to an erroneous opinion held by many in contemporary society that autonomy and human dignity are synonymous. What is forgotten is that autonomy has its foundation in the rational nature of each individual human being and to this human being is where the dignity applies not in the autonomy. Genuine autonomy is never freedom from the truth but always and only freedom in the truth. Freedom of conscience also depends on a person listening to the law of God inscribed in his heart, ever calling him to love and to do what is good and to avoid evil. This presentation will show how these issues are important in healthcare decisions and how patients are to be treated especially at the end-of-life. The patient-physician relationship is at the core of medical ethics. This relationship is not merely a contractual one but one of a covenant grounded in the meeting of whole persons. Each person in the relationship depends on the other to operate under presumptions of virtue. This relationship has profound implications in the way healthcare decisions are made.

Dr. James Rossetti

This presentation will discuss the essential elements of a good death, realizing that it would be impossible to explore this fully without first addressing life. Traditionally, health care providers have been resistant to end-of-life discussions, seeing them as failures as defined by their own set of expectations. Dr. Rossetti will point out the importance of actively addressing each patient as an interactive whole versus a fragmented or isolated being. He will address important and often unrecognized disparities between medical professionals and patients in defining quality of life and a good death. Drawing not only from clinical studies but, perhaps more importantly, from experiences with his patients, he will illustrate how health care professionals can better address their patient's needs in order that these barriers might be overcome.

Dr. Gerard Magill

Every competent person is capable of moral deliberation, albeit in varying degrees, based on different personal experiences and education. Professionals in health care should approach moral deliberation in a sophisticated manner that reflects the rigor of scholarly discourse in bioethics. This presentation will discuss how professionals should undertake moral deliberation in health care, especially with regard to treatment options for patients, such as in palliative care. Theoretical and practical components of moral deliberation are explored. First, theoretically, the connection between moral reasoning and belief is discussed to explain the role of the imagination and virtue in moral deliberation. The point here is to highlight the significance of the virtuous professional when undertaking moral deliberation in health care settings. Second, from a practical perspective, the process of moral deliberation in ethics consultations in health care is explored. Two different approaches to health care ethics consultation are discussed. The purpose is to identify the range of options with regard to professional moral deliberation when dealing with value uncertainty or conflict in patient care issues. Also, two specific topics are analyzed: the relevance of the distinction between ordinary and extraordinary treatment, and the provision of artificial sustenance for patients in chronic and terminal conditions.

Dr. William A. Ferri

With continued advances in medical care and rising medical costs the decision to forego medical therapy is receiving more consideration than ever and is an increasingly complex choice. Individual and societal interests can sometimes be at odds and the determination to forego therapy requires effective communication between providers, patient and caregivers and the consistent application of strong ethical principles to the decision process. Public opinion research in 2011 by the Center to Advance Palliative Care revealed that 58% of patients fear that doctors might not communicate all of the treatment options or choices available when facing a serious illness. A thorough understanding and application of ethical principles, legal standing, and a strong medical knowledge base across the spectrum of end-of-life care are necessary to properly address foregoing therapy with individuals, their families and surrogates. Modern medical ethics is founded on the principles of beneficence, autonomy and the right of self-determination, non-maleficence, and justice. This presentation will describe these principles and provide examples of their application to end-of-life care and the decision process regarding foregoing therapy and in some circumstances terminating or withdrawing therapy. Adult guidelines from various centers and pediatric guidelines established by the American Academy of Pediatrics for foregoing medical interventions within the context of bioethical principles will also be discussed. Consideration to Catholic guidance to end-of-life considerations as addressed by the U.S. Conference of Catholic Bishops and other documents will be addressed. One should develop an understanding of bioethical principles and the application of those principles to foregoing medical therapy in several common clinical situations.

Dr. Henk ten Have

This lecture will review the ethical debate concerning palliative sedation. Although recent guidelines articulate the differences between palliative sedation and euthanasia, the ethical controversies remain. The dominant view is that euthanasia and palliative sedation are morally distinct practices. However, ambiguous moral experiences and considerable practice variation call this view into question. When heterogeneous sedative practices are all labelled as palliative sedation, there is the risk that palliative sedation is expanded to include practices that are actually intended to bring about the patients' death. This troublesome expansion is fostered by an expansive use of the concept of intention such that this decisive ethical concept is no longer restricted to signify the aim guiding the action. In the presentation it is argued that intention should be used in a restricted way. The significance of intention is related to other ethical parameters to demarcate the practice of palliative sedation: terminality, refractory symptoms, proportionality, and separation from other end-of-life decisions. These additional parameters, though not without ethical and practical problems, together formulate a framework to ethically distinguish a more narrowly defined practice of palliative sedation from practices that are tantamount to euthanasia. Finally, the presentation raises the question what impact palliative sedation might have on the practice of palliative care itself. The increasing interest for palliative sedation may re-emphasize characteristics of health care that initially encouraged the emergence of palliative care in the first place: the focus on therapy rather than care, the physical dimension rather than the whole person, the individual rather than the community, the primacy of intervention rather than receptiveness and presence.

Break-Out Session Moderators



Janis Finn, MA received her bachelor's degree from Ithaca College and her master's from the University of Pittsburgh in communication science. She served as manager of speech/language pathology at the Western Pennsylvania Hospital from 1990-2010, has been a member of their ethics committee since 1999 and served as chairperson for this committee since 2002. Janis completed the Consortium Ethics Program through the University of Pittsburgh and subsequently received a certificate in healthcare ethics from Duquesne University in 2011. She is currently director of operations at the West Penn Allegheny Health System Outpatient Care Center in Peters Township, serves as West Penn Allegheny Health System's Ethics Integration Committee chair and is a member of Coalition for Quality at the End of Life.



Lianne M. Glaus, DHCE(c), MSW obtained her master's in social work with a certificate in gerontology from the University of Pittsburgh. During her time there she participated in the Hartford Geriatric Social Work Initiative, which gave Ms. Glaus the opportunity to work with older adults at the end of life. After graduating in 2008, Ms. Glaus was accepted into Duquesne University's Center for Health Care Ethics doctoral program. She focused her doctoral work on the continuum of palliative care and palliative sedation. Recently, she had her doctoral proposal approved by her committee in the fall of 2012 and will finish her doctoral work within the next two years. Ms. Glaus is employed as a hospital social worker at the Heritage Valley Health Systems Sewickley Hospital.



Amy VanDyke MSW, LSW, PhD is the consulting ethicist at UPMC Mercy Hospital where she provides ethics consultation and ethics education services. She also serves as a member of its Institutional Ethics Committee. Additionally, Dr. VanDyke has recently been named as affiliate faculty at the University of Pittsburgh's Center for Bioethics and Health Law and is conducting research on pre-hospital ethics through RETI in West Virginia. Current research interests include the role of social work in clinical bioethics, pre-hospital ethics, human subject research, health care in prisons, health care reform and vulnerable populations, obesity and faith-based moral reasoning. Prior to her work in bioethics, Dr. VanDyke worked as a social worker and she has extensive experience in non-profit management and health care delivery systems. Dr. VanDyke has presented scholarly papers at both national and international ethics conferences and professional symposiums. A graduate of the Duquesne University Healthcare Ethics Program, she served as the Clinical Ethics Fellow for the department during this time.



Kathryn E. Wilt, PhD, MSN, RN is an assistant professor in the School of Nursing at Duquesne University. She is a nurse educator and a healthcare ethicist. Her research has been in the area of healthcare ethics education and nursing education. Dr. Wilt's most recent research studied the use of an interactive experiential teaching method, simulation, as an effective means to teach healthcare ethics to medical and nursing students. She has also presented and published on the topic of incorporating simulation in accelerated BSN programs.

Conference Participants

Laura Amweg	Shelley Kobuck
Chike Anyigo	Mary Beth Kusturis
Emily Baird	Kathleen Labishak
Emily Ball	Deborah Madden
Michael Blackie	Kathryn Mancuso
Lydia Bockus	Diane Matje
Janet Bonk	Allyson Mayer
Theresa Brown	Caitlin McNamee
Bernadette Clark	Judy Miller
Sister Mary Clark	Jenn Morgan
Robert Denison	Ohood Nazmi
DiAnn Ecret	Melinda O'Donnell
Karen Emmett	Kathleen O'Neil
Marge Finney	Jake Reid
Joann Fisher-Gago	Karen Ricci
Lisa Fox-Hawranko	Denise Richardson
Carolyn Garver	Joyce Rouda
Dcn. David Garvis	Sarah Russell
Madelyn Gibson-Antonich	Susan Schwab
Debra Hager	Jennifer Seaman
Ann Hazelwood	Toni Slayton
Janet Hickey	Carol Tammenne
Nicole Hicks	DeCroo Teresa
Janice Holmes	Cindy Tomaro
Gladys Husted	Regis Turocy
Ruth E. Irwin	Virginia Valentine
Sarah Jones	Patty Weber
Janice Jones	Edie West
Matthew Kenney	Joan Williams
Mary Jo Knapp	Mary Ann Zalewski

Campus Map

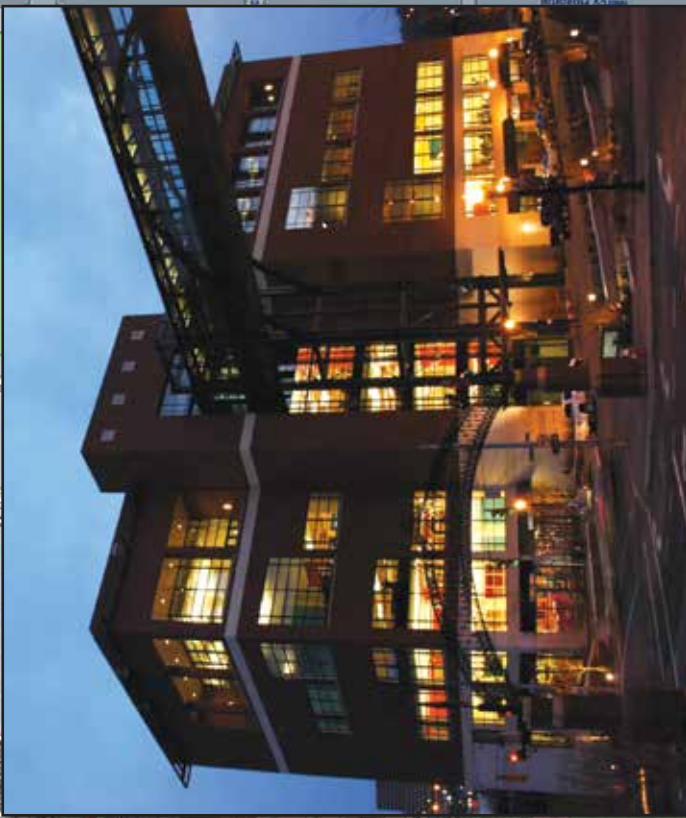


Cambria Suites

Marriott Hotel

Conference Site

Center for Healthcare Ethics



Power Center
The Power Center is located at the corner of Chatham Square and Forbes Avenue. The ballroom is located on the top floor.

Fisher Hall
Fisher Hall is the location of the Center for Healthcare Ethics. It is right across the street from the Power Center.



DUQUESNE UNIVERSITY AT A GLANCE

10,045 students

- 5,917 undergraduate
- 3,571 graduate
- 557 law

About **3,500 students live on campus**, including 85 percent of freshmen and sophomores.

6 men's and 10 women's varsity sports

- NCAA Division I basketball, Atlantic 10 Conference, and Division I-AA football, Metro Atlantic Athletic Conference
-

Campus

- 46 buildings
 - 49.5 acres
 - 7 Living-Learning Centers (student residence buildings)
-

10 schools of study

- 80 undergraduate degree programs
 - 85 graduate, doctoral and professional programs
 - 20 post-graduate certificate programs
-

14:1 student-to-faculty ratio

- 489 full-time faculty
- 502 part-time faculty



CENTER FOR HEALTHCARE ETHICS MISSION STATEMENT

The Center for Healthcare Ethics is part of the McAnulty College and Graduate School of Liberal Arts at Duquesne University, having offered degree programs in healthcare ethics since 1993. In the spring of 2008, the University assigned the Center the status of being an independent academic unit with faculty tenure.

The Center provides scholarly and professional training in healthcare ethics consistent with the Catholic, Spiritan identity of Duquesne University. The University is committed to an ecumenical atmosphere that is open to diversity in order to celebrate education for the mind, heart, and spirit, and to cultivate academic excellence, ethically responsible judgment, and social justice in a globalized context. The Center incorporates this approach, as described in the Center's Academic Learning Outcome Assessment Plan and the University's Strategic Plan.

The Center's programs, scholarly pursuits, and professional outreach engage interdisciplinary perspectives, including religious traditions (especially Catholic, Christian, and Jewish perspectives) as well as clinical, organizational, professional, and research approaches related to medicine, science, law, policy, social science, and the humanities. Students enroll in academic courses and clinical ethics rotations or internships, combining theoretical and practical learning.

The vision is to provide global leadership in ethics, promoting excellence in scholarship and training graduates academically and professionally to advance discourse on health care ethics in research, teaching, and service. Graduates are trained for a variety of careers including clinical ethics positions in healthcare as well as teaching or research appointments in academic settings.

PROGRAMS IN HEALTHCARE ETHICS

All Healthcare Ethics (HCE) programs include academic courses and clinical ethics rotations or internships. Students may study full-time or part-time. Part-time students must take a minimum of 2 courses each fall and spring semester. Typically, HCE degree courses are taught in the afternoon and evening.

The courses are designed with a focus on research competencies. This will better facilitate the writing of dissertations.

The HCE programs include:

Doctoral Degrees (PhD and DHCE)

The Doctoral Degree Programs require twelve courses (thirty-six credits) beyond the Masters.

The Ph.D. and DHCE doctoral degree programs share the same course work requirements followed by written comprehensive exam. As a research degree, the Ph.D. program requires a six-credit research dissertation. As a professional degree program, the DHCE program requires a six-credit practical project.

Baccalaureate Admission to Doctoral Programs

Students with a Bachelor's degree in a field related to health care ethics, such as a humanities degree with a major or minor in ethics, is eligible to apply for admission to a doctoral program. The Baccalaureate Admission track requires sixteen courses (48 credits) beyond the Baccalaureate Degree.

Master of Arts Degree

The M.A. degree program includes a total of ten courses (30 credits). The required courses include a general graduate-level introduction to ethics (HCE 659 Methods in HCE) and a clinical ethics rotation(HCE 646). The remaining eight courses will be chosen by the student with advisement, ordinarily from a list of courses offered in the doctoral program.

There is no requirement for a thesis or for comprehensive examinations.

Admission requirements include a Bachelor's Degree.

Master of Arts/Juris Doctor (MA/JD) Joint Degree Program

The joint degree program is between the Center for Healthcare Ethics and the School of Law. The joint degree program enables students to receive both the M.A. and J.D. degrees in three to three and one-half years of post-baccalaureate study instead of the normal five years. Students need to be admitted into each program. Each degree is completed and awarded separately.

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