The Institute for the Medical Humanities was very well represented at the recent American Society for Bioethics & Humanities (ASBH) “Tradition, Innovation, & Moral Courage” conference that was held in Atlanta, Georgia, October 24-27, 2013.

“The American Society for Bioethics and Humanities promotes the exchange of ideas and fosters multidisciplinary, interdisciplinary, and inter-professional scholarship, research, teaching, policy development, professional development and collegiality among people engaged in clinical and academic bioethics and the medical humanities.” You can read more about this organization online: http://www.asbh.org/.

Below is a list of the presenters from the IMH:

**IMH Faculty:**
- Mark Clark, PhD – Paper Session, “Cultivating Empathy: A Component of Professional Identity Formation”

**IMH Students:**
- Stephanie (Stevi) Darrow, BA – panel session, “Innovation through Tradition: Rediscovering the ‘Humanist’ in the ‘Medical Humanities’”
- Julie Kutac, MA – panel session, “Innovation through Tradition: Rediscovering the ‘Humanist’ in the ‘Medical Humanities’”
- Rimma Osipov, BA – panel session, “Innovation through Tradition: Rediscovering the ‘Humanist’ in the ‘Medical Humanities’”
- Heather Carson Pearcy, JD – poster session
IMH Well-represented at ASBH Meeting—Cont.

**IMH Alumni:**

- Andrew Childress, MA, PhD – panel session, “Innovation through Tradition: Rediscovering the ‘Humanist’ in the ‘Medical Humanities’”
- Andrew Childress, MA, PhD – paper session, “Reforming Research Ethics Education through an Innovative Medical Humanities Curriculum”
- Craig Klugman, PhD – panel session, “Decision Aids in Bioethics: Innovations in Patient-Centered Care”
- Amy McGuire, JD, PhD – panel session, “Writing Winning Aims for Bioethics Research: A Hands-On Experience”
- Amy McGuire, JD, PhD – paper session, “Attitudes about Regulating Consumer Genetic Testing Services: Views from Users”
- Amy McGuire, JD, PhD – panel session, “Novel Networks: Bioethics and Online Social Media”
- Jason Morrow, MD/PhD – paper session, “Palliative Care Killed the Ethics Consultation Star”
- Stacey Tovino, JD, PhD – paper session, “Public and Private Mental Health Benefit Disparities after the Affordable Care Act”

**Former IMH Visiting Scholar:**

- Kenneth Kipnis, PhD – paper session, “Ethics in Extremis: The Case of Correctional Health Services”
- Ben Rich, JD, PhD – panel session, “Palliative Care for Prisoners: Tempering Justice with Mercy”

**Former IMH Faculty:**

- Jennifer Bard, JD, MPH – paper session, “Presumed Consent Laws are not the Answer to Increasing Organ Donation: How Can We Find Out What Is?”

~ Information Courtesy of Donna Vickers, IMH
IMH in the Media

No you can't just go to the emergency room — unless you want to go broke

Mother Jones, October 18, 2013

According to a study from Harvard Medical School, someone dies as a consequence of not having health insurance about once every 12 minutes in the United States, because they aren't able to seek basic primary care treatment that can prevent more serious problems. About 9,000 Texans will die each year as a result of Gov. Rick Perry's rejection of the Medicaid expansion, according to analysis by Dr. Howard Brody of UTMB's Institute for the Medical Humanities.


Abstract: A special report of The Hastings Center and the Association of American Medical Colleges addressed the ethical oversight of learning health systems, which seek to combine high-quality patient care with routine data collection aimed at improving patient outcomes. The report contained two position papers, authored by a number of distinguished bioethicists, and several commentaries. The position papers urged two changes. First, they urged a rethinking of our approach to the regulation of human subjects research, so as to make it easier in the future for learning health systems to function well. Second, they argued that the rethinking required dispensing with a strict distinction between research and therapy, which has been a major tenet of bioethics since the Belmont Report, which explicated basic ethical principles governing human subjects research. We fully support the objectives of the authors, and we agree that the learning health system is an important advance that serves patients well. Unnecessary regulatory burden ought not impede this progress. We disagree, however, that the best way to bring about these needed changes in the regulatory environment is to reject the basic distinction between research and treatment. Unfortunately, we find the arguments in favor of that strategy to be, in places, reminiscent of what we take to be basic conceptual errors that hampered the ethical understanding of human subjects research prior to adoption of the Belmont Report. To see why one need not reject the research-treatment distinction in order to promote learning health systems, we first investigate in some detail the arguments offered for eliminating the distinction. We next turn to an issue not addressed by those authors, namely, the relationship between the physician or investigator and the patient or subject, to illustrate why the distinction is important and what is lost if it is jettisoned.


Published in 1981, The Maximin Strategy in Modern Obstetrics offered two claims—first, that obstetrical interventions ought to be assessed not singly, but rather as packages of interconnected measures that could cumulatively increase risks of harm; and second, that many of these interventions, considered either singly or as a package, lacked a sound evidence base. The first claim has been well supported by later literature, although the term “cascade effect” has proven a more felicitous descriptor for the phenomenon of interventions that trigger the use of other interventions to monitor, prevent, or treat possible side-effects. The second claim was initially supported in a very inadequate way, since the “Maximin” article appeared before an understanding of the methods of systematic reviews of medical evidence had been widely promulgated. Despite these defects, subsequent, rigorously conducted systematic reviews have tended to confirm the impression first offered in 1981, that practices that support physiologic childbearing and the innate, hormonally driven capacities of childbearing women and their fetuses/newborns are much more in keeping with the available evidence than practices involving common or routine high-technology interference with physiologic processes. Harm may occur either directly, through high-technology interventions, or when such procedures distract attention and resources from safe, effective biological processes and lower-technology measures. Surveys indicate a lack of knowledge of this evidence among childbearing women, signaling a serious ethical deficiency in shared decision-making processes and perhaps the skills and knowledge of maternity care clinicians.
Renal Failure In Advanced Age & Associated Medical Ethics

Department of Internal Medicine Grand Rounds, October 10, 2013

On Thursday, October 10, 2013, Howard Brody, MD, PhD presented the Department of Internal Medicine Grand Rounds alongside Erin Hommel, MD, John Badalamenti, MD and Mukaila Raji, MD. The objectives of this presentation were to: enable participants to appraise the evidence for indications and limitations of dialysis for patients of advanced age; evaluate methodology for assessing patient health preferences considering universal rather than disease-specific health outcomes; and generate a working definition of futility while examining the relationship between futility and shared decision making.

IMH Visiting Scholar News: Gordon & Sue Lurie

Gordon A. Lurie and Sue G. Lurie, IMH Visiting Scholars (Spring, 2012), presented a joint paper, Transnational Professionalization as Narrative: The Role of the American Medical Association of Vienna and the American Medical Society of Vienna in Translating the Global Professional Project, to the International Conference on Narratives of Encounters in the North Atlantic Triangle, at the Austrian Academy of Sciences and the University of Vienna, October 4th-7th, 2013.

Upcoming Event: Colloquium

IMH Colloquium
Thursday, November 14, 2013
10:30 a.m. – 12:00 p.m.
2.268 Primary Care Pavilion (PCP)

The Argument of Images: Narrative Diversity in Cancer Care

Presented by:

Dr. Jac Saorsa
Director, The Broadway Drawing School, Cardiff, UK
Visiting Scholar, IMH

Artwork by Jae Saorsa
This conference brings together scholars, clinicians, scientific investigators and artists to discuss the role of visual images in the medical humanities: how they are being created, circulated, used in medical settings and beyond. We are interested in recognizing how the visualization of health impact patients and healers (broadly defined) in dynamic ways to develop new languages in which to speak to and about them with people around the world. We see this conference as the first step in establishing a collaborative dialogue regarding the contemporary and historical status of the visual image within the medical humanities through a series of follow-up meetings and projects held in USA & Europe. Honoraria will be provided for all accepted papers.

We Invite Abstracts Under the Following Broad Headings:

- Medical procedures and the visual image
- The visualization of the medical environment
- The patient’s self-image / the medic’s self-image
- The medical image and historical change
- Images and ethical Issues
- Visual representation of ageing
- Contexts of creation, circulation and use

Please submit a short bio (max. 100 words) and abstract (max. 250 words, including name, affiliation and title) for the presentation of a 30 minute paper. Deadline 12noon [CST] November 11, 2013. We plan to notify all applicants before year’s end.

Please submit all materials to: vismedhuman@gmail.com

A conference website is under development and will be on-line shortly. Please refer to this site for further information as it becomes available.

**Sponsors**
- Institute for the Medical Humanities, UTMB, TX
- Honors College, Univ. Houston, TX
- Art & Design Research Institute, Univ. Ulster, UK

**Co-organizers**
- Jerome Crowder, UTMB
- Dan Price, Univ. Houston
- Terrence Wright, Univ. Ulster
Upcoming Event: Colloquia

YOU ARE CORDIALLY INVITED TO...

HEAR OUR VOICE: STORIES OF STRUGGLE AND SURVIVAL IN GALVESTON

OLD CENTRAL CULTURAL CENTER
2627 AV. M GALVESTON - TEXAS

THURSDAY 14TH NOVEMBER,
6:00 – 8:00 P.M

THIS EVENT WILL FEATURE A DOCUMENTARY AND A PANEL DISCUSSION ON THE STRUGGLES, HOPES, AND DREAMS OF GALVESTON RESIDENTS SINCE HURRICANE IKE. DINNER WILL BE SERVED.

For further information please contact Dr. Rebecca Hester, (409) 772-9380, rjhester@utmb.edu or Ana Diaz, acvizarr@utmb.edu

NEWS AND VIEWS FROM THE INSTITUTE FOR THE MEDICAL HUMANITIES
The Texas Medical Jurisprudence Examination:  
A Self-Study Guide  

Price: $100 including shipping and handling

You can view the Table of Contents and read the Introduction HERE:

If you need additional information please contact Beverly Claussen either by email at beclauss@utmb.edu or by phone at (409)772-2376.

Introduction: All physicians licensed to practice medicine in Texas must pass an examination on Texas Medical Jurisprudence. This examination covers primarily statutory and administrative law rather than case law. The summaries in this Study Guide attempt to assist physicians in gaining access to portions of the law that the editors believe are most important to the practice of medicine.

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- Accomplishments and Innovations
- Presentations at Conferences
- New Team Members
- New funding
- Publications

Please contact us at: d1ramire@utmb.edu