



Center for Health Policy & Ethics Newsletter - Omaha, Nebraska

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Robert Garis, PhD, a CHPE Faculty Affiliate, receives promotion and tenure in SPAHP *(Note: Original link to Newsworthy Notes page is no longer available.)*

Nebraska Humanities Council Funds 17th Annual Women & Health Lecture *(Note: Original link to Women and Health 2006 Page is no longer available)*

Transitions

Center welcomes Becky Crowell as Senior Administrative Assistant

Dr. Judith Lee Kissell Named Director of Health Administration Program *(Note: Original link to Newsworthy Notes page is no longer available.)*

Center welcomes Dr. Archana Chatterjee as Faculty Affiliate

Spring Events

May 1, 2006, Noon - 1 pm
Cover the Uninsured Week
Morbidity & Mortality
Morrison Room, CUMC

May 2, 2006, 3:30 - 4:30 pm
Roundtable: "Ethical Issues in
Public Health Policy in Post-
Soviet Countries"
CHPE Conference Room

Save the Date!

Women & Health 2006
September 12, 2006



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DIRECTOR'S REPORT

CHPE Faculty Participate in Meeting at Rockefeller Foundation's Bellagio Conference Center

by Amy Haddad, PhD

I am writing this report in my room that overlooks Lake Como on a misty Sunday morning. When Dilara Valikhanova of Baku, Azerbaijan, Givi Javashvili of Tbilisi, Georgia, and I wrote the proposal to the Rockefeller Foundation Bellagio Study and Conference Center in the spring of 2005, it was hard to imagine that we would be in Bellagio this April working together.



Bellagio participants, March 2006. ([enlarge](#))

The Bellagio Center is very beautiful and conducive to lively debate, intense dialogue and reflective walks on the lovely grounds. The Bellagio Center provides the space and time for sustained discussion, planning, and collaborative writing for a variety of groups and topics. During our stay from March 29th through April 5th, there were individual scholars in residence for several months from India, Canada, England, Thailand and the USA working on projects and manuscripts on topics as varied as the future of private property in a global society to the use of the "mask" in classical Greek theater. We had the opportunity to meet some of our fellow residents at a special concert in the Fratti Chapel one evening and enjoyed dinner together at the Villa another night. The opportunity to share scholarly interests, cultural similarities and differences and learn from each other is at the heart of the conference program at Bellagio. The camaraderie and friendships that result from the experience are priceless.

Our project, "Ethical Issues in Public Health Policy in Post-Soviet Countries: Changing Attitudes and Practices toward Respect and Autonomy," included three colleagues from Azerbaijan and four from Georgia. Besides Dr. Valikhanova, one of the conference co-organizers, Dr. Elvira Anadolu, Health Specialist at the World Bank Group and Dr. Gulara Narimanova, Managing Director of INSAN Sociable and Charitable Centre, a non-governmental organization devoted to socially marginalized groups, comprised the delegation from Azerbaijan. The Georgian delegation included Dr. Lia Rusieshvili, Assistant Professor of Critical Care at the State Medical Academy of Georgia, Dr. Giorgi Gegelashvili, Deputy Chairman of the Committee of Healthcare and Social Issues of the Parliament of Georgia, Dr. Tamar Kurtanidze, member of the Georgian Health Law and Bioethics Society, and Dr. Givi Javashvili, co-organizer of the conference and Chair of the Georgian Health Law and Bioethics Society and Medical Director, Curatio Medical

[Click here for larger photo with names.](#)

Group, the State Medical Academy of Georgia. The representatives from the Center for Health Policy and Ethics included faculty associate Beth Furlong, now on a Fulbright Fellowship in Hungary, faculty member Jos Welie who is completing a sabbatical in Rome, Italy, CHPE faculty associate Roberta Sonnino, Associate Dean of Academic Affairs of the School of Medicine and Helen Shew, Program and Community Relations Coordinator. Christian Simon, PhD, of Case Western Reserve University, rounded out the conference group contributing his expertise in cross-cultural research in ethics and health policy.

The conference was designed to develop common strategies for changing attitudes and practices toward autonomy and respect in Azerbaijan and Georgia, two countries that share the experience of rebuilding their health care system and infrastructure after many years of Soviet control. The conference focused specifically on training and education programs for health professionals about patients' rights, informed consent and patient-centered care and public education. During our week in Bellagio, we developed common, culturally relevant educational strategies for health professionals and the public. We drafted proposals for health professional continuing education programs targeted at primary care providers to coincide with established projects in Georgia and Azerbaijan. The Center representatives learned a great deal about the status of health care and health delivery in these two post-Soviet countries and the struggles they have to deliver basic services. We all gained from the exchange of experience and knowledge between the representatives from the United States and our colleagues from the southern Caucasian region of the world. Most of all, we established a network of colleagues in Georgia and Azerbaijan who are in key positions in government, private and non-governmental organizations, and professional associations to implement the educational programs and policies that were the result of the conference.

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Vulnerable Subjects in Clinical Research

by Judith Lee Kissell, PhD

A spring Clinical Ethics Session held on February 22, 2006, addressed an issue of growing importance to healthcare and to CUMC's health professionals: "Vulnerable Subjects in Clinical Research." Presenters included Archana Chatterjee, MD, John O'Brien, MD and Syed Mohiuddin, MD from CUMC and Judith Lee Kissell, PhD and Richard O'Brien, MD, from CHPE.

Speakers reviewed the history of, and regulatory aspects related to, a category of subjects to whom increasing attention is being paid in the research ethics community – the vulnerable subject. The concept of vulnerability arose out of a series of abuses of subjects and pertains to those persons most susceptible to coercion and undue influence. The category includes, but is not limited to, children, the institutionalized, the poor and the uneducated. Speakers covered both federal and international codes of ethics for this group. Increasingly, federal funding requires different vulnerable groups to be included in research protocols in order to address health disparities – hence the importance of covering this topic in a Clinical Ethics Session.

Past abuses have taken advantage of the various frailties of the subjects to promote the interests of researchers at the cost of the health, safety, dignity and autonomy of subjects. One of the most important issues relating to vulnerable subjects is that of informed decision-making for the subject. In some instances, researchers have manipulated subjects in such a way as to claim that responsibility for participating in a particularly risky protocol lies in the subjects' consent, thus exonerating the researcher from proceeding with unreasonable risk. In other cases, subjects unable to give consent – such as children, or populations who are easy to coerce, such as poor persons – have unjustifiably become research subjects.

Of special interest, attendees heard about research among one of our most vulnerable groups – North American Indians. CUMC researchers pay special attention to this group, learning about

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CUMC Cardiac Center pays special attention to health disparities.

and respecting their traditional health practices and religious customs. They recognize in their clinical and research approaches, the significance of Indian cultural behavior such as the importance of respect, patience and modesty, the use of taboos and the critical role that tribal councils play in deciding about and participating in research projects. CUMC researchers have learned that respect includes not staring at subjects but simply glancing quickly at them, not taking notes, using the native language when possible and adjusting to a different concept of time.



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Highlights from the 20th Annual Theology and Ethics Colloquium of the Catholic Health Association

by guest contributor John R. Stone, MD, PhD

The 20th Annual Theology & Ethics Colloquium of the Catholic Health Association "Act Justly": Facing the Challenges of Disparity and Diversity" addressed unequal and inferior healthcare of racial/ethnic minorities and diverse cultures. The following are a few highlights from the March 2006 conference held in Nashville, Tennessee.

Dan Sulmasy, OFM, MD, PhD, argued that dignity and vulnerability are moral foundations for facing health and healthcare inequalities. At the heart of morality is recognition and respect for everyone's intrinsic human dignity, Sulmasy stressed. Such dignity implies moral responsibility toward one another regardless of who we are. People are vulnerable when affirmation of their dignity is at risk. An example is less concern for the homeless than for others. The moral response to vulnerability should be through love that addresses people's needs equally and well. Positive responses to intrinsic dignity and vulnerability should include personnel with diverse capabilities and major resources. To achieve the equality that these moral foundations imply, radical changes may be needed. Also, effective advocacy for needed changes may require political action.

Doriane Miller, MD, spoke about disparity in health care: There is extensive evidence of health and healthcare inequalities related to race/ethnicity (e.g., 2002 Institute of Medicine Report, Unequal Treatment, available online). Such "disparities" have huge population-health racial/ethnic implications. Her recommendations include continued advocacy for equal care, greater work-force diversity, outcome parsing by race/ethnicity and avoidance of market-driven inequality.

Rev. Bryan N. Massingale, STD, discussed racial injustice and how it is addressed by Catholic social teaching. His comments have major education and training implications for those who would address healthcare inequities involving race, ethnicity and/or culture. Regarding race and racism, Father Massingale stated, "We often don't know what we're talking about . . . We don't know how to talk about it . . . We don't really want to talk about it...especially not the heart of the reasons for racial disparities."

Richard Payne, MD, considered "Living and Dying in Black and White: End of Life Issues." An important question is how to balance health disparities with movements to foster better dying because inferior healthcare increases the

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Dr. John R. Stone

Interested readers may want to look at the summary of Dr. Stone's prior comments about healthcare disparities, race, and ethnicity in the [Fall 2005 Focus](#).

chance of dying. To address this problem, Dr. Payne advises that best practices should include end-of-life care embedded in programs to eliminate social injustices like healthcare disparities, numerous measures to insure good care, including enhanced professional education about cross-cultural issues, increased workforce diversity, culturally matched volunteers and collaboration with faith-based groups. See Dr. Payne's work at <http://www.iceol.duke.edu/>.

In his talk, "Dealing with Racial, Ethnic, and Religious Diversity in the Clinical Setting," Gottfried Oosterwal, PhD, Dlit, explained numerous ways that growth in cross-cultural knowledge, sensitivity, attitudes, and skills are essential for personalized and effective healthcare. Examples include cultural differences about pain and food. For some it is shameful to state or affirm that they are in pain. Thus, if caregivers say they know a person is in pain, this relieves the person of the shameful act of saying so. Then effective pain relief may ensue. Also, declining to share food for many is to ignore opportunities for human bonding and enhancing trust.



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Summer Institute at Bryn Mawr College

by Judith Lee Kissell, PhD

Dr. Gail Jensen, Faculty Associate of the Center for Health Policy and Ethics, will participate in the 2006 Summer Institute for Women in Higher Education Administration at [Bryn Mawr College](#). The Summer Institute gives women administrators and faculty an opportunity to work with issues currently facing higher education, emphasizing the globalization of higher education and the increasingly diverse nature of the student body and the work force.

The Institute prepares women for the management and governance of institutions of higher education, readies them for today's critical issues and problems in higher education and provides strategies for professional development focusing on leadership, self-presentation, institutional change, career planning and continuing supportive network of peers and mentors.

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Gail M. Jensen, PhD, PT, FAPTA



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Fulbright Fellowship in Hungary Update

by Beth Furlong, RN, PhD, JD
Faculty Associate, CHPE
Associate Professor, SON

[See Dr. Furlong's Fall Article](#)

[See Dr. Furlong's Home Page](#)

[See Dr. Furlong's Budapest Blog](#)

"It is hardly surprising that Hungarians have the reputation of being great survivors. They have been obliged to learn the arts of survival throughout the turbulent history of that little landlocked European country which has experienced more than its fair share of invasion, revolution and repression" (Orkeny, 1998, p. 7).



Dr. Beth Furlong with her husband Bob Ramaley and English language teachers from Nyiregyhaza who translated classes for her: Agnes Tilki (left) and Biszkune Orosz Toth Ilkiko (right) and Deak Laszloni Beala (far right).

This quote and knowledge of the Treaty of Trianon in 1920 when Hungary lost two-thirds of its land space are important facts to know and reflect on when living and working in Hungary.

I have had the opportunity of working here for the past two and one half months (this article being written in early April) as a Fulbright Fellow in a Lecturership capacity. For the past two months I taught nursing students at the Faculty of Health Sciences of the University of Debrecen located at their Nyiregyhaza campus in northeast Hungary near the Ukraine and Romania borders. Last week I re-located to Budapest for the remainder of the semester and will start teaching on Monday (April 10, 2006) in the School of Nursing at Semmelweis University.

While in Nyiregyhaza I had the opportunity to teach nursing students in both the full-time baccalaureate program and those nursing students who had been prepared in a three-year program and were now returning to obtain their baccalaureate degree. Health policy has changed in recent years so that if nurses obtain their baccalaureate degree their salary is doubled. I also taught students who are preparing to be Health Visitors – a role unique to Hungary for meeting maternal-child health needs of the pregnant woman and of children and teen-agers until age 18. My host faculty member, Ms. Katalin Papp, Senior Lecturer, is Director of their Department of Nursing which has 800 student nurses. Because of this nursing department in Nyiregyhaza, and the language, political, geographic, and economic context of northeastern Hungary, there is not a nursing shortage there (which is found in so many parts of the globe). Because of the 1920 Treaty of Trianon, many of the Ukrainian and Romanian nurses who live close to the Hungarian border, speak the Hungarian language and seek employment in Hungary because of a higher salary.

Hungary is known for its very difficult-to-learn language. My knowledge of the language has been minimal – but, certainly enough to live and manage. However, I was graciously assisted by the English Language Teachers (see picture) who

translated all my classes. We made a great team!

Ms. Katalin Papp ensured that I was given a multitude of experiences to best understand several facets of the health care system and nursing education in this European country. While I am just beginning my work in Budapest, I am appreciative that I had the opportunity to work in two nursing education schools -- in both the cosmopolitan urban center of Budapest, and in a smaller town, Nyiregyhaza with a population of 110,000.

Being a Fulbright Fellow has acutely increased my knowledge of and sensitivity to global affairs and the everyday realization of how inter-connected all of us are. My nursing colleagues in Hungary (and other European countries) are deeply immersed in the Bologna Declaration and are very involved in curriculum changes so that all curricula, degrees, etc. are harmonized through-out the European Continent. This will make it much easier for students to transfer from college to college regardless of what country they are from. While Curriculum Committees in the United States may provide formidable challenges, the same can be said for the time and energy being invested by Hungarian faculty – across all disciplines – to ensure an educated global workforce for the future.

Another way the international aspect of our health care work is manifested in analyzing the current news on a daily basis – for example, noting the strike in Germany of physicians and nurses over work conditions – the first such major strike of that kind of employee in 14 years. I reflect on all the changes occurring with rules of the European Union – which countries will accept or not accept employees of the newer members of the European Union countries which tend to be more eastern on the Continent. And, I listen to stories of physicians who travel on weekends to the United Kingdom and make higher salaries over a weekend than full-time work in Hungary. Many Hungarians also tell the stories of work discrimination and not making similar salaries when working in another European country as that country's nationals make. Super-imposed on all of this are the concerns of workers outside of the health care system. For example, young workers in France are concerned about their career development and all the work stoppages that have occurred in France in the last month. The interplay of the economy and health care has been transparent in so many daily or weekly situations. The need for nurses in the United States to be far more knowledgeable about the international context of the economy is a reflection I often have.

The Fulbright Fellowship Commission in Budapest has a reputation for being the best office worldwide. I can give two reasons for this which I have experienced: 1) we had an excellent two-day orientation in late January, and, 2) the Fulbright Commission staff plans a monthly excursion on the first Friday of each month so Fulbrighter Fellows can re-gather and share their experiences. And, this is done at various important parts of the country, so we have wonderful opportunities for sightseeing that we would not otherwise have. For example, during the past two days, we visited Holloko, a museum village near Eger, which garnered UNESCO World Heritage listing in 1987.

My need to be 'culturally humble' is also a frequent event. I make observations and realize later I had missed some cultural cues that could have saved me some difficulty. A conversation with an expatriate sums up best what some of my learning has been – I am always reminded that just when I think I understand something, he reminds me "That is a possible assumption" (R.James, personal communication, 2-1-06).

The first half of the semester has been another wonderful life opportunity! I embrace the next two months and the learning and people relationships that are yet to unfold.



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Center welcomes Becky Crowell as Senior Administrative Assistant

by Judith Lee Kissell, PhD

Becky Crowell began as CHPE's Senior Administrative Assistant in November of 2005. Becky is an Omaha native. She graduated from the University of Kansas where she earned her B.S. in Elementary Education. Before coming to Creighton, Becky taught in the Omaha Public Schools. She has also worked with the Fontenelle Forest and the Durham Western Heritage Museum.

Welcome Becky!



Becky Crowell at her desk in CHPE.



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Center welcomes Dr. Archana Chatterjee as Faculty Affiliate

by Judith Lee Kissell, PhD

Effective May 1, 2006, Dr. Archana Chatterjee will become a Faculty Affiliate of the Center for Health Policy and Ethics. Dr. Archana Chatterjee is Associate Professor of Pediatrics and Medical Microbiology and Immunology at Creighton University Medical Center and Adjunct Associate Professor of Pediatrics at the University of Nebraska, College of Medicine in Omaha, Nebraska. She is also the Hospital Epidemiologist at Children's Hospital in Omaha.

Dr. Chatterjee was born in India where she attended high school at the Army Public School in New Delhi. She received her MBBS (MD) from the Armed Forces Medical College at Pune University in India and earned her PhD in Medical Sciences at the University of Nebraska Medical Center in Omaha, Nebraska. She completed her residency in pediatrics followed by Pediatric Infectious Diseases Fellowship training at CUMC and the University of Nebraska Medical Center.

Dr. Chatterjee is an enthusiastic supporter of the Center, participating in several of its programs, including the M1 Ethics in Medicine Class, the Clinical Ethics Session, "Vulnerable Subjects in Clinical Research," and conferences, "Justice and Health Through Creative Technologies, Saris, Whistles and Buckets" and "When Taking Medication is a Sin: Religious Traditions and the Presence of Animal Products in Medications."

Welcome Dr. Chatterjee!

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Dr. Archana Chatterjee