

## Walter E. Neiswanger, M.D.: Stritch Alumnus with a Concern for Justice

The generous support of Walter E. Neiswanger, M.D. provided the resources to establish the Neiswanger Institute for Bioethics and Health Policy (Neiswanger) at the Loyola University Chicago Stritch School of Medicine (Stritch). This gift is the capstone of a long and distinguished record of devotion to issues in medicine and social justice. Like so many alumni of Stritch, this commitment to living out the humanitarian and spiritual values of his Jesuit Catholic education runs deep.

Dr. Neiswanger was born in Davenport, Iowa. He graduated from Davenport High School and attended a local college, St. Ambrose. He developed an interest in medicine by serving as an army medic during World War II. Because he could take a direct train to Chicago from Davenport, he chose to attend Stritch rather than study at St. Louis University. Although the choice may have been fortuitous, it is one that neither Walter nor Loyola University Chicago have ever regretted.



"There are many forms of sharing; the easiest to me is the sharing of material wealth. . . another form of sharing is done by persons who share their precious time and offer their talents to the dispossessed and downtrodden. . . It is this I most admire.

Some think sharing is a mere act of volition, a choice. But in my mind, it is an obligatory, imperative and I might go so far as to say, a mandatory act of human behavior."

Walter E. Neiswanger, M.D., Stritch '52

Dr. Neiswanger has long had a sense of social justice and of the obligation of those who have been fortunate to share with others. As is so often the case with good character, this sense of responsibility began with his upbringing. His parents, Walter B. and Katherine Neiswanger, ingrained in Walter the importance of sharing with others. This is a philosophical position that throughout his life, Dr. Neiswanger has readily incorporated into his personal interests and professional activities.

Dr. Neiswanger is a member of the class of 1952 – which is celebrating its 50th reunion this year. Dr. Neiswanger also did an internship at the University of Pennsylvania and completed his residency training at the Mayo Clinic in Rochester, Minnesota. Thereafter, he pursued a Fellowship at the College of American Pathologists and eventually settled back in Davenport where he served as a pathologist for the Quad-Cities Pathologists Group and as the Laboratory Director for both the Franciscan Medical Center, and most recently, the Metropolitan Medical Laboratory. He retired in 1990.

Although retired, Dr. Neiswanger remains active in a number of community organizations including serving as Trustee for the Mississippi Valley Regional Blood Center and the Davenport Museum of Art. He is a former Trustee for several organizations including the "le Musee d'Art Haitien" in Port-Au-Prince, Haiti, and for St. Anthony's Continuing Care Center. He also is the former President of the American Cancer Society in Rock Island, Illinois. Dr. Neiswanger's current interests include the Community Foundation of the River Bend, Gilda's Club, the Sisters of Humility Homeless Group and ecological issues of the Sierra Club.

Dr. Neiswanger has established a college scholarship that is open to high school students in Davenport, Iowa, who are interested in pursuing a career in medicine. To date, this scholarship, the Dr. Tom Dooley Scholarship, has funded college education for 43 students. An avid collector of Haitian art, he generously donated his collection of over 150 paintings and sculptures to the Davenport Museum of Art. This museum now holds the most extensive and valued collection of Haitian art in the world.

He holds professional memberships with the College of American Pathologists, the American Society of Clinical Pathologists, the American Medical Association, the Illinois State Medical Society and the Rock Island County Medical Society. He received an honorary Doctor of Humanities degree from St. Ambrose College

in 1982. In 1996, Dr. Neiswanger was the recipient of the prestigious Cardinal Stritch Medal, an award that is presented annually to a distinguished Stritch alumnus.

In conclusion, we must say that listings of degrees, honors and good works clearly cannot capture the sense of pride that we at Stritch feel in knowing that our school had a hand in forming this fine human being. Walter is genuine, refreshing in his humility and disarming in his generosity. He is an example for all who profess the Stritch values. @

## From the Director



Welcome to bioethics@lumc, the newsletter of the Neiswanger Institute for Bioethics and Health Policy.

Bioethics@lumc is pronounced as you might expect in our cyber-age: "Bioethics at L.U.M.C." Of course, the name signifies that it conveys news about bioethics at Loyola University Medical Center, specifically, at the Neiswanger Institute for Bioethics and Health Policy.

The Neiswanger Institute first opened its doors in July 2000. Thanks to a generous gift from alumnus Walter E. Neiswanger, M.D., (Stritch School of Medicine Class of '52), we have created an institute dedicated to the three-fold mission of research, education and service in bioethics and health policy. Of course, one might wonder how we are different from other such institutes.

An identity is sometimes not a single item but a constellation of attributes and emphases. We are part of a Jesuit university. The Society of Jesus has long been known for the promotion of justice, and the Jesuits have always aimed at educating "men and women for others." Therefore, it is natural that the Neiswanger Institute should consistently seek to address issues of justice in health care and health policy. In particular, our institute focuses on the relationship between medical professionalism and justice. We ask how the vocation of medical professionals calls for leadership in bringing about justice.

You will find this emphasis reflected in much that we do and in many of our hopes for the future. Justice is a continual theme in our new web-based M.A. program, in the new professionalism efforts in the Stritch School of Medicine and across our campus, in the international conferences we plan for the future and in our conceptual and empirical research agenda. Each of these efforts is elaborated in the pages that follow.

The focus of the Neiswanger Institute must also emanate from the faculty. In this regard, Neiswanger is extremely blessed with faculty who are gifted in working at the intersections of theory and practice, policy and clinical reality. There is a youthful feel to our core faculty due to such rising stars as Erin Egan, M.D., J.D., Elisa Gordon, Ph.D., and Kayhan Parsi, J.D., Ph.D. But this group is also fortunate to be supported on a day-to-day basis by such veteran ethicists as Kevin O'Rourke, O.P., J.C.D., S.T.M. and Ken Micetich, M.D.

Our goal is to be sure that the Neiswanger Institute lives up to the heritage and reputation of Loyola University Chicago Stritch School of Medicine and helps to advance the national and international dialogue on health care. As we now live in an interconnected world where human dignity is often threatened by a lack of basic health necessities, we hope you also will ask how you can contribute to these efforts. @

Mark G. Kuczewski, Ph.D.

Director, Neiswanger Institute for Bioethics and Health Policy  
Loyola University Chicago Stritch School of Medicine

## New Online Master of Arts Program Aims to Set the Standard

Mark Kuczewski, Ph.D., was the first person to put graduate education in bioethics on the web. He recruited Kayhan Parsi, J.D., Ph.D., who has been deeply involved in online educational programs in medical ethics for a major medical professional association. Together, they've launched a new Online M.A. Program in Clinical Bioethics and Health Policy. (A four-course certificate program also is available.) Armed with their combined knowledge and experience, they plan to create an online master's program at Loyola University Chicago that becomes known as "simply the best."

This online program utilizes the latest instructional web-based techniques to offer a graduate program to health-care professionals and advanced students. The program employs a multidisciplinary approach that takes study and analysis of issues in clinical bioethics as the starting point. In analyzing everyday problems, students are led to consider the institutional and social policies that shape the contemporary health-care environment. The development of skills to address ethical issues in the clinic and the boardroom is fostered and emphasized.

Although many universities offer master's programs in bioethics, these traditional programs may not be easily accessible to working professionals. An online degree program in bioethics provides the flexibility to meet the needs of a busy professional. Furthermore, the web makes possible a far greater degree of interaction and exchange of information among the participants and instructors than would ever be possible in the traditional two-hour classroom sessions that are the hallmark of most graduate programs. Online graduate students have a wealth of knowledge to share and often learn as much from their classmates as they do from faculty instructors. In other words, a truly student-centered

environment is possible. Our faculty will work closely with students to develop their analytic skills and refine their effectiveness as ethics educators.

Faculty from Loyola's philosophy department also will participate in the program and offer courses; occasional guest lecturers from other Jesuit universities also will participate. For instance, John Carroll University religious studies professor Paul Lauritzen, Ph.D., will offer a course on genetics and public policy.

For more information on the M.A. or certificate programs (or on just taking a course), visit our web site <http://bioethics.lumc.edu> or contact Kayhan Parsi, J.D., Ph.D., at [kparsi@lumc.edu](mailto:kparsi@lumc.edu), phone (708) 327-9214.

Loyola has long offered an excellent Master of Arts program in health-care ethics at the Lake Shore campus through the philosophy department. Students interested in the on-campus program should contact Professor Mark Waymack at [mwaymac@lumc.edu](mailto:mwaymac@lumc.edu). @



## Examining Physician Assumptions about the Meaning of Do Not Resuscitate Orders

Physicians frequently write Do Not Resuscitate (DNR) orders to limit the scope of interventions administered to patients. Frequently, physicians intend this order to cover a variety of treatments aimed at a number of different conditions. However, there is no evidence that physicians agree on what aspects of care are covered by DNR orders, and there is copious anecdotal evidence that physicians have widely disparate assumptions about what care will be provided and what care will be withheld.

Erin Egan, M.D., J.D., senior associate at the Neiswanger Institute, is conducting a survey assessing physician's assumptions regarding limitation of care on patients with DNR orders. Physicians are asked to indicate what treatments

they consider appropriate in general for patients with DNR orders. The results should be compiled by the end of 2002.

These data are an important component of ensuring that patients receive the care they want despite changes in the physicians responsible for their inpatient care. Ultimately, standardization of terminology is essential to facilitate communication between physicians and patients, and among health-care providers. As patients struggle to ensure that the end of their lives are managed according to their wishes, clarification of what physicians intend DNR orders to include is essential. Preliminary results indicate that these orders are subject to much more interpretation than would seem desirable. @

## The Loyola Model of Professionalism: Justice, Leadership, Integration

In many ways, the term "professionalism" is supplanting "ethics" in medical parlance. This seems to be a natural progression. Ethics is a traditional word but is limited in at least two ways. First, ethics seems to suggest external oversight. It's not clear exactly how it came to have such connotations, but to many professionals, ethics is associated with arbitrary standards enforced by a committee or review panel. Second, ethics is limited in scope and, in medicine, suggests a narrow set of issues such as informed consent, confidentiality and end-of-life decisions. Today's physicians and other health-care professionals are often also concerned with the issues raised by contractual arrangements with managed-care organizations, interactions with representatives of pharmaceutical companies and relationships to colleagues and administrators along the continuum of care. Such concerns much more readily suggest "professionalism." And, it is clear from these concerns that medical professionalism is coming to signify the norms that govern those relationships in which physicians engage in the care of patients.

The Accreditation Council on Graduate Medical Education and the American Association of Medical Colleges have begun requiring that residents and medical students be able to demonstrate competence in the skills related to professionalism. As a result, the scramble is on to figure out ways to teach professionalism and assess it. The Neiswanger Institute and the Stritch School of Medicine are working to lead the way.

The "Loyola model" of medical professionalism has evolved to emphasize three principles: leadership, integration of learning levels, and justice. That is to say, professionalism cannot be effectively fostered by giving lectures to medical students on the etiquette of interacting with patients. Professionalism can only be promoted when the learner accepts the invitation to take responsibility for his or her self-development (leadership). Because professionalism is often developed by role modeling or learning to see things from the perspectives of others, it is imperative that a variety of levels and types of learners (e.g., faculty, residents and medical students) be integrated into professionalism activities. These two principles are "process" principles. Whatever the content of an institution's professionalism efforts, the principles of leadership and integration of learner levels are necessary to make the activity successful.

The third principle, justice, is one that is emphasized by the values of the Jesuit Catholic heritage of Loyola University Chicago. As commonly understood, any profession has a contract with society to provide a service that is in the interest of the public. For providing this service, the profession is granted a certain degree of autonomy and privileges. Such an understanding of medicine sees promotion of the health of the general public as implicit in the contract. Of course, a Catholic orientation points toward the responsibility of all members of the human community to promote the good of those who are least able to participate in the common goods. Thus, medical education in professionalism must emphasize the need for medical professionals to advocate for those who are most in need of services but powerless to access them.

These principles are behind the spate of new projects to promote professionalism at Loyola University Medical Center (LUMC):

- A web page of Resources in Professionalism (<http://bioethics.lumc.edu>)
  - Two new Stritch School of Medicine curricular initiatives:
    - An Honors in Bioethics and Professionalism program and
    - A required M-4 course in Business, Professionalism and Justice
  - A new "Innovations in Leadership" seminar that brings together the "best of the best" of our faculty, residents and medical students for training in communication skills, team building and conflict management. The crown jewel of this program is the application projects created by teams of participants. These projects are implemented across the LUMC campus to foster a grassroots renewal of professionalism.
  - The new Bioethics Without Borders conferences, an international initiative to foster awareness of health-care needs around the globe.
- As can easily be seen, professionalism is something we seek to promote at all levels at LUMC and to reach out to develop resources that other institutions might emulate such as on our web site. Each of these initiatives will be profiled in subsequent issues of [bioethics@lumc](mailto:bioethics@lumc) in a regular feature, About Medical Professionalism. @



## Bioethics Without Borders: Bringing Together Bioethics and Global Awareness

The Neiswanger Institute is planning a series of international conferences to promote awareness of ethical, cultural and public health issues in developing nations. These conferences will help bioethicists and health-care professionals to better understand the interrelatedness of the use of resources on our planet and the relationship between health care and public health. We hope to foster a dialogue on justice, the underserved and bioethics that will help us to be better educators, citizens and advocates.

Future conferences are planned for Haiti, Guatemala, Ecuador and a variety of other countries. We hope to synchronize the conferences with the medical immersion trips run by the office of University Ministry at Stritch or medical missions run by other medical schools. In this way, we might be able to utilize the newly acquired experience of the students as presenters and commentators regarding the needs of the people they are treating.

We are presently seeking collaborators to share in fostering this multidisciplinary and multicultural dialogue. And, we are seeking sponsors who are interested in an opportunity to further awareness of the needs of those in the developing world. If you'd like to help, please contact Mark Kuczewski at (708) 327-9219 or e-mail: [mkuczew@lumc.edu](mailto:mkuczew@lumc.edu). @



Photo courtesy of Brian Hertz, Stritch '02

## Empirical Research at Neiswanger Looks at Ethics Consultations

When we think of justice in terms of access to health-care services, what often comes to mind is the problem of disparities in patients' access to health care, especially among minorities. But the concept of justice also applies to health-care professionals. Ethics consultation services are now provided by most hospitals in the United States as the mechanism that addresses the Joint Commission on the Accreditation of Health Care Organization's (JCAHO) mandate for hospitals to address ethical issues in patient care. Although all health-care professionals may technically request ethics consultations (ECs), the service often goes underutilized by non-physician health-care professionals.

Elisa Gordon, Ph.D., a medical anthropologist who is Neiswanger's assistant director for research, is conducting a study of "Residents' and Nurses' Decisions about Requesting Ethics Consultations." Her preliminary results show that nurses face a number of barriers to gaining access to ethics consultations. Nurses consider requesting ECs as risky; they fear potential repercussions including physician anger and isolation from the medical team. In contrast, nurses who did request ECs overcame fears by drawing upon their professional moral/ethical duty to act as patient advocates. This is a fascinating study into the culture of the clinic and how ethical obligations are perceived by different kinds of health-care professionals. Dr. Gordon is preparing her results for publication and will make a number of recommendations based on her findings.

Dr. Gordon is currently involved in several other research endeavors. Prominent among these is a collaboration with Ash Sehgal, M.D. (Case Western Reserve University) on a research study that examines the process of health policy making for daily hemodialysis in light of a critique of evidence-based medicine. @

## Advisory Board of the Neiswanger Institute for Bioethics and Health Policy

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## Neiswanger and Loyola Mourn Loss of David C. Thomasma, Ph.D.

David C. Thomasma, Ph.D., the Fr. Michael English Professor of Medical Ethics, passed away on April 25. David had struggled with some health problems in recent years, but his death was unexpected. David was a pioneer in bioethics, a prolific author, an editor of two major journals and a mentor to future generations of bioethicists. The Loyola community will miss him dearly.



Those who knew David might wish to visit the tribute on our web site <http://bioethics.lumc.edu>. The site also contains information on how to contact the family to express condolences and on the newly created Thomasma Memorial Lecture. @

<http://bioethics/lumc.edu>

## Earn a master's degree or certificate in bioethics online...

Formal knowledge of bioethics is increasingly important. Health-care institutions need professionals who can analyze ethics cases and policies, facilitate ethical decision-making, and effectively teach colleagues and students. To meet this need, the Neiswanger Institute for Bioethics and Health Policy, Loyola University Chicago Stritch School of Medicine, is pleased to announce a new online Master of Arts program in Clinical Bioethics and Health Policy. Regardless of where you live, you can examine cutting-edge issues in bioethics in an accredited master's program.

Our experienced and Web-savvy faculty:

- Use the latest instructional Web-based techniques
- Employ a multidisciplinary approach to clinical bioethics
- Work closely with you to develop your analytical skills and refine your effectiveness as an ethics educator.

For more information, visit the Neiswanger Institute for Bioethics and Health Policy web site <http://bioethics.lumc.edu>, or e-mail Kayhan Parsi, J.D., Ph.D., Graduate Program Director, [kparsi@lumc.edu](mailto:kparsi@lumc.edu).

## Recently Published

Erin Egan, Kayhan Parsi, "Clinical Ethics Commentary: Turning off the Pacemaker." *Virtual Mentor*, (www.virtualmentor.org). June 2002. www.ama-assn.org/ama/pub/category7993.html.

**Abstract:** *The Clinical Ethics in Chicago section of the online journal, the Virtual Mentor, invites ethics and health professionals to analyze clinical ethical dilemmas. In this installment the patient is diagnosed with pancreatic cancer. The patient plans to get his affairs in order, after which he would like his physician to disable his pacemaker. By disabling the pacemaker the patient hopes to avoid the slow and painful death that he anticipates his cancer will cause. The right to refuse care, and the right to have care withdrawn are in conflict with the physician's interest in doing no harm. The case explores the limits of a competent patient's right to refuse treatment, as well as the responsibilities of a physician when faced with such a request.*

Maurice Lemon, Erin A. Egan, "Doc, Just One More Thing..." *Seminars In Medical Practice*, 5(2): 13 – 21, 2002.

**Abstract:** *This is the first article in a new feature by Seminars in Medical Practice exploring issues in medical professionalism. The case in this article begins with a patient returning to his long-time primary care physician. He has transferred his care to another physician because his new managed care plan limits his choice of providers. Through the interaction between the patient and the physician a number of issues become evident. The professional and ethical pitfalls when physicians provide concurrent care (when two physicians care for a patient in the same capacity, thus having parallel duties and potentially conflicting care plans) become apparent. Additional issues are raised regarding disclosure of health related information by one physician to another when the patient wants some information to remain confidential. The authors frame these issues in the context of the physician patient relationship. The resulting solution balances the patient's autonomy and right to privacy against the physician's duties of beneficence and nonmaleficence.*

Elisa J. Gordon, Kenneth Micetich, "Competing Clinical Trials in the Same Institution: Ethical Issues in Subject Selection and Informed Consent," *IRB: Ethics & Human Research*, 24(2):1 – 6, 2002.

Elisa J. Gordon, "What 'Race' Cannot Tell Us About Access to Kidney Transplantation." *Cambridge Quarterly for Healthcare Ethics*, 11(2):134 – 141, 2002.

**Abstract:** *This paper critiques the term 'race' as it is used by researchers and bioethicists writing about 'racial' differences in access to kidney transplantation. The use of 'race' reflects scientifically inaccurate assumptions about the biological bases of social problems and thus limits our understanding and resolution of the bioethical dilemma of potential inequalities in transplantation. By no means does deconstruction of 'race' imply that inequitable access to transplantation does not exist. Rather, this paper identifies the limits of biological criteria and proposes other more useful criteria for documenting inequities in access to transplantation.*

Elisa J. Gordon, Review of *Country Doctor: A Memoir by Ben Dlin*. 2000. Prince George, B.C.: Caitlin Press, Inc. *American Journal of Bioethics*, 2(3):61 – 63, 2002.

Elisa J. Gordon, "Patients' Decisions for Treatment of End-Stage Renal Disease and their Implications for Access to Transplantation," *Social Science and Medicine*, 53(8): 971 – 987, 2001.

Mark G. Kuczewski, "Two Models of Ethical Consensus or What Good is a Bunch of Bioethicists?" *Cambridge Quarterly for Healthcare Ethics*, 11(1): 27 – 36, 2002.

**Abstract:** *Consensus can be arrived at in at least two ways. These are easily and often illustrated in the history of bioethics in the United States in the last thirty years. Sometimes consensus reflects our societal heritage that places a premium on autonomy. This autonomy model of consensus means that there is no competing consideration that all agree should outweigh individual choice in the matter under discussion. But, bioethics has also employed a model of consensus that is based on a communitarian casuistry. This model of consensus tries to respect all or most of the values of the various communities that comprise our society. This model is inherently casuistic as achieving such consensus is a matter of finding particular nuanced solutions that balance competing claims. The author contends that bioethicists should self-consciously embrace this communitarian model of consensus in their public policy recommendations.*

Mark G. Kuczewski, "Developing Competency in Professionalism: The Promise and the Pitfalls," *ACGME Bulletin*, October 2001: 3 – 6. Available on our "Resources in Professionalism" webpage at <http://bioethics.lumc.edu>.

Benedict Ashley, Kevin O'Rourke, *Ethics of Health Care: An Introductory Textbook*, 3rd ed., Washington, DC: Georgetown University Press, 2002.

Kevin O'Rourke, "The Illinois Bishops on Death and Dying. A Pastoral Letter Presents Church Teaching in a Succinct and Understandable Manner," *Health Progress*, 83(2): 13 – 5, 59, 2002. <http://www.chausa.org/PUBS/PUBSART.ASP?ISSUE=HP0203&ARTICLE=T>.

Kevin O'Rourke, Thomas Kopfensteiner, Ronald Hamel, "A Brief History: A Summary of the Development of the Ethical and Religious Directives for Catholic Health Care Services," *Health Progress*, 82(6): 18 – 21, 2001. <http://www.chausa.org/PUBS/PUBSART.ASP?ISSUE=HP0111&ARTICLE=G>.

Kevin O'Rourke, Patrick Norris, "Care of PVS Patients: Catholic Opinion in the United States," *Linacre Quarterly*, 68(3): 201 – 217, 2001.

Kayhan Parsi, Erin Egan, "Patents: The Public Interest versus the Private Privilege," *American Journal of Bioethics*, 2(3): 45 – 46, 2002.

Kayhan Parsi, Sara Taub, "Feeding Health Disparities," *Virtual Mentor*, (www.virtualmentor.org), 3(11): November 2001, <http://www.ama-assn.org/ama/pub/category/6797.html>.

Sara Taub, Kayhan Parsi, "The Trend Toward Casual Dress and Address in the Medical Profession" *Virtual Mentor*, (www.virtualmentor.org), 3(10): October 2001, <http://www.ama-assn.org/ama/pub/category/6563.html>.

Kayhan Parsi, Review of William F. May, *Beleaguered Rulers: The Public Obligation of the Professional*, Louisville, KY: Westminster John Knox Press, 2001, *Medscape General Medicine*, June 25, 2002. Available at <http://www.medscape.com/viewarticle/436837>.

## bioethics@lumc

The newsletter of the  
NEISWANGER INSTITUTE FOR BIOETHICS  
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### Do you have ideas for the next bioethics@lumc?

Bioethics@lumc.edu is taking submissions for the Spring 2003 newsletter. Please send submission ideas to Tammie Morris, Neiswanger Institute for Bioethics and Health Policy, Building 120, Room 280, Loyola University Medical Center, 2160 S. First Avenue, Maywood, IL 60153, or e-mail [bioethics@lumc.edu](mailto:bioethics@lumc.edu).

The editorial staff reserves the right to edit submitted items.

