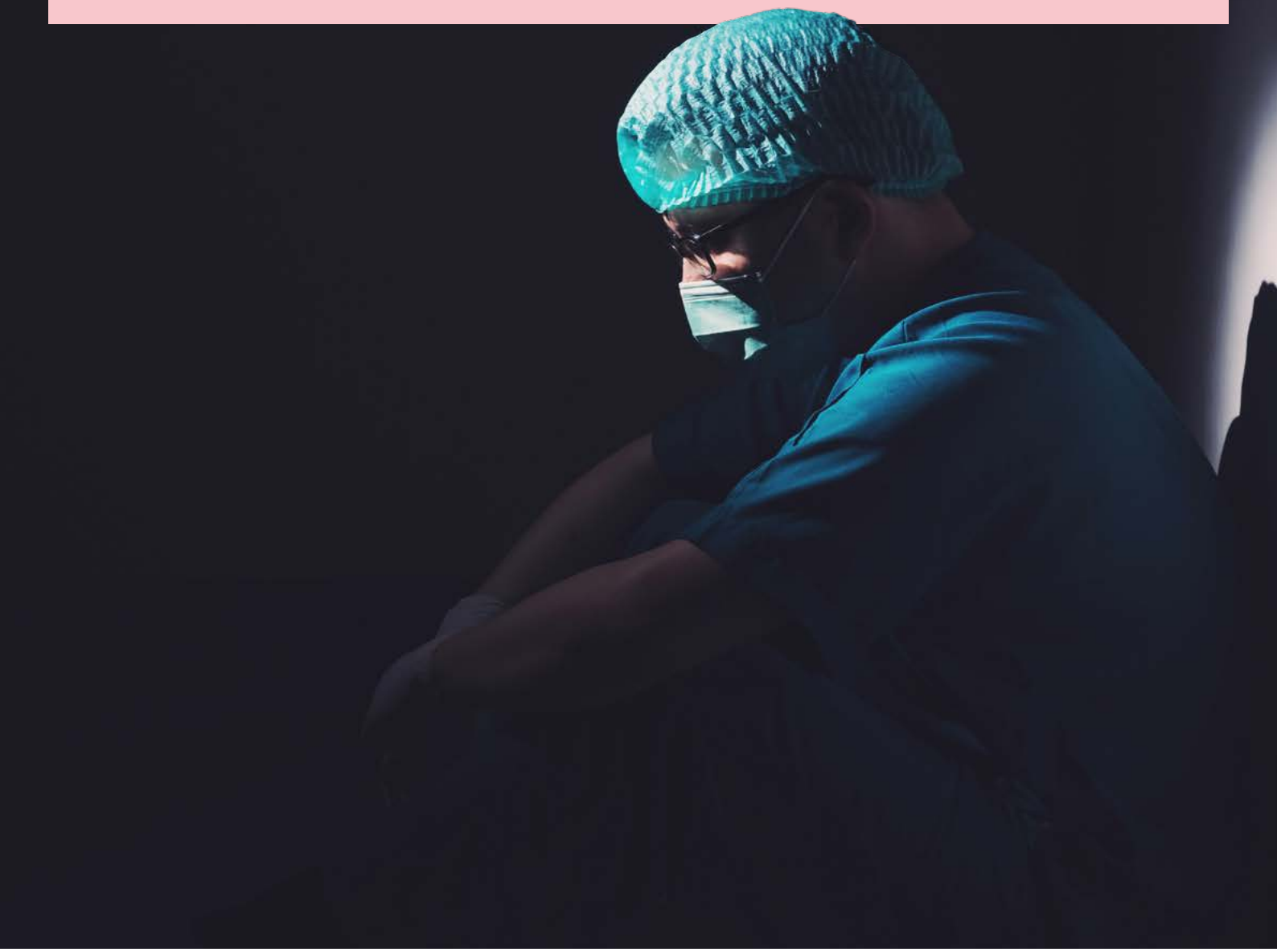
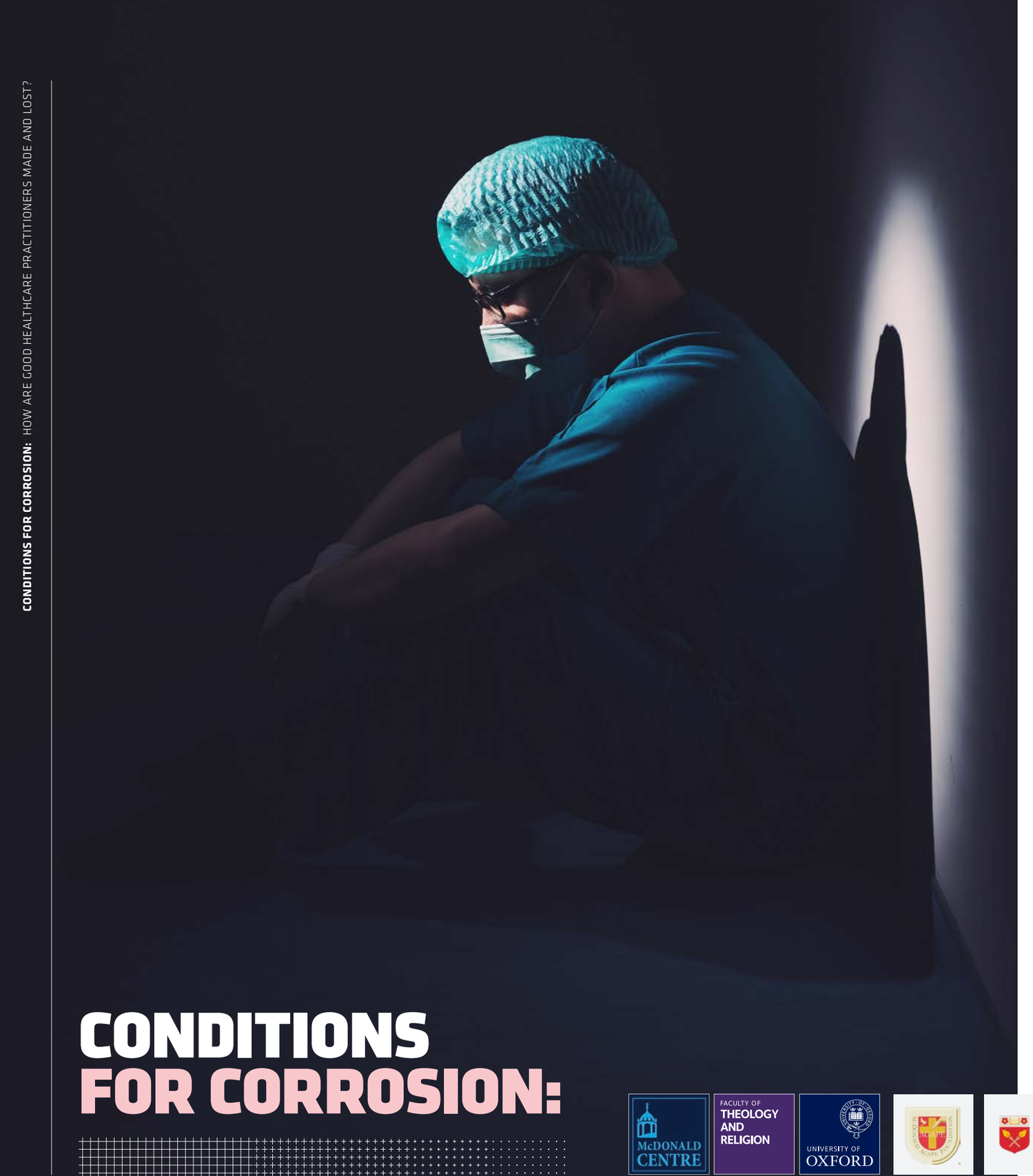
CONDITIONS FOR CORROSION:

JUNE 27–29, 2023
Harris Manchester College, Oxford

HOW ARE GOOD HEALTHCARE PRACTITIONERS MADE AND LOST?



McDONALD CENTRE | FACULTY OF THEOLOGY AND RELIGION | UNIVERSITY OF OXFORD | Harris Manchester College UNIVERSITY OF OXFORD | COLUMBIA CENTER FOR CLINICAL MEDICAL ETHICS IN THE DEPARTMENT OF MEDICINE | Healthcare Values Partnership | DUKE DIVINITY SCHOOL THEOLOGY, MEDICINE, AND CULTURE | wellcome



CONDITIONS FOR CORROSION:

INTRODUCTION

What factors are creating the conditions for corroding practitioners' capacity to develop a well-ordered professional identity? How is corrosion associated with, for example, the healthcare institutions, laws and systems within which practitioners operate? How do such conditions, as they influence the everyday practices of healthcare practitioners, constrain practitioners in their desire to act for the good, in accordance with what they understand to be their vocation?

This international, interdisciplinary conference brings together those with dual expertise in both healthcare and ethics or theology to attempt to diagnose the conditions for corrosion which currently prevail and consider what should be done to address them.

CONDITIONS FOR CORROSION: HOW ARE GOOD HEALTHCARE PRACTITIONERS MADE AND LOST?

CONFERENCE SCHEDULE

TUESDAY JUNE 27TH

3pm **Tour of Ashmolean Museum**
'Death and Dying in Diversity'
By invitation (conference speakers/invited guests)

5pm **Tea** and welcome to conference speakers

6pm **Public lecture (Harris Manchester College)**
Welcome: Conference convenors
Chairs: Gabe de Luca and Kate Saunders

Cultivating Hope as a Condition for Correction

Lydia Dugdale

Ask any physician about the state of health care today, and the prognosis will ostensibly be dismal. Although psychologists use the term 'negativity bias' for the human tendency to attend disproportionately to negative over positive information, the negativity that physicians feel toward the profession is no mere bias. Doctors regularly experience betrayal, brokenness, and moral injury. This paper seeks to push back against the negativity by taking up a version of the conference subtitle. It asks not 'How are good health care workers made and lost?', but rather, 'How might good health care workers be revived?' and answers this question through (1) a description of the conceptual relationship between hope and despair; (2) an account of hope and despair that draws from but is distinct from previous definitions; and (3) a case for medical practitioners to cultivate hope as a condition for correction rather than corrosion.

Response: Joshua Hordern

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WEDNESDAY JUNE 28TH

9am **Session 1**
Chair: Angeliki Kerasidou

COVID-19 and the undoing of character: moral injury, moral distress and violations of conscience during a pandemic

David Albert Jones

The aim of this paper is twofold: to consider some moral harms inflicted on healthcare workers during a pandemic; and to consider the concepts of moral injury, moral distress, and conscience. The concept of "moral injury" was developed by Jonathan Shay in the 1990s in the context of the experiences of war veterans. The term "moral distress" was coined by Andrew Jameton in the 1980s in his work on nursing ethics. The word "conscience" (conscientia) in ancient sources refers to an act of moral judgment. In the nineteenth century the term "conscientious objection" came to be used for an exemption provided by law from a civic duty (swearing an oath, vaccination, military service). The concepts of moral injury, moral distress and conscience relate to one another but there is relatively little overlap between the strands of literature which each has generated. Taken together, these concepts can help inform pandemic ethics.

Professional obligations and the demandingness of acting against one's conscience

Alberto Giubilini

Conscience is typically invoked in health care to defend a right to conscientious objection, that is the refusal by healthcare professionals to perform certain activities in the name of personal moral or religious views. On this view, an individual's conscience should be respected also when the individual is operating in a professional capacity. Others would argue, however, that being a professional and fulfilling professional obligations also require the exercise of conscience. On this view, a conscientious professional is one that can set aside one's own moral or religious views when they conflict with professional obligations. A possible ground for this view is that being a professional, and a health care professional specifically, typically requires taking on additional burdens compared to non-professionals. For instance, healthcare professionals are expected to take on themselves higher risks than the rest of the population (for instance by caring for infectious patients), or more workload in certain circumstances (for instance, during the peak of a pandemic). What counts as beyond the call of duty for the average citizen might well count as a professional duty for healthcare professionals. A question worth exploring is whether among the extra burdens that healthcare professionals should be expected to take on themselves as a matter of professional obligation there is also the burden of acting against one's own conscience. Is there any morally relevant difference between the burden of taking on extra risks or extra workload and the burden of acting against one's conscience when operating in a professional capacity? In this paper, I will address this question by clarifying the nature and the limits of the demandingness of professional obligations.

Response: Farr Curlin

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10:30–11am **Break**

11am **Session 2**
Chair: Nigel Biggar

Healthcare Institutions and the Practice of Moral Reason

Dallas Gingles

Recent debates about the role of neutrality and the demands of public reason in healthcare deliberation do not distinguish clearly enough between the "public" to which "public reason" more properly refers and the institutional contexts within which healthcare deliberations take place. This paper argues that institutions—particularly healthcare institutions—provide frameworks for moral reasoning, and that we should cultivate those frameworks and the practices of moral reasoning that they undergird. This argument is constituted by two distinct arguments—one about the task of ethical reasoning, the other about the institutional location within which it occurs. Omitting either of these these arguments or failing to distinguish between them contributes to the corruption of the practice of moral reason in healthcare.

The corrosion of conscience in healthcare: Resurrecting moral identity for the healthcare professions.

Christina Lamb

Conscience is undervalued in bioethics and healthcare contexts. This is partially due to the idea that conscience is merely the vehicle one uses to express their personal, moral preferences. Subsequently, conscience is sometimes perceived as a private or 'religious' quality that has little bearing on professional practice. However, conscience itself is under-explained and misunderstood in today's bioethics and healthcare contexts. Subsequently, the significance of conscience is being lost in healthcare. To address the corrosion of conscience for healthcare professionals, I will argue that conscience is essential for healthcare ethics across secular and religious contexts because it is the integrating aspect of being a moral person. To do so I will draw on the philosophical-theological insights of Edith Stein and John Henry Newman to show how conscience can be accessed in ways that make it intelligible to both religious and secular audiences.

Response: Dafydd Daniel

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12:30–2pm **Lunch Break**

2pm **Session 3**
Chair: Mary Woolliams

The Project on the Good Surgeon: A Pathway for Healing & Repair

Ryan Antiel

The work of Harvard medical anthropologist Byron Good contends that Western medicine prioritizes the technical and subverts the metaphysical. Furthermore, the corporatization and commodification of modern medicine has transformed medicine into what Dan Ariely, behavioral economist at Duke University, calls a "fixing-people production line." The dominant logic of medicine has become oriented toward market utility and is shaped by its defining metaphors - efficiency, production, and cost-effectiveness. The vocation has become soulless. Within this environment, many surgeons have lost a sense of meaning and purpose in their work. When social scientists recently asked a representative sample of U.S. surgeons whether they would encourage their own children to pursue a career in surgery, half said "no." In the same study, 40% of surgeons met criteria for burn out, 30% screened positive for symptoms of depression, and 28% reported low mental quality of life. Furthermore, 18% of surgical trainees leave surgery altogether after only a single year of training.

Is there a pathway to repair? Though the late medical sociologist Charles Bosk rightly observed that surgical residency was primarily "a moral education," surgical education has focused primarily on training efficient technique. I argue that without deliberate attention to the moral formation of surgeons, there can be no hope to establish a well-ordered professional identity that can withstand the environmental hazards of modern commercialized medicine. To conclude, I proffer one local attempt, at Duke University, to ameliorate this corrosion: the Project on the Good Surgeon. Calling on the strategies for character formation from the Oxford Leadership Initiative, we have begun to create a parallel community rooted in friendship and mutual accountability, where difficult questions are raised, and new habits and practices are formed. The program utilizes literature and the fine arts to provide the surgeon with exemplars, fostering a thick moral community wherein virtue and flourishing can be pursued.

Diversity in Death and Dying

Joshua Hordern and Ariel Dempsey

A museum is a good place to think about death and dying. It is also a good place to encounter it. Museums are filled with the belongings and material residue of the dead: their images, the contents of their graves, the art they created, bought and sold, and the memorials that were made to remember them. As part of a new Medical Humanities Curriculum in the Oxford Medical School, fifth-year medical students journey through the Ashmolean Museum, using images and objects from the collections to engage with questions surrounding the end of life, the care of the dying, and the ways death affects medical professionals, patients and families in diverse social and cultural contexts. This presentation will share some reflections emerging from dialogue with the students and will open up broader ethical, theological and philosophical reflections on compassionate and appropriate responses to death and dying.

Response: Andrew Papanikitas

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3:30pm	**Plenary Discussion**
4pm	**Break**
6pm	**Public lecture (Harris Manchester College)** Chair: Christina Lamb

What does listening to patients have to do with good medicine?

Brian Brock

Medical training today has been deeply reshaped by algorithmic diagnostic logics and the emplacement of healthcare in quasi-industrial "care systems". This evolution of medical knowledge and practice has reshaped how doctors listen to their patients. What deformations might we expect to arise in a context in which medical education is placing premium on medical tests as yielding diagnostic certainty? And how are medical professionals today to weigh the role of the patient's account of their ailments in relation to the data provided by diagnostic tests and equipment? The dynamics of listening to patients in a diagnostic context will be the focus of my paper, which I approach with a special interest in addressing the markedly lower healthcare outcomes of the intellectually disabled in contemporary healthcare systems.

Response: Farr Curlin

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THURSDAY JUNE 29TH

9am	**Session 1** Chair: Ashley Moyse

Christ's dying and medicine as *polis*

Ioannis Bekos

Medicine (along with physicians and medical institutions) is a powerful discipline with moral and political authority that forms concepts and practices for human life and death, influencing the way people, not only patients, comprehend their own life and dying. As in politics, medicine risks to be corroded when shifts away from what was once considered as the original state of practice which is human health and healing. For example, medicine, based on subjective dying perspectives, favors death instead of life in cases like abortion and euthanasia thus changing the traditional principles about the treatment of patients and old people and establishing a political ethos. It is argued that medicine may provide the necessary conditions for dying that favors life through the reclaiming of a context from the past that would also provide insights around the purpose of medicine. Christ's practices in dying with emphasis on the prayer in Gethsemane, the dialogue with Pilate and His words on the Cross represent such a context. In fact, this tradition-specific approach presents medicine (along with physicians and medical institutions) as polis that goes beyond the pursuit of the basic human good of health and claims a political impact in the modern world.

The moral universe of Muslim clinicians

Mehrunisha Suleman

In this paper, I will share findings from an empirical study that offers a thematic analysis of 76 interviews with Muslim doctors, nurses, allied health professionals, chaplains and community faith leaders across the UK, as well as patients and families. The data show that for many Muslim healthcare practitioners, Islam - its texts and lived practice – is of central importance when they are deliberating death and dying and end of life care decision-making. Central to these deliberations are virtues rooted within Islamic theology and ethics, the traditions of adab (virtue) and aqhlaq (proper conduct). Themes analysed include theological and moral understandings around what constitutes care and obligations at the end of life. The study provides an analysis of these themes in relation to the experiences of Muslim healthcare practitioners as they deliberate personal and professional moral commitments. The data show that the juxtaposition of different values and moral frameworks require careful negotiation when Muslim healthcare practitioners are caring for the dying. The study also describes how healthcare systems and training programmes lack deliberative mechanisms to support Muslim practitioners to work through competing moral frameworks and how to develop a coherent identity.

Response: Ilora Finlay

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10:30–11am Coffee

11–12:30pm Session 2
Chair: John Bekos

Attending to the Whole Person of the Healthcare Professional

Brian Williams

One of the dangers of contemporary healthcare training is the tendency to subsume one's personal identity wholly into one's professional identity. This reductive tendency enshrines professional competency and advancement as the sole ordering principle for one's life, contributing to burnout and depression in the face of career crises or professional failures. This session will explore the concept of the multi-dimensional formation of healthcare professionals as persons, only one aspect of which is their professional identity. Building on the framework of character formation and the concept of human flourishing, it will explore the value of helping the practitioner attend to their integrated formation and practice in seven areas: intellectual, moral, aesthetical, spiritual, physical, practical, and social.

How Are Good Medical Students Made and Lost?

Gina Hadley and Rachel Lane (Expert Patient Tutor)

Medical curricula at the University of Oxford Medical School have historically concentrated on the science of medicine. What can however be lost at this stage is the human connection – exposure to the patients that they will eventually treat. Neurology is one area where the transition from book to bedside is the especially feared. Neurophobia, a fear of the neural sciences, is endemic amongst medical students (Józefowicz, 1994). In order to address neurophobia, in 2016, Professor De Luca, Director of Clinical Neurosciences at Oxford Medical School introduced the 'Expert Patient Tutor (EPT) Programme'. EPTs with chronic neurological disease (multiple sclerosis, Parkinson's and peripheral neuropathy) are trained to educate students about key elements of history, examination and importantly provide constructive feedback about students' approach facilitated by clinician educators.

These EPTs have gone on to shape the curriculum in the form of 'Professionalism Through the Lens of the Humanities' taught to the 5th Year Medical Students in their Brain and Behaviour block. Dr Hadley has extended the EPT programme and introduced 'Expert Patient Tutor Companions' (EPTCs). A comprehensive history considers the character (patient), the time (presenting complaint), the plot (the history of the presenting complaint, the subplot (co-morbidities; additional worries; work stress), the setting (spaces; environments; travel) and secondary characters (family; colleagues; friends; medical staff). Students learn the art of a 'collaborative history' from the 'secondary characters' in the patient's story or more specifically companions that accompany them to their appointments who can provide a unique insight that can be pivotal to care. Not only do these patient-centred and patient designed interventions help make good holistic practitioners, but they help to ensure students are not lost along the way.

Response: Ashley Moyse

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12:30–2pm Lunch

2pm Session 3
Chair: Lydia Dugdale

Practitioners are Not Providers or Personal Brands: Moving Beyond "Wellness" to Communities of Moral Support and Discernment

Warren Kinghorn

Health care practitioners increasingly distrust their managerial and revenue-governed institutions. This distrust is often justified: when clinicians are treated as "providers" of a consumer product called "health care" that is distributed (especially in the US) within a neoliberal market economy, the resulting practices are often inequitable and conducive to clinician burnout and moral injury. But when practitioners respond by demanding from their institutions better working conditions and an increased attention to practitioner "wellness," they often reproduce the problem by embracing a transactional view of clinical work and by framing practitioners as individual curators of their expressive-individual personal and professional identities. These responses only reinforce the neoliberal structures which threaten the integrity of health care as a collective and shared practice of attending the sick and promoting health. What is needed, instead, are communities of moral support and discernment in which practitioners can delight together in caring with excellence, humility, and respect for those who are sick—communities that will often embrace specifically religious convictions. I will display the power of these communities of moral support and discernment through the stories of American Christian medical practitioners working in a diverse array of practice settings.

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Is the business model for running the German Hospital System best practice or a roadblock in terms of ethical and professional standards in comparison to health care in the UK/US?

Nils Oermann

The German Hospital system is somewhat of a hybrid between the state-run NHS and the more privately organized US system. Particularly after the Covid 19-Pandemic, hospitals in the publically funded, decentralised German hospital system match the situation of the NHS in the sense, that they are increasingly dealing with staff shortages, severe problems in terms of allocation of funding and increasing waiting lists. The individual practitioners trying “act for the good” find themselves in a seemingly growing professional and ethical dilemma, not a solvable problem: How does one deliver adequate patient care under increasingly imperfect conditions? During the Covid 19-pandemic, this question of professionalism and professional identity was also discussed within the Deutscher Ethikrat, the German Ethics Council, particularly addressed by theological ethicists as well as representatives of the German churches as its members. They put a special emphasis on concepts of justice and compassion in relation to medical professional identity/caregiving as well as Catholic social teaching when it comes to “the poor” as a less privileged group in the current medical system.

The German government currently tries to tackle all those challenges of professionalised care within its decentralised, hybrid state funded system by centralisation of the too many small, less specialised, decentralised and costly hospitals by reducing them by over a third. A possible role model for future reforms is not so much the state-run NHS system, but the Danish system in which a few central and specialised hospital care for the entire country enhanced by additional funding for full digitisation. The crux seems to be that a dilemma does not have a quick solution, but the choice of a lesser evil: Unlike in Denmark, Germany has to organise health care in many rural parts where it proves difficult to even recruit enough doctors. With this diagnosis in mind, the paper tries to tackle the roots for this dilemma and its particularly European perspective researching the underlying factors causing and worsening the dilemma: What were the reasons after WWII to put the state- and church-run German hospital system in the hands of the regions, the Länder, rather than organising a centralised system from Bonn/Berlin? How do the resulting legal and economic conditions of funding generate current issues of professional identity and medical ethics for anyone working in such a system? And is this German hybrid model of organising health care even sustainable adding to the enhancement or the corrosion of its hospitals?

Response: Edward David

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3:30pm	**Plenary discussion**
4pm	**Finish**

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CONDITIONS FOR CORROSION: HOW ARE GOOD HEALTHCARE PRACTITIONERS MADE AND LOST?

SPEAKER BIOGRAPHIES

Ryan M. Antiel, MD, MSME is Assistant Professor of Pediatric Surgery at Duke University School of Medicine and a core faculty member at the Trent Center for Bioethics, Humanities, and History of Medicine where he directs the Center's Clinical Ethics Fellowship. As director of the *Character, Formation, and Flourishing in Medicine* research lab, Dr. Antiel is interested in how surgical residency shapes the character of surgeons-in-training and how best to form the virtues of character necessary for good surgical practice. His research and writing also focuses on surgical decision-making for critically ill neonates and end-of-life issues. Dr. Antiel received his M.D. from Mayo Medical School and his M.S. in medical ethics from the University of Pennsylvania. He was previously an Edmund Pellegrino fellow at Georgetown University's Center for Clinical Bioethics. After completing his internship and residency in general surgery at the Mayo Clinic, he completed his pediatric surgery fellowship at Washington University in St. Louis.

Dr John Bekos teaches Christian Ethics and Bioethics at the Theological School of the Church of Cyprus and the University of Cyprus. He has a strong interdisciplinary capacity as regards his studies (twice PhD holder in the field of Cognitive Psychology/Education and Christian Ethics) and is distinguished for his trans-disciplinary research and teaching. Since 2015 he is appointed as the Academic Supervisor for the reform of Religious Education in Cyprus. He has published in top journals such as *Studies in Christian Ethics, Christian Bioethics, Studia Patristica* and the *International Journal of Public Theology*. He is also member of the Church of Cyprus Synodical Committee for Bioethics. For more than a decade, he was member of the Cyprus National Bioethics Committee (NCBC) and substantially contributed to the publication of a series of opinions. Since 2013 Dr Bekos serves as an Ethics Review Expert in the European Commission (FP7 and Horizon 2020) and the European and Developing Countries Clinical Trials Partnership (EDCTP). His scholarly work focuses on, among others, the most challenging socio-political issues like bioethical issues, the current financial and refugee crises in Europe and the role of religion in education and the modern societies. He is the author of *'Which Ethics? Which Story? The Narrative of Divine Liturgy and the Transformation of the Human'* published in Greece (Athens, En Plo). His last book *Euthanasia and Patristic Tradition: Reading St John Damascene and St Symeon the New Theologian on Christian Bioethics is* published by James Clarke & Co (Cambridge, UK).

Brian Brock is Professor of Moral and Practical Theology at the University of Aberdeen. He is also a husband and father of three children, including Adam, who is 13, a delightful human being, and has Down's Syndrome and autism. He has written a wide range of scholarly essays on themes related to disability and is a Managing Editor of the *Journal of Religion and Disability*. He has also written monographs on the use of the Bible in Christian ethics (S*inging the Ethos of God*, 2007; *The Malady of the Christian Body*, 2016; T*he Therapy of the Christian Body*, 2019) as well as the ethics of technological development (*Christian Ethics in a Technological Age*, 2010). He has published two books that approaches theological questions through interviews, most recently one that extensively cross examines the theology of the internationally famous American theologian and ethicist, Stanley Hauerwas (*Beginnings*, 2016; *Captive to Christ, Open to the World*, 2014). He has also edited (with Prof. John Swinton) *Theology, Disability and the New Genetics: Why Science needs the Church* (2007) and *Disability in the Christian Tradition: A Reader* (2012). In 2016 he founded the academic monograph series, "T&T Clark Enquires in Theological Ethics", of which he remains managing editor. In 2017 he was appointed to the executive committee of Archway, a multi-million-pound annual budget charitable foundation that runs homes for special needs adults as well a respite service for children and families with special needs. Baylor University Press has recently released his first full-length monograph on the theology of disability, *Wondrously Wounded: Theology, Disability, and the Body of Christ*. In in he sets his own story with Adam within the historical sweep of Christian thinking about what it means to be human, drawing on the riches of traditional Christian theology to find life-giving ways forward in a modern technological west, routinely screens out lives like Adam's.

Farr Curlin, MD, is Josiah Trent Professor of Medical Humanities and Co-Director of the Theology, Medicine and Culture Initiative at Duke University. Before moving to Duke in 2014, he founded and was Co-Director (with Daniel Sulmasy) of the Program on Medicine and Religion at the University of Chicago. He is co-author of *The Way of Medicine: Ethics and the Healing Profession* (Notre Dame University Press, 2021, with Christopher Tollefsen), as well as more than one hundred and thirty articles and book chapters dealing with the moral and spiritual dimensions of medical practice.

Dr Dafydd Mills Daniel is Lecturer in Divinity, School of Divinity, University of St Andrews. His research combines theological and philosophical ethics with intellectual history. He is author of, *The Morality of Things* (forthcoming); *Conscience and the Age of Reason* (Palgrave Macmillan); *Ethics and Moral Philosophy* (SCM); *Briefly: 25 Great Philosophers from Plato to Sartre* (SCM); and editor of, *The Provinces of Moral Theology and Religious Ethics* (*Religions*) and *The Church and the British Moralists* (*History of European Ideas:* forthcoming). Dafydd is also a BBC New Generation Thinker, and has appeared numerous times on BBC Radio 3's *Free Thinking*, as well as featured on Radio 4's *Moral Maze* and National Geographic›s *The Story of God with Morgan Freeman.* His BBC radio documentaries include: *Sir Isaac Newton and the Philosophers' Stone; Bob Dylan and the Ferry:* and, *Where do human rights come from?*

Ariel Dempsey Dr Dempsey earned her MD at Michigan State University College of Human Medicine and is currently at the University of Oxford working on a DPhil in Science and Religion under Dr Alister McGrath. She is writing her dissertation on the topic of acting in the midst of uncertainty. On the side of her DPhil studies, she is helping to design and teach a Medical Humanities Curriculum for the Oxford Medical School. She also is a Rotary Global Grant Scholar and leads trauma healing groups in Oxford. After the DPhil, she will return to the States to complete residency with fellowship in palliative care. Her aspiration is to become a palliative care physician walking alongside those at the end of life, and an academic theologian drawing on resources of religious traditions to reflect on healthcare and better serve those who suffer.

Lydia Dugdale, MD, MAR, is the Dorothy L. and Daniel H. Silberberg Associate Professor of Medicine at Columbia University Vagelos College of Physicians and Surgeons and Director of the Center for Clinical Medical Ethics. She also serves as Associate Director of Clinical Ethics at Columbia's New York-Presbyterian Hospital. A practicing internist, her scholarship focuses on end-of-life issues, the role of aesthetics in teaching ethics, moral injury, and the doctor-patient relationship. She edited *Dying in the Twenty-First Century* (MIT Press, 2015) and is author of *The Lost Art of Dying* (Harper One, 2020), a popular press book on the preparation for death. Dugdale attended medical school at the University of Chicago, completed residency training at Yale-New Haven Hospital, and holds a MAR in ethics from Yale Divinity School.

Professor Ilora Baroness Finlay of Llandaff (FRCP, FRCGP, FMedSci, FHEA, FLSW) is an independent Crossbench Peer in the House of Lords, and a Deputy Speaker. She is a member of the House of Lords Special Inquiry Committee on the Integration of Primary and Community Care. She has pushed legislation on

many health issues, securing the Chief Coroner, banning smoking in public places, recently ensuring that the Health and Care Act now includes palliative care is a core NHS service and high-street cosmetic procedures become regulated. She was a Member of the House of Lords Select Committee on the Assisted Dying Bill and chaired the Select committee of Science and Technology inquiry into Allergy. She co-chairs several All-Party Parliamentary Groups, including Global Health. Her current Private Members Bill concerns internet safety. She chairs the Commission on Alcohol Harms; CO Research Trust; Co-Chairs the Bevan Commission in Wales and was Vice-chair of NICE's ME/CFS guideline. She established Living & Dying Well, a think-tank around end-of-life issues, and has spoken and written extensively on the subject, including co-authoring the book 'Death by Appointment'. She is a member of current The Times Commission on Health and Social Care.

At Cardiff University, she established the Palliative Care Diploma/MSc in 1989 and led Palliative Care service development across Wales, implementing a national strategy that provided 24/7 advice, 7 day specialist palliative care services across Wales and fair funding of services through a funding formula based on estimated needs. She previously held a visiting professorship, The Johanna Bijtel chair, at Groningen University, supported development of palliative care services and teaching in the region and also in Caen's Baclesse Cancer Centre. She is currently on the International Scientific Expert Committee of the Cicely Saunders Institute, Kings College London and the Health and Care Research Wales Advisory Board. Chairing the National Mental Capacity Forum for 6 years, she ran rapid-response webinars on mental capacity during Covid. She holds an Honorary Professorship at Cardiff University, has taught and lectured widely and has over 230 papers in peer-reviewed journals. She was named Welsh Woman of the year in 1996, Dod's Peer of the Year in 2008, given the Livery Company of Wales' lifetime achievement award 2014, and was a Founding Fellow of the Learned Society of Wales in 2010. She was listed in the 100 most influential Women in Westminster by Politics Home in 2022 and in 2023. She is President of the Chartered Society of Physiotherapy, a past-President of the Royal Society of Medicine, BMA, Medical Women's Federation and the Association for Palliative Medicine, and Vice-President of several charities, including City Hospice, Hospice UK and Marie Curie.

Dallas Gingles is Director of the Houston-Galveston Extension Program and Perkins Fellow in Systematic Theology at Perkins School of Theology, Southern Methodist University where he teaches courses in systematic theology, moral theology, Dietrich Bonhoeffer, and bioethics. He has published in the J*ournal of the Society of Christian Ethics* and *Studies in Christian Ethics*, is one of the editors of T*he Future of Christian Realism: International Conflict, Political Decay, and the Crisis of Democracy*, and is a frequent contributor to *The Dallas Morning News.*

Alberto Giubilini is a Senior Research Fellow at the University of Oxford, based at the Oxford Uehiro Centre for Practical Ethics and Wellcome Centre for Ethics and Humanities. He has published on different topics in bioethics, public health ethics, and philosophy, including the ethics of vaccination, procreative choices, end of life decisions, organ donation, conscientious objection in healthcare, the concept of conscience, human enhancement, and the role of intuitions and of moral disgust in ethical arguments.

Gina Hadley Dr Gina Hadley is the John Henry Felix Tutorial Fellow in Medicine at Harris Manchester College, Oxford. She is an Honorary Clinical Lecturer in Neurology in the Nuffield Department of Clinical Neurosciences with a DPhil in Clinical Medicine focusing on endogenous neuroprotection in stroke. She has just been awarded her certificate of completion of training in Geriatrics and General Internal Medicine. Under the expert tutelage of Professor Gabriele De Luca she has worked on several grants at Oxford Medical School related to teaching professionalism through the lens of the humanities and emphasising the vital role of patient engagement in medical education.

Joshua Hordern is Professor of Christian Ethics in the Faculty of Theology and Religion at the University of Oxford, a Fellow of Harris Manchester College and Associate Director of the McDonald Centre for Theology, Ethics and Public Life. He has worked extensively with colleagues in healthcare with a particular focus on compassion in healthcare, medical professionalism and precision medicine. He leads Oxford's Health Humanities programmes and the Oxford Healthcare Values Partnership (www.healthcarevalues.ox.ac.uk). He is a member of the Steering Group of the Oxford Policy Engagement Network. He was formally a member of the Royal College of Physicians Committee for Ethical Issues in Medicine and an elected local authority councillor. Publications include *Compassion in Healthcare: Pilgrimage, Practice and Civic Life* (OUP, 2020), *Advancing Medical Professionalism* (Royal College of Physicians, 2018) and *Political Affections: Civic Participation and Moral Theology* (OUP, 2013). Coedited collections include *Personalised Medicine: The Promise, The Hype and the Pitfalls (The New Bioethics* 2017), *Marketisation, Ethics and Healthcare: Policy, Practice and Moral Formation* (Routledge, 2018), *Concepts of Disease: Dysfunction, Responsibility and Sin* (*Theology*, 2018), *The Politics of Diakonia* (*Political Theology* 2019), *The Heart in Medicine, History and Culture* (Medical Humanities, 2020) and *Illuminating the Darker Side of Ageing* (Journal of Population Ageing, 2021).

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