

**Converging Roads: *Medical Ethics***  
**August 27, 2022**  
**Baton Rouge, LA**



**Accreditation** This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education ([ACCME](#)) through the joint providership of the Christian Medical & Dental Associations (CMDA) and St. John Paul II Foundation. Christian Medical & Dental Associations is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Physician Credit** The Christian Medical & Dental Associations designates this educational activity for a maximum of 7 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Physician Assistant**

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit(s)*<sup>™</sup> by an organization accredited by the ACCME or a recognized state medical society. **Physician assistants may receive up to 7 credits for completing this activity.**

**Nurse Practitioner**

The American Academy of Nurse Practitioners Certification Program (AANPCP) accepts *AMA PRA Category 1 Credit*<sup>™</sup> from organizations accredited by the ACCME. Individuals are responsible for checking with the AANPCP for further guidelines.

**Nurse practitioners may receive up to 7 credits for completing this activity.**

**Nursing**

This educational activity has been approved by the Ohio Nurses Association (ONA), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (OBN-001-91). **7 contact hours approved.**

**Objectives:**

- Discuss how the dignity and respect for the human person must guide the ethics of genetic screening and genetic engineering.
- Identify the current scientific and technological practices that purport to assist the human person via human genetic interventions.
- Appraise varying practices relating to human genetic interventions in light of ethical concerns for the dignity of the person.
- Contrast secular bioethics focused on technology with a bioethics focused on the primacy of the person in light of religious worship.
- Cite examples of how technology has fundamentally altered how medicine and bioethics is practiced.
- Outline how religious faith and worship can reorient bioethics to it appropriate care and respect for persons.
- Discuss the medical psychosocial realities of gender dysphoria and the influence of culture on medical treatments and interventions.
- Evaluate the medical and surgical interventions in light of the good of the person.
- Review the biological, psychological, and social science literature on gender dysphoria.
- Recommend compassionate care for patients and families dealing with gender dysphoria.
- Discuss the meaning and purpose of suffering and how to help patients mature through suffering.
- Recommend different ways of demonstrating compassion in the care of patients and their families.
- Evaluate the role of hope and how to foster hope appropriately within the patients and families served.
- Discuss the history of the Hippocratic Oath in tandem with the development of virtue ethics according to Aristotle and Thomas Aquinas and its practical implications for medicine that is focus on the dignity of the human person.
- Describe how virtue ethics is more a fruitful engagement between medicine rooted in the Hippocratic tradition and medicine founded upon secular bioethics.
- Identify common medical case studies demonstrating the limits of a secular bioethics in contrast with the value of rooting the Hippocratic tradition in a personalist virtue ethics.
- Discuss the importance of vaccinations to secure optimal outcomes for the general population and the negative impact of non-vaccinated populations.
- Analyze the ethical and moral responsibility regarding vaccinations.
- Describe the ethical responsibilities of the individual relative to vaccinations in light of the common good.
- Identify situations in which healthcare providers will have to address the situation of how to allocate resources and care ethically.
- Discuss how the principles of the dignity of the human person, solidarity, the common good, and the virtue of justice can guide decisions relating to the ethical allocation of resources and care.
- Evaluate the current practices of rationing healthcare resources and the role of the clinician in allocation decisions.

## Agenda

TIME	TOPIC TITLE	FACULTY NAME	NUMBER OF CREDITS
9:25 AM – 10:25 AM	<b>Key Principles in Bioethics</b>	Jeffrey P. Bishop, MD, PhD	1 HR
10:30 AM – 11:30 AM	<b>The Hippocratic Oath: Pluralism, Profit, and the Prioritization of the Patient</b>	Dominique J. Monlezun, MD, PhD, MPH	1 HR
11:40 AM – 12:40 PM	<b>Vaccines: Moral Obligations, Prudential Judgements, Personal Responsibility, and the Common Good</b>	Michael J. Redinger, MD, MA	1 HR
1:10 AM – 2:10 PM	<b>The Redemptive Meaning of Human Suffering</b>	Roland Millare, STD	1 HR
2:35 AM – 3:35 PM	<b>An Ethical Allocation of Resources and Care</b>	Claudia R. Sotomayor, MD, DBe	1 HR
3:40 AM – 4:40 PM	<b>Gender Dysphoria: Science, Ideology, and Ethics</b>	Deacon Patrick Lappert, MD	1 HR
4:55 AM – 5:55 PM	<b>Genetic Screening, Genetic Engineering, the Gift of Life, and the Dignity of the Human Person</b>	Rev. Nicanor Pier Giorgio Austriaco, OP, PhD, STD	1 HR
<b>TOTAL</b>			<b>7 HRS</b>

### Disclosures

Disclosures for all those in control of the content of this activity. The names of the ineligible companies (within the last 24 months) and the nature of the financial relationship(s). There is no minimum financial threshold. Disclosure of all financial relationships with ineligible companies regardless of the potential relevance of each relationship to the education.

Name of all in Control of Content	Enter the Name of Ineligible Company (An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients)	Nature of Financial Relationship (Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds)	Has the Relationship Ended? (The financial relationship existed during the last 24 months, but has now ended)
<b>PLANNERS</b>			
Barrett, RN, FACHE, Coletta C.	NONE	NONE	NO
Ducote, LCSW, Darryl	NONE	NONE	NO
Dunavin, Sydney	NONE	NONE	NO
Gernon, Mila	NONE	NONE	NO
Gravois, MD, Wayne	NONE	NONE	NO
Millare, STD (Sacred Theology) Roland	NONE	NONE	NO
Pedraza, PhD, Brian	NONE	NONE	NO
Schluter, PhD, RN, Valerie	NONE	NONE	NO
Van Haute, Danielle	NONE	NONE	NO
Waguespack, Randall	NONE	NONE	NO
Snapp, Barbara – CE Director	NONE	NONE	NO
Whitmer, EdD, MFT, Sharon Accreditation Officer	NONE	NONE	NO
CE Committee	NONE	NONE	NO
<b>FACULTY</b>			
Austriaco, OP, PhD, STD, Nicanor Pier Giorgio	NONE	NONE	NO
Bishop, MD, PhD, Jeffrey P.	NONE	NONE	NO
Lappert, MD, Deacon Patrick	NONE	NONE	NO
Millare, STD, Roland	NONE	NONE	NO
Monlezun, MD, PhD, PhD, MPH, Dominique J.	NONE	NONE	NO
Redinger, MD, MA, Michael J.	NONE	NONE	NO
Sotomayor, MD, DBe, Claudia R.	NONE	NONE	NO

The **CE Review Committee** of John Pierce, MD, Chair; Jeff Amstutz, DDS; Trish Burgess, MD; Stan Cobb, DDS; Jon R. Ewig, DDS; Gary Goforth, MD; Elizabeth Heredia, MD; Curtis High, DDS; Bruce MacFadyen, MD; Kirsten Madea, DO; Dale Michels, MD; Shawn Morehead, MD; Michael O'Callaghan, DDS; Jonathan Spenn, DMD; and Richard Voet, MD do not have any relevant financial relationships with any commercial interests.

**THERE IS NO IN-KIND OR COMMERCIAL SUPPORT FOR THIS ACTIVITY**