



center for
christian bioethics

INSIDE LOOK

SPRING 2021

Justice & Fairness in Health Policy: Moral Discernment for a Pandemic

The COVID-19 pandemic has made health disparities in our society even more glaringly obvious. The grief of families who have lost loved ones has not fallen evenly on all sectors of society. Nor has the risk of long-term, deleterious effects of the virus been borne equally. Communities already beset by poverty and unfair discrimination have experienced disproportionately greater suffering and loss.

In a series of recent blog articles, Dr. Gerald Winslow, the Director of the Center for Christian Bioethics, reflected on the ethical principle of justice when coping with a pandemic. Winslow, who is also a Faculty Scholar with LLU's Institute for Health Policy and Leadership, wrote the blogs for the Institute's website.

The first in the series considers what justice requires for resource allocation among critically ill COVID patients when caregivers are confronted with

situations of dire scarcity. The second blog discusses fairness in the allocation of COVID vaccinations. The third blog takes up the topic of fairness in all health policies. Please enjoy the three blogs from the links below:

[Fairness in a Pandemic](#)

[Fairness in COVID-19 Vaccinations](#)

[Fairness in all Health Policies](#)

Addressing Burnout Among Resident Physicians

Each month the Bioethics Faculty Scholars meet to hear and discuss a presentation by a scholar on various topics or research. Recently, Vicki Nelson, a student in the Doctor of Science program in Religion and Health was asked to share her dissertation titled, *Using Nominal Group Technique Among Resident Physicians to Identify Key Attributes of a Burnout Prevention Program*.

Vicki Nelson describes her academic journey for us:

"My professional experience brings a unique perspective to chaplaincy, counseling, and teaching. I began my career as an RN but soon discovered an interest in teaching, leading to a BA in liberal arts with an emphasis in science and religion. I enjoyed teaching and developed an interest in wholeness, pursuing an MA in Clinical Ministry. I utilized that training as I taught religion at the secondary level while serving as school counselor and, more recently, as chaplain at Valley Children's Hospital where I currently serve. My interest in wholeness led to my current doctoral program in religion and health with a certification in lifestyle intervention. I am passionate about wholeness, teaching at the graduate level as a contract professor for the LLU School of Religion, and facilitating classes such as Whole Person Care, and Wholeness and Health."

With her diverse educational experience, Nelson takes a fresh approach on the problem of resident burnout. She explains the motivation for her research:

"This passion for wholeness has led me to a deep interest in self-care. There is a wealth of material advocating for self-care on grocery store magazine racks and in self-help books in stores and online. While these resources sometimes include a spiritual element in self-care, they do not incorporate a Biblical, Christ-centered perspective. Even the mental health doctoral students I teach, who encourage their own clients to practice self-care, often are suffering from exhaustion, burnout, depression, and anxiety. My burden is to share a message – a wholeness-centered self-care plan that touches every aspect of who we are and who we can be with God at the center – so that we might enjoy 'abundant peace and security.'"



Below is an abstract for a research paper Nelson submitted for publication.



Purpose

To identify preferred burnout interventions within a resident physician population, utilizing the Nominal Group Technique (NGT). The results will be used to design a discrete choice experiment (DCE) study to inform the development of resident burnout prevention programs.

Methods

Three resident focus groups met (10-14 participants/group) to prioritize a list of 23 factors for burnout prevention programs. The NGT consisted of three steps: an individual, confidential ranking of the 23 factors by importance from

1 to 23, a group discussion of each attribute, including a group review of the rankings, and an opportunity to alter the original ranking across participants.

Results

The total number of residents (36) were a representative sample of specialty, year of residency, and gender. There was strong agreement about the most highly rated attributes which grouped naturally into themes of autonomy, meaning, competency and relatedness. There was also disagreement on several of the attributes that is likely due to the differences in residency programs and types of hospital setting.

Conclusion

This study identified the need to address multiple organizational factors that may lead to physician burnout. There is a clear need for complex interventions that target systemic and program level factors rather than focusing only on individual interventions. These results may help residency program directors understand the specific attributes of a burnout prevention program valued by residents. Aligning burnout interventions with resident preferences could improve the efficacy of burnout prevention programs by improving adoption of, and satisfaction with, these programs.



Faculty Scholar Spotlight: Yi Shen Ma, PhD

What are some of your current scholarly interests/projects related to bioethics?

Dr. Ma: I am currently doing a project on “the death of despair.” It is named after Anne Case’s work, talking about how the mortality rate has increased significantly for white, working-class people. This demographic is traditionally affiliated with union jobs that we used to have in the United States, which gave them not only social dignity, but also upwardly mobile prospects in their own lives. What scholars are seeing is that there are higher rates of suicide among this population, and in general, working-class people are really hurting in the United States. A lot of people are saying that this is partly driving the resentment in our political situation against people who are educated. Globalization has not been kind to middle-class people. Now, the middle-class are professionals, people that go to medical school, lawyers, etc. As a result of this, there is a huge health disparity that is happening between college-educated people and non-college-educated people. This situation is creating, not only a public health crisis, but also a crisis in democracy.

One of the things I would like to look at is this situation and the political turmoil we are experiencing right now, from the perspective of political philosophy and the philosophy of John Rawls. From Rawls’ perspective, to have a truly fair equality of opportunity, you can’t have this level of inequality in a society because it undermines the social basis of self-respect. When this happens, people feel like second-class citizens, and this undermines democratic values.

How do you think an understanding of political philosophy is important to bioethics and why should we care about this?

Well, I think that this is the upstream approach to healthcare. This country puts too much emphasis on clinical interventions when it comes to healthcare. We are now beginning to realize the importance of the social determinants of health, but once you start looking into these social determinants, you begin to realize that it’s no longer just particular causal chains we are tracing. We aren’t just asking how pollution affects our neurological development, but eventually you must ask the question, “Why is pollution there in the first place?” Well, it’s because a community doesn’t have any money or social capital to resist dirty industries from moving into their communities.

Usually these are poor communities or communities of color, and they don’t have a way to organize because they are working dismal jobs, just trying to put food on the table. In fact, one thing those of us who are educated don’t understand



is that just the ability to articulate what the problems are is itself a privilege. So, I think that if we care about public health, we need to also care about democracy, because a well-functioning democracy is what is going to ensure that we all stay healthy in the most holistic sense of that word.

If anyone takes health seriously—and bioethics essentially addresses human life and health—then I think we need to care about democracy as a topic for bioethical discussions.

That is such a great argument as to why we should be civically engaged, especially for my generation that often seems to feel jaded by politics.

Yes, and I understand that because the frustrations are there, and people feel powerless. But when we come together collectively, there is tremendous power to create social change. I also think that ‘powerlessness paralysis’ is itself a privilege and it has to do with our public spirituality. Sometimes we allow our short-term impatience to blind us to what is more important, which is something that Dr. King knew. That is, the people who are fighting today may not enter the promised land. I think we need to reclaim some of that and realize that there is a moral obligation to live a life of meaning, which is to create a legacy. So, I think there is a role for a spirituality of hope.

One of the philosophers that I appreciate, Vincent Lloyd, talks about faith as engagement. He says that faith is the ability to be fully immersed in reality as it is, without any evasions. So, faith is this ability to be engaged with our community, without being overcome by feelings of hopelessness or cynicism.



PODCAST EPISODE

A Scholarly Meeting

6. On justice, social ethics and the common good

Head over to [Spotify](#) or [Apple Podcasts](#) and enjoy the latest episode of the Center for Christian Bioethics podcast, *A Scholarly Meeting*. This episode features a discussion between graduate assistant Hazel Ezeribe, and Dr. Yi Shen Ma involving political philosophy, Christian social ethics, and social justice.

Dr. Ma began his academic journey as a Music major at La Sierra University. After college, he entered the Navy as a chaplain but soon returned to academia to earn a Master's degree in religion, ethics, and politics from Claremont School of Theology. He continued on to earn a doctoral degree in theology from Claremont, while teaching at the Loma Linda University School of Religion. Today, he continues teaching as a professor and has also enrolled in the Master of Social Work program in the LLU School of Behavioral Health.

Faculty Scholars Update: A Discussion with Lori Bruce, MA, MBE, HEC-C from Yale University

In the month of February, the Bioethics Faculty Scholars held a group video call with Lori Bruce, [bioethicist from Yale University](#). Bruce discussed observations and insights regarding hospital triage protocols in a pandemic. Her collaborative work with others at Yale's Center for Bioethics and School of Medicine was developed into a paper published recently in the *Journal of Clinical Ethics*. Bruce described some of the challenges encountered by the group. Her input provided a taste of what other prominent academic institutions are dealing with as they develop guidelines for writing ethical policies regarding triage in a pandemic. Events like these help our Bioethics Faculty Scholars connect with ethicists around the country, both at universities and in the clinical setting. Thanks to the leadership of Dr. Alex Dubov and others, the Center for Christian Bioethics continues to engage in these important conversations with academics from across the country.

2021 Provonsha Lecture: A Lesson in Liturgy



For this year's Provonsha Lecture, titled *Medicine Made Strange: Seeing Medicine's Power Through the Lens of Liturgy*, Dr. Kimbell Kornu provided intellectually rigorous and philosophically rich ideas to our listeners. The talk was followed by excellent responses by Drs. Grace Oei and Sigve Tonstad. Click the link below to watch a recording of the 2021 Provonsha Lecture.

[Video Recording](#)



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