



ABPD “WALK THE TALK” WORKSHOP  
Summary sheet of suggestions

WHAT ACTIONS SHOULD **ABPD** TAKE TO FULFILL ITS OBLIGATIONS TO IMPROVE DIVERSITY, EQUITY, AND INCLUSION AND FOLLOW ITS PLEDGE IN THE ABPD STATEMENT ON VIOLENCE, COVID, AND STRUCTURAL RACISM IN AMERICAN SOCIETY?

1. Receptivity/Culture Change at ABPD

- a. Listen to and learn from the voices of Black, Latinx, Indigenous, and other colleagues, patients, and the broader community about how to right past wrongs in our field and how to create a more inclusive bioethics moving forward.
- b. Perhaps we should rethink ABPD membership qualifications: Who is in ABPD? Should we change the ABPD bylaws to be more inclusive? Are the number of FTEs really the best prequalification to be part of ABPD? Should/how can we expand to include “leaders” that will change the face of bioethics? We need to include individuals who are teaching in the communities and in primary and secondary education.

2. Provide training and programming:

- a. how to teach about racism/antiracism (equipping people)
- b. how to effectively manage contentious situations clinically
- c. Hold programs accountable for competencies related to REDI
- d. Provide annual training for bioethics educators and ethics consultants For educators, include theoretical frameworks, practical guidance for teaching and practice, opportunities to learn from each other, and opportunities to set goals and report on meeting goals as centers/departments/services and individuals (hold each other accountable); for consultants, ensure that they are prepared to recognize and counter racism, including institutional and structural racism, and the impacts as they arise in clinical encounters and in advising on institutional policy.

- e. Sponsor annual essay competition or connect with national competitions in ethics at HS, college, and graduate levels. Top essays receive funds to travel to ASBH or other national bioethics meeting. Would also help introduce K-12 educators to the field
  - f. Collaborate with ASBH to run a year-long bootcamp at national level, with goal of recruiting underrepresented trainees into the field.
3. Create requirements/standards for membership
- a. Require immersive and comprehensive antiracism training for all leaders in Bioethics.
  - b. Provide guidance and accountability on ensuring that all programs hold true to the plans and curricula created
  - c. Hold directors accountable for, e.g., specific curricula in bioethics that support the goals of REDI
  - d. Hold programs accountable for competencies related to REDI: Hold directors accountable for, e.g., specific curricula in bioethics that support the goals of REDI
4. Encourage the Field in General to Raise standards by:
- a. Assuring representation on review and policy committees includes scholars of color.
  - b. Include the voices of black scholars and women who did things and do not get historical credit—i.e., correct the history of the field. (See AJOB article by Bob Baker.)
  - c. Expand what counts as diversity expertise; current field is very narrow. Need to cross train and learn about humanities and ethics.
5. Create a development plan
- a. Use the AMA antiracism plan as a model. Work with leading organizations and societies within Bioethics to generate a comprehensive plan to include antiracism curricula and standardized training competencies.
  - b. Collect annual reports from centers/departments on how they've met goals formulated at previous meetings.
6. Engage in outreach/support
- a. Make a concerted effort to reach out to HBCUs
  - b. ABPD reps go on tv or NPR and conduct discussions of bioethics and how we are working toward these goals. This would reach the wider community and allow it to hold us accountable
  - c. Sponsor marginalized students; provide funding to send students/scholars (early) to ASBH to increase diversity, networking scholarships, and jobs
  - d. Create content on social media about the field.

- e. Connect with National Ethics Bowl <https://nhseb.unc.edu/>
7. Improve resources
- a. Improve online resources on the ABPD website and regularly update
    - i. Develop guidelines for instructors to make their curricula/syllabi more inclusive, equitable, and diverse.
    - ii. Create a repository of shared ideas and best practices that have demonstrated success in uplifting marginalized voices; develop antiracist programming
    - iii. Guidelines/ updated resources for educators in K-12 and undergraduate education to introduce bioethics to students and connect them to opportunities in the field.
  - b. Highlight national communication programs modeling best practices
  - c. Address the hurdles those in historically marginalized communities have to participating in conversations--e.g., go to the communities, at times that they can meet; provide nominal incentives to compensate for time commitments
  - d. Expand the bioethics canon, and incentivize expansion through institutional funding
    - i. Explicitly recognize and examine violence against Black communities, including gun violence, police brutality, structural racism, and poverty, as medical, mental health, and public health challenges worthy of ethical analysis, research, teaching, and redress.
    - ii. Incorporate racism more fully into our understanding of, and work on, justice in health and health care.
    - iii. Promote and encourage empirical work on the ethical implications of race, racism, discrimination, health disparities, and other products of structural racism on medicine, public health, and the provision of healthcare services.
    - iv. explicit statement of why, how, etc
  - e. Prioritize funding opportunities and journal symposia on issues at the intersection of bioethics and race.
  - f. Create content or guidelines for K-12 and undergrad students (see <https://www.amstat.org/> for model)

WHAT ACTIONS SHOULD **BIOETHICS CENTERS AND PROGRAMS** TAKE TO FULFILL THEIR OBLIGATIONS TO IMPROVE DEI AND FOLLOW THE PLEDGE MANY CENTER DIRECTORS SIGNED IN THE ABPD STATEMENT ON VIOLENCE, COVID, AND STRUCTURAL RACISM IN AMERICAN SOCIETY?

1. Receptivity/ Culture change

- a. Seek out and engage work already being done by Black scholars, as well as that of other underrepresented groups, and invite them to collaborate on and lead scholarly projects, working groups, and academic publications in bioethics; reject opportunities that fail to include diverse voices
- b. Include DEI statements in mission/vision statements
- c. Require antiracism training and have internal courageous conversations to address "in group/out group" issues
- d. Metrics: Create clear metrics geared towards enhancing DEI work, and ensure honest measurement by including broad evaluators; recognize that if you prioritize DEI, other projects/work may not be able to be funded or enhanced.  
Be clear about the direction and the trade-offs.

2. Faculty and Recruitment

- a. Nurture careers of scholars of color by: (1) engaging in innovative partnerships; (2) fairly compensating work.
- b. Need faculty endowments and faculty incentives
- c. Support meetings so junior scholars can network
- d. Make child care, education, and other incentive strategies available.
- e. Recruitment: develop a faculty pipeline through our graduate students (Growing your own)
- f. Post openings in diverse areas to open the pool; reach out to HBCUs
- g. Expertise in DEI should be tied to a domain of work. If you are working in areas affected by inequities and health disparities, you must have certain expertise.
- h. Develop faculty recruitment and strategic plans to move Provosts and Presidents to allocate funds for research and retention
- i. Grant/fundraising to fund FTE. Then assist in mentoring so that we can find grant writing and tenure mentors
- j. Support for DEI to be included in the tenure and academic promotion requirements

3. Rethink bioethics as a field

- a. Expand the bioethics canon
  - i. Explicitly recognize and examine violence against Black communities, including gun violence, police brutality, structural racism, and poverty

as medical, mental health, and public health challenges worthy of ethical analysis, research, teaching, and redress.

- ii. Incorporate racism more fully into our understanding of, and work on, justice in health and health care.
  - iii. Promote and encourage empirical work on the ethical implications of race, racism, discrimination, health disparities, and other products of structural racism on medicine, public health, and the provision of healthcare services.
  - iv. Explicit statement of why, how, etc.
- b. Require some level of training/scholarship from faculty

4. Education/training

- a. Ensure that R/G/C/anti-racism are included in all curricula.
- b. Master's students should not be able to graduate without demonstrated skills in DEI. It should be seen as a competency like other competencies.
- c. Increase opportunities for undergraduates to train in Master's programs so that there is no gap or step out; 4+1 programs.
- d. Develop internships for younger students to shadow consultants or participate in ethics committees.
- f. Participate in/encourage ABPD to have annual programs and training for the field (and ASBH as well)
- g. Cross-train individuals in bioethics and health humanities; currently what counts as expertise is very narrow, which limits voices at the table
- h. Grad student populations are difficult; standard of living is expensive; we don't have money and there is no pay bump. Consider offering online programs and make it easier to diversify.

5. Outreach/Programming

- a. Collaborate and partner with DEI departments to develop joint programming
- b. Create relationships with local HS: guest lectures; classes; summer programs;
- c. Increase outreach to local community to participate in Center activities and to be a voice in policy and consultation
- d. Reach out to HBCUs
- e. Get speakers, lectures, and endowments to speak about race issues. Intentionally diversify speakers

WHAT ACTIONS SHOULD **INDIVIDUAL FACULTY AND STUDENTS** TAKE TO FULFILL THEIR OBLIGATIONS TO IMPROVE DEI AND FOLLOW THE PLEDGE MANY OF THEM SIGNED IN THE ABPD STATEMENT ON VIOLENCE, COVID, AND STRUCTURAL RACISM IN AMERICAN SOCIETY?

1. Teaching and Education

- a. Build more voices into what we assign/who we talk about
- b. Syllabi audit
- c. Volunteer to mentor at K-12, undergrad, and graduate levels.

2. In Scholarship and ethics consultation

- a. getting over the "citation bias" by including the voices of black scholars and women
- b. Adopt a methodology that is inclusive with social justice and equity lenses and model it
- c. Support junior scholars; facilitate networking
- d. engage in micro-activism to ensure that appropriate, respectful, patient-centered language and terminology is always used
- e. Utilize existing metrics (data) to delve deeper into racist origins of clinical ethics consultation requests, and consider how seemingly neutral actions could be interpreted as biased by patients from marginalized communities
- f. include "doing nothing" and retention of the status quo in the risk calculus when assessing risk associated with challenging the norm

3. As members of Centers and institutions, and in interactions with faculty, staff, and students

- a. Integrate race/racism conversations into everyday work (not just journals/special symposia):
- b. On Boards and Committees
  - i. Speak out for representation on review/policy committees and speaking engagements that require inclusion of scholars of color
  - ii. Keep this expansion at the fore (recognizing the social reproduction of ignoring racism) on boards, hiring committees, editorial boards, and other positions of power.
- c. Commit to Self-Auditing (through collaboration)
- d. Normalize discussions of racism, be present, share ideas, and take the time to demonstrate its importance
- e. Lead by role modeling (show up in mass)
- f. Participate in annual trainings

*PRWolpe:cim 5-20-2022*