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Terry Rosell Retires from the Center

After 20 years of service, including the past 16 years as the Rosemary Flanigan Chair, Tarris (Terry) Rosell, DMin, PhD, HEC-C, will retire from the Center for Practical Bioethics at the end of this year.

In recognition of this significant event in the life of the Center, we offer two pieces. The first story profiles Terry's life and vocation in bioethics. The second is Terry's "Epitaph of Gratitude" as he moves on to the next chapter.

[Read Terry's Profile Story](#)

Terry Rosell has a fairly typical retirement travel bucket list. With one exception.

A couple hours from Kansas City in Carterville, Missouri, there's a rural cemetery which contains the iconic tombstone of a young woman – Nancy Beth Cruzan – whose death was a touchstone for the nascent bioethics movement. Cruzan's case was also a catalyst for the growth of Midwest Bioethics Center, now the Center for Practical Bioethics.

[Read Terry's "Epitaph of Gratitude" Blog](#)

On the eve of his retirement from the Center, Terry explains why he wants to visit and see in person on that tombstone two words that have helped define his life and bioethics vocation. Those words are, "Thank You."

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Mini-Video Case Studies Discharging Dementia Patients

Mr. Baylus is in his mid-eighties and has suffered from advanced dementia for several years. Besides dementia, there is nothing medically wrong with him, and he is expected to live for the foreseeable future.

One evening, Mr. Baylus was having a difficult time with his dementia and his wife dropped him off at the hospital emergency department, then left and did not return. The hospital admitted him, calmed him, checked him, and determined that he had no medical reason to stay in the hospital. Meantime, Mr. Baylus's wife had left their house, moved in with her child from another marriage, and did not provide any contact information. For all intents and purposes, Mr. Baylus was stuck at the hospital.

This case raises several important questions:

- What is the responsibility of the hospital to these types of patients? Patients that have clear needs, but not needs directly addressed by hospitals.
- Whose responsibility is Mr. Baylus? Himself? His wife? The hospital? Society?
- What solutions or locations would be in Mr. Baylus's best interest?
- And what needs to be established to help these patients going forward? This problem will continue to grow and become more common.
- If you were the ethicist for this case, what would you do?
- What would you recommend as important first steps?
- And what about after that?

<https://youtu.be/61bAtkTrXxQ?si=hLLz3lonl7nwhGCd>

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Ethics Dispatch

Hospital Discharge Dilemmas: Balancing Beneficence and Systemic Failures

While the majority of discharges go smoothly, some present serious challenges. Patients may not want to leave the hospital, they may insist on an unsafe discharge plan, or there may simply be no good place for the patient to go.

These situations frequently involve conflicts between patient autonomy and the hospital's obligation to act in the patient's best interest. Such conflicts raise ethical questions about how best to navigate the competing demands of *beneficence* (doing good for the patient) and *justice* (fair distribution of healthcare resources). In these cases, the principles of beneficence and justice are often at odds, leading to difficult decisions for hospitals and providers.

This issue of the *Ethics Dispatch* describes how these conflicts arise and often go beyond the actions of individuals hospitals and providers, and why they point to a broader structural failure in healthcare.

[READ THE DISPATCH](#)



We Need YOUR HELP in Situations Like This

Laura had been on and off hospice for a year. Now hospitalized and nonresponsive, her doctors suggest a feeding tube. Her advance directive said to do nothing, but her adult children are uncertain. CPB Bioethicist Ryan Pferdehirt receives a message from the attending physician.

“We need you in this patient's room.”

Ryan listens to Laura’s children and then asks: “Why do you want a feeding tube?”

“We don’t want her to be hungry.”

“It’s not like that,” Ryan explains. “Your mother’s brain knows what’s going on and will not prioritize hunger.”

After 30 minutes of conversation, the family decides to change code status to comfort only. Laura died soon after with her children – now at peace with their decision – by her side.

**With your support,
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