



First Annual Conference on Unsettled Issues in Catholic Bioethics
Catholic Healthcare International (CHI)
March 21, 2026
Jackson, MI



Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Christian Medical & Dental Associations and Catholic Healthcare International. The Christian Medical & Dental Associations is accredited by the ACCME to provide continuing medical education for physicians.

The Christian Medical & Dental Associations designates this live activity for a maximum of 5.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing

This activity has been submitted to Georgia Nurses Association for approval to award contact hours. Georgia Nurses Association is an accredited approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Determination of credit is pending.

AAFP

Application for CME credit has been filed with the American Academy of Family Physicians.

Determination of credit is pending.

Physician Assistant

AAFP accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credits™* by an organization accredited by the ACCME or a recognized state medical society. Physician assistants may receive up to 48.0 credits for completing this activity.

Nurse Practitioner

The American Academy of Nurse Practitioners Certification Program (AANPCP) accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME. Individuals are responsible for checking with the AANPCP for further guidelines. Nurse practitioners may receive up to 48.0 credits for completing this activity.

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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.

Activity Planners, Faculty, and CMDA CE Review Committee

No relevant financial relationships were identified for any individual with the ability to control the content of this activity.

ALL RELEVANT FINANCIAL RELATIONSHIPS WERE MITIGATED.

Objectives

- Define the biological development stages of the human embryo from fertilization through early organogenesis (zygote → blastocyst → embryo).
- Identify the embryological evidence (genetic uniqueness, continuous development, onset of cardiac activity) that supports recognition of the embryo as a distinct human organism from conception.
- Analyze common scientific, legal, and philosophical objections to full moral status for embryos and critically evaluate their validity in light of current embryological data.
- Evaluate how recognition of the embryo's humanity from conception should inform ethical clinical practice, especially in OB-GYN settings, assisted reproductive technologies (ART), and perinatal care.
- Recognize policies and care protocols for clinicians and institutions that protect embryonic life, respect human dignity, and align with Catholic bioethical principles.
- Define the biological and clinical status of cryopreserved human embryos as living human organisms.
- Identify the medical, ethical, and legal challenges associated with long-term embryo cryopreservation and disposition.
- Analyze moral arguments surrounding embryo storage, destruction, research use, and "embryo adoption."
- Evaluate clinical responsibilities in counseling patients about embryo creation, storage, and disposition options.
- Recommend ethically sound institutional policies that protect embryonic human life and maintain professional integrity.
- Define from theological and philosophical perspectives what constitutes a human person and describe how this applies to the embryo from conception.
- Identify key Christian-theological and biblical concepts (e.g., creation in the image of God, human dignity, the commandment to love one's neighbor) that underpin the moral status of the embryo.
- Analyze prominent secular and medical arguments that deny full moral status to embryos — such as gradualist or "development-based" approaches — and compare them with the theological-personhood view.
- Evaluate contemporary bioethical theories and medical literature regarding embryo status and moral standing, in light of theological moral principles.
- Recommend how clinicians, researchers, and institutions can adopt practices, policies, and professional commitments that uphold the dignity and protection of embryonic human life.
- Describe the biological and clinical realities of early human development and embryo viability.
- Identify ethical and professional risks associated with IVF, embryo cryopreservation, and embryo disposition practices.
- Analyze real-world clinical and research cases involving embryos, using sound bioethical reasoning.
- Evaluate how moral, theological, and professional standards can be integrated into clinical decision-making under institutional or legal pressure.
- Recommend ethically sound, life-affirming strategies for patient counseling, policy development, and professional advocacy.
- Define ethical courage and moral integrity in the context of modern clinical practice.
- Identify institutional and societal pressures that challenge adherence to the Hippocratic Oath and Church teaching.
- Analyze strategies to maintain professional and moral boundaries in ethically complex or controversial situations.
- Evaluate approaches for fostering a culture of conscience protection and life-affirming care within healthcare institutions.
- Recommend practical methods for staying faithful to ethical, moral, and Church-guided standards in daily practice.
- Define the core principles of a Christian ethic of end-of-life care, including the sanctity of life and the moral limits of palliative interventions.
- Identify practices that constitute ethically permissible pain and symptom management versus interventions that intentionally hasten death.
- Analyze clinical scenarios in light of Christian moral principles and professional ethical standards.
- Evaluate current institutional and legal trends related to end-of-life care and their implications for ethical practice.
- Recommend strategies for providing compassionate, life-affirming care while upholding moral and professional integrity.
- Describe the historical and legal origins of brain death criteria in the United States (e.g., UDDA, clinical guidelines).
- Identify the standard clinical and ancillary tests used to determine brain death, and explain their limitations or potential for misdiagnosis.
- Evaluate arguments for and against brain death as a valid definition of human death from both medical and ethical perspectives.
- Analyze the ethical implications of accepting or rejecting brain death criteria for medical practice, patient rights, and organ donation policies.
- Define the clinical practices of palliative sedation and terminal analgesia, and distinguish them from active life-ending interventions.
- Identify major ethical and clinical critiques of applying the Doctrine of Double Effect to end-of-life sedation and analgesia, based on recent peer-reviewed scholarship.
- Analyze the moral risks posed by deep sedation or continuous opioid regimens — especially the potential for intentional or de facto euthanasia under the guise of "pain relief."
- Evaluate when sedation and analgesia may — or may not — meet morally acceptable criteria for end-of-life care from a Catholic bioethical perspective.
- Recommend ethically sound protocols for pain and symptom management at end of life that respect human dignity, preserve the possibility of spiritual preparation, and avoid life-ending intent.

- Summarize the professional practice gap: the lack of clarity or consensus in many clinical settings about the boundary between legitimate palliative care and practices that risk undermining the sanctity of life.
- Define key ethical principles guiding end-of-life care, including the sanctity of life and the doctrine of double effect.
- Identify clinical practices that constitute morally permissible palliative care versus interventions that intentionally hasten death.
- Analyze ethical challenges illustrated by real-world cases, including Terri Schiavo, and apply moral reasoning to contemporary clinical scenarios.
- Evaluate institutional and legal pressures on end-of-life decision-making and develop strategies to uphold professional and moral integrity.
- Recommend approaches for compassionate patient care, family counseling, and policy development that defend life and conscience rights.
- Summarize key lessons learned from the development and implementation of a Catholic medical school and hospital system.
- Identify strategies for integrating Church-guided ethical principles into medical education and clinical practice.
- Analyze challenges in aligning healthcare delivery with moral, ethical, and bioethical standards in contemporary medicine.
- Recognize practical approaches for fostering a culture of conscience, ethical resilience, and patient-centered, life-affirming care.
- Apply insights from Catholic healthcare leadership to institutional, clinical, and educational decision-making.
- Define the ethical and moral responsibilities of healthcare professionals to uphold Church teaching in clinical and institutional practice.
- Identify political, cultural, and institutional pressures that may challenge ethical decision-making and conscience in healthcare.
- Analyze strategies to maintain fidelity to the faith while providing patient-centered, life-affirming care.
- Evaluate institutional policies and legal frameworks to safeguard conscience rights and ethical integrity.
- Recommend approaches for fostering ethical resilience and supporting colleagues in maintaining Church-guided practices under pressure.

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