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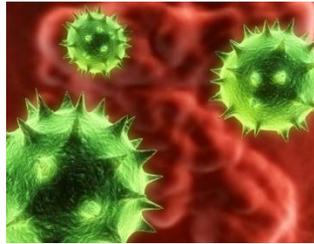
State of the Center

Research Ethics

Consultation Service:

SCBE's research ethics consultation service has been fully integrated into the Stanford/Packard Center for Translational Research in Medicine (SPCTRM). Funded by a Clinical and Translational Science Award (CTSA), SPCTRM provides a central research web portal serving Stanford University School of Medicine faculty and their clinical research staff. Providing a means through which clinical investigators can get support to help facilitate research, SPCTRM operates as a one-stop shopping model designed to meet various clinical research needs from contracting, biostatistics, research ethics, bio-informatics, and regulatory support. As researchers at Stanford Hospital and Clinics, Lucile Packard Children's Hospital, and the Palo Alto VA utilize this system, they encounter prompts which help indicate to them when a research ethics consultation is warranted. This collaborative, team-based model is designed to solicit ethics input into emerging science, and thus has the

potential to influence the way that research is designed and conducted. More detail about how the research ethics consultation service operates can be found in recent articles in AJOB and IRB (see Recent Publications).



Microbiome and Ethics:

Mildred Cho is co-PI of a new joint project between SCBE and the University of Pennsylvania Center for Bioethics that will devise an approach to examine the ethical, legal, and social issues associated with microbiome research. Although research on the human microbiome is important for its potential scientific and medical impact on health and disease, it raises a number of ethical and social concerns that Cho and colleagues will examine. How, for example, might the complexity of microbiome research, which calls for a more complex, nuanced framework for defining and demonstrating causality, change the way that genetics

is studied and understood? Might the understanding of the human microbiome disrupt traditional assumptions about definitions of species, self, disease and normality? The overall goal of this new project is to link discussions of abstract questions about values and social implications with specific features of microbiome research. This analysis will be used to identify potential research design alternatives that could minimize value conflicts and could potentially be generalized to other genomic and biomedical research more broadly.

Pubs, Pubs, and More Pubs:

Scholars at SCBE have had an extraordinary year publishing numerous articles in high impact journals such as *Science*, *AJOB*, *Genome Medicine*, *PLoS*, *Nature*, *Cell Stem Cell*, *BMJ*, and *Nature Biotechnology* (see Recent Publications).

(Continued on Page 2)

 **STANFORD** 
CENTER
FOR BIOMEDICAL ETHICS
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Lucile Salter Packard Children's Hospital*

State of the Center (continued)

AJOB Still Top Bioethics Journal:

AJOB has stayed at the top of the field in bioethics journals with an impact factor of 4.378 for 2008, up from 3.934 for 2007. The impact factor measures the degree to which a journal's articles are cited, and it is often used as a proxy for the relative importance of a journal within its field. Thomson Scientific calculates impact factors each year. The number two and three spots are occupied by the *Journal of Law, Medicine, and Ethics* (1.413) and the *Journal of Medical Ethics* (1.345). AJOB's 5-year impact factor is 4.362, with *Bioethics* coming in at second with 1.731.

New Books:

Katrina Karkazis, a medical anthropologist and senior research scholar at SCBE, published *Fixing Sex: Intersex, Medical Authority and Lived Experience* (Duke 2008), which examines controversies over medical care for individuals born with atypical sex anatomy. For her book, Karkazis conducted extensive interviews with patients, parents, and physicians, the first time anyone had done so. Her book has been very well received, garnering rave reviews in AJOB, NEJM, and *Choice* to name a few.



Sandra Soo-Jin Lee, a medical anthropologist and senior research scholar at SCBE, is co-editor of the book *Revisiting Race in a Genomic Age* (Rutgers University Press 2008). In this collection, scholars from a wide range of disciplines examine the new social, political, and ethical concerns that are attached to how we think about emerging technologies and their impact on current conceptions of race and identity. Essays explore a range of topics that include drug development and the production of race-based therapeutics, the ways in which genetics could contribute to future health disparities, the social implications of ancestry mapping, and the impact of emerging race and genetics research on public policy and the media.

Jonathan J. King Lecture:

SCBE has had an extraordinary group of speakers for our annual Jonathan J. King lecture and 2009 is no exception. Abraham Verghese, MD, will be speaking October 6, 2009, at the Clark Center Auditorium at Stanford University School of Medicine (see Faculty Profile).

Bioethics in Film:

Maren Grainger-Monsen and Nicole Newnham were awarded a very competitive Sundance Documentary Institute grant, as well as a development grant from PBS, for *The Revolutionary Optimists*, a film on global



health. The grants made possible a substantial film shoot in India with one of the main characters, Amlan Ganguly, a lawyer turned social entrepreneur, who has made a significant impact in the poorest neighborhoods of Calcutta by empowering children to become leaders in improving health, sanitation, and immunization rates.

Nicole Newnham was nominated for two Emmy Awards for her film, *The Rape of Europa*. The film followed the fate of Europe's art treasures during World War II.

Education Update

MED 255C, The Responsible Conduct of Research for Clinical Researchers, will be offered for the first time on November 7, 2009. This special section of MED 255 has been designed specifically to engage clinical researchers in productive discussions about ethical issues commonly encountered during their clinical research careers, and addresses contemporary debates at the interface of biomedical science and society. All who are, or will be, conducting clinical research are encouraged to attend.

Topics covered will be different from those of MED 255 and will include:

- (1) Clinical research versus clinical care;
- (2) Protecting human subjects;
- (3) Conflicts of interest in clinical research;
- (4) Returning research results and incidental findings;
- (5) Human biological materials and biobanking;
- (6) Community consent and recruitment; and
- (7) Ethical issues in placebo versus active control trials.

Faculty Profile: Abraham Verghese



Paula Bailey interviews Abraham Verghese, MD, MACP, Professor and Senior Associate Chair for the Theory and Practice of Medicine. Prior to coming to Stanford, he was the Director of The Center for Medical Humanities and Ethics at the University of Texas Health Science Center at San Antonio, where he held the Joaquin Cigarroa Jr. Chair in Medicine and was the Marvin Forland Distinguished Professor of Ethics. His books, *My Own Country* and *The Tennis Partner*, are taught in many medical schools as part of the humanities curriculum. His writing has appeared in *The New Yorker*, *Sports Illustrated*, *The Atlantic*, *Esquire*, *Granta*, *The New York Times Magazine*, *The Wall Street Journal* and elsewhere. (Interview conducted fall 2008.)

Dr. Verghese, a belated welcome! How are you enjoying your time at Stanford?

I'm loving it! It's been a wonderful transition. Great weather and I think for the first time in my medical career, I'm doing exactly what I wanted to do. I think a job is always a combination of doing the things you love to do, and some things that you like to do less. I've found just the right mix—most of what I'm doing, I like.

Tell us about your vision for teaching medical students and physicians, and that probably gets to what you love to do, right?

Yes. I've learned by coming full circle that the most important way we have to influence medical students and

residents is really at the bedside, one by one. There really is no short-cut; there is no classroom lecture that can substitute. This place has such a wonderful reputation for research, and we want to try and make sure that it also has an equivalent reputation for the clinical training of our students and our residents. My chair, Ralph Horwitz, shares my view that the clinical encounter at the bedside is terribly important. In other words, you can have all the theoretical knowledge in the world, and if your interaction with the patient is somehow clumsy and not done well, the relationship won't even begin.

We in western medicine have spent a lot of time on patient communication. Everybody is really sophisticated these days about cultural differences, and making eye contact, and reading nuances in the voice, but the physical exam has been sort of glossed over. The examination of the body is an art that has faded as technology has become ascendant; people have less faith in their ability to examine the patient. My bias is that if you examine the patient well, you not only convey a certain skill and competence to them, but you also earn the right to make decisions with them about their health care. I learned these lessons the hard way from my patients with chronic fatigue. I learned to give them one hour to just tell me their story (and bill for a new patient visit), and then have them come back for the second visit to do the physical, because I could not do them at the same time. They had too much to say.

On the second visit, I would do the most thorough exam I could think of doing. Invariably the patient would say, "I've never been examined like this before." I would see these very voluble patients quiet down. Then, when I would tell them the same things they had heard at the Mayo, or wherever else they'd been, I always felt that if they accepted it from me, it was because I'd earned the right to have their trust because of this thing that transpires in the physical. So I'm very interested in that. We are trying to put together the first Stanford conference on bedside medicine a year from now. The first day will be easy. It will focus, for example, on how well does feeling the spleen work, how accurate is that, and how well does looking for thyroid over-activity work, etc., but the second day is going to be all about what does touching the patient mean to the patient? What does it convey about empathy, about skill? What mythical, or mythological, or archetypal role are we playing when we go through this extraordinary act, where one individual gives permission to another to touch them? It's a tremendous privilege. That's a long-winded way of saying this is the aspect of medicine where I'm really hoping I'll make a difference. I have

Faculty Profile (continued)

had the help of Drs. LaVera Crawley, David Magnus, Audrey Shafer and Clarence Braddock in this venture, and I am most grateful.

Are we not really teaching that aspect of it now?

We teach medical students all these aspects of the physical exam in the first two years. Then when they arrive on the wards in their third year, carrying their reflex hammers and ophthalmoscopes, and flashlights, and stethoscopes, they quickly find that very few people carry anything but the stethoscope, and that the stethoscope is really more of a mating symbol, I call it, than it is a diagnostic instrument. They realize that the ebb and flow on the wards really revolves around getting tests done and getting data from the computer. The computerized medical record, along with burgeoning technology, has seriously threatened the patient/physician interaction in the hospital. I would contend, and I will keep saying this 'til the day it stops being true, that the patient in the bed has now become an icon for the real patient, who is in the computer. The patient in the bed simply exists to signify that there is a file in the computer. Now, of course, I'm being facetious. We clearly pay attention to the person in the bed, but what I mean to say is that looking at the body, orienting oneself from the body has become almost passé. The body is viewed as incidental, in many cases for good reason, because a mammogram or CT scan can perhaps see much more clearly than the human hand. Nevertheless, there are things that only the human hand can find, like whether it's painful in a particular spot. That's not something that any machine can tell you. There isn't any machine in the world that can do a knee reflex and convey the information of a tendon reflex. There are elements of this exam that are so important, and in this era of biomarkers and other sexy tests, we have forgotten the value of the good physical.

Do you think people want to feel that you have really seen them, rather than that you have just read about them somewhere else?

Yes, I think people want to feel you've really seen them, but I think it's more than that. My bias is that if you do the bedside stuff well, if you really have confidence in your exam, it leads you to order tests judiciously, based on good hunches, and then I think you are more cost efficient, and you are about a half a day to a day ahead of people who have to wait for all the test results to fall out of the sky to get a clue as to what is going on. By the way, I don't think one needs to prove this. Every time I say this, I hear, "Can you prove it?" We don't need

proof that it's easier to drive a car by looking out of the window than by following the arrow on the GPS without looking out of the window. I don't think I want to do a trial to prove that being a skilled physician at the bedside has some advantages. There are so many anecdotes I can think of—we all have them—where an exam of the patient completely changed the course of everything, or where failure to recognize a finding on the exam proved costly. Not doing a careful history and physical exposes patients to so much unnecessary testing, so much unnecessary "stuff."

You mentioned that you are planning a conference. Who will attend?

The conference is a terribly important way for us to, as I see it, define what is a new field. At first I think it will be mostly for all of us nationally and internationally who are interested and have been focused on this field of bedside medicine. The great thing about being at Stanford is that the institution provides a wonderful platform here from which to speak in a way that people pay attention. I'm really hoping to use that. A recent dinner meeting involved faculty from SCBE and also people from Comparative Literature, Romance Languages, Sociology, and Anthropology, because I really think this field of "what does it really mean to touch the patient?" is in need of a better definition. It needs to be defined; we need to learn what measures we can use to describe and study this field. The conference is about defining that field, staking a claim to this and saying it has a function and a purpose.

Do you have other plans for reaching past the impersonal reliance on technology in the practice of medicine and accessing the art of the healer?

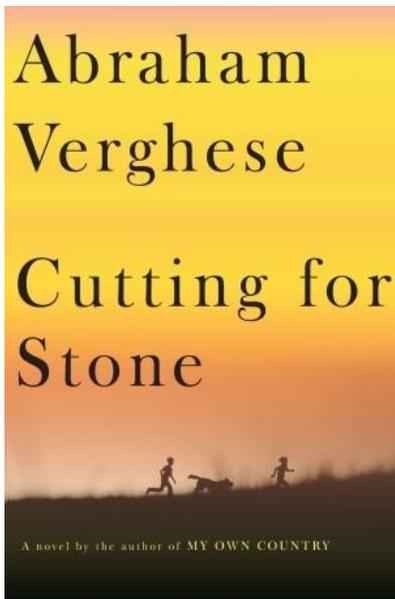
My chair's belief, which I share, is that we need to allow students to see the magic, the excitement, the great intellectual challenge of being in internal medicine, and that somehow, nationwide, we are failing to do that. When I came into internal medicine, what attracted me was the 'sleuth' quality of being a physician. I think many medical students come to medical school imagining that's what it will be like—they will have this knowledge, learn a special skill, and pretty soon they can divine things at the bedside. It's ironic that they wind up at the end of their training, often having less faith in their skills to divine anything, and too much faith in tests. That's our doing, our fault. The other thing I would like us to have done here at Stanford, a measure of our success, is to have attracted more students to internal medicine. I'm very gratified that this year we have twenty-one students going into medicine, out of a class of eighty-something. Last year, it was just nine. I don't think I can take credit for that. I do think Dr. Horwitz' arrival, and a new energy and a new bustle among the faculty and residents have

Faculty Profile (continued)

contributed to this; we have always had great clinical talent here, but the willingness of the department to get behind that talent, showcase it, and give it adequate resources has made all the difference.

Let's switch gears now to your new book, *Cutting for Stone* (February, 2009). Tell us about it, particularly that interesting title!

The title is actually from a line in the Hippocratic Oath, "thou shall not cut for stone," which is a reference to bladder stones. These were epidemic in the dark ages, and there were these charlatans who went from city to city to cut out bladder stones and relieve suffering, however the danger was people would die of infection the next day. My novel has nothing to do with that. It's really all about a protagonist whose name is Stone. It's very much a medical saga. It begins with a nun giving birth to twins in an operating room in a mission hospital in Africa. One of the twins becomes the narrator for the story. It's really about the very things we just talked about—how medicine can save you, but it can also destroy you, it can swallow you up, it can cater to your pride, it can humble you. All my pet peeves about medicine, along with all my joy in medicine, are embodied in this story.



Have you been successful in carving out 40 percent of your time for writing, away from the Department of Medicine? I understand you have an office in a secret location for that very purpose, which should make it easier!

It's actually been pretty successful. I've been fairly religious about blocking out that time and treating it as though I'm at a clinic with patients waiting and I have to be there, or I have to be at my lab for a lab meeting. It's funny how when I must turn down an evening invitation because I have to write, I get a lot of flak from not only family, but others who say, "Big deal! He has to stay home to write!" Yet, if I were a neurosurgeon and if I said, "I'm sorry, I

can't come to your dinner because I have to go and relieve a subdural bleed!" that would be perfectly understandable, because that's important! I realized that the only way to make one's writing have value, is to treat it with value. I block out time on my calendar now. I'm not claiming I write from the minute I get there until the time I leave, but it certainly is the place where I try and avoid regular email, and really try and focus on my creative projects. It's consisted to a great degree recently of wrapping up the novel, which was still in the galleys and second-pass stages. It's also consisted of writing a few editorials about the very thing we are talking about, bedside medicine.

Something just occurred to me. Can you schedule creativity? Do you just go into that office and go into that mode?

Yes and no. For me, at least, and I think this is true of most people, if you want to write, you need to apply your butt to that chair, you know? I don't think it works for everybody to be like Frost walking in the woods or Thoreau walking around a lake. The act of creative writing is utterly mysterious, but it does require that you begin, that you are there. It does require that you start to write, that you try and beat your head against this topic you are working on, and then things mysteriously can open up—the muse, if you will. It sounds clichéd, but I do think that in the process of doing it, you tap into thoughts that you didn't have, were you not sitting there writing. At least for me, I write in order to understand what I'm thinking. So yes, you can schedule the time you'll devote to it. I have a few things I'm working on, and every time I go to that office, I pick them up and start again. You make your progress, you put things away for a while and look at them again. I'm not turning out a column for a paper, so the product is not always that visible immediately.

Is there anything else you would like to talk about?

Let me add one more thing. When we put together this dinner to look at bedside medicine and get all these views from our colleagues outside medicine who are on the Stanford campus, I later heard from some of these individuals after the dinner. An English professor wrote to me and said, "In twenty years on campus I've never had such a wonderful discussion and never seen such a coming together of people from different disciplines." One thing I'd like to put together is a quarterly dinner, where we pick a topic and invite fifteen people from all across campus. To me, the real strength of being in a university should be that we use these connections with people from other disciplines. It keeps your creative juices flowing, and every now and then, serendipity will allow that interaction to produce something valuable!

Dr. Verghese is the 2009 Jonathan J. King Lecturer.

People News

Angie Boyce, formerly CIRGE Program Manager, joined Cornell's PhD program in Science and Technology Studies to pursue her interests in biomedicalization, bioethics, science and democracy, social problems, interdisciplinarity, and the sociology of knowledge. She continues to work as a consultant to Mildred Cho on a project to study ethical issues in microbiome research.

Teneille Brown, JD, CIRGE postdoctoral fellow, left SCBE to join the Faculty of Law as an Associate Professor at the University of Utah SJ Quinney College of Law. She is continuing her interdisciplinary research and teaching at the intersection of law, biotechnology, medicine and ethics. One of her projects is to examine judges' and the public's perception of the roles of genetic and environmental factors on behaviors and the potential impact of these attitudes on criminal sentencing.

Molly Chalfin, former Research Assistant for the Program in Neuroethics, as well as former SCBE webmaster, completed the Stanford masters program in psychology and moved to Washington, DC. She is now working as a research Fellow in The Clinical Brain Disorders Branch of the National Institute of Mental Health Section on Integrative Neuroimaging, as well as applying to medical school.

Maria Gonzalez joined CIRGE in the summer of 2009 as a Research Assistant. In 2007, she earned her B.A. in Interdisciplinary Studies, with a concentration in Public Health and Immigration, from the University of California, Berkeley. As an undergraduate, Maria did research on health disparities affecting immigrant farm workers. After graduating, she worked for a year and a half as a data analyst for the University of California, Office of the President. Additionally, since the summer of 2008, she has volunteered at Stanford Hospital. Currently at CIRGE, Maria is collaborating on a pilot study on judicial perspectives of the use of genetic information on alcohol use disorders.

Lisa Hisaw joined SCBE as a Research Assistant in 2008 after graduating from Stanford University with a B.S. in Biological Sciences and minor in Economics. As a Student Assistant she worked with Dr. LaVera Crawley to compare the quantity and quality of Direct-to-Consumer Advertising (DTCA) of pharmaceuticals in ethnic and general interest magazines and analyze focus groups of African American and Caucasian physicians to assess how DTCA has affected their practices. In her role as a Research Assistant, she helped with a pilot study on social media websites as a venue for

health message distribution and a factor in medical decision making. She helped develop and code a database of hundreds of MySpace blogs that discussed the HPV Vaccine, Gardasil. In fall 2009, Lisa left to attend the University of California, Irvine, School of Medicine.

Mary Pat Huxley recently joined SCBE to assist Sally Tobin as evaluation coordinator for "The New Genetics: Electronic Tools for Educational Innovation," a project funded by the National Science Foundation. Mary Pat received her doctorate in education from Pepperdine University with a focus on organizational change. Previously, she served as the Statewide Director for the Applied Biotechnology Initiative, which involved connecting with more than 150 college faculty and staff and 30-35 programs. Mary Pat will handle recruitment of evaluating faculty and coordinate the evaluation process for the NSF project. She resides in Southern California and will teach genetics at Ventura College this fall.



Jennifer Ladd joined SCBE in July 2008 as the Program Manager of CIRGE, coordinating the research, teaching and administrative activities of the Center. Jennifer graduated with distinction from Stanford University in 2008, receiving a BS in Molecular and Cell Biology. Her honors thesis, for which she was awarded the Firestone, was entitled *The Role of ETS Transcription Factors Erg and Fli-1 in the Differentiation of Human Mesenchymal Stem Cells*. In addition to pursuing her strong interests in lab science and medicine, Jennifer delved into bioethics through courses at Stanford and a tutorial during a study abroad term in Oxford. She was also co-Editor-in-Chief of *Stanford Scientific Magazine*, previously holding the positions of Head Ethics & Policy Editor and Features Editor. At CIRGE, Jennifer is currently working on several research projects, including an investigation of life scientists' views on their responsibilities to society and on the potential impacts of their research.

People News (continued)

Martine Lappé is a doctoral candidate in Sociology at the University of California, San Francisco, a UC Toxic Substances Program Fellow (2008-2010), and a researcher at CIRGE. Her dissertation focuses on the social and ethical dimensions of gene-environment interaction research on Autism Spectrum Disorders. Martine earned her BA in Sociology, graduating Magna Cum Laude from UC San Diego in 2004. Her projects at CIRGE relate to ethical issues in complex disease research, policy and practice. She is currently working on several articles and a book chapter on genetics and justice with former CIRGE post-doctoral fellow, Holly Tabor, PhD.

Haerin Lee joined SCBE in September, 2008, as an Administrative Associate and Research Assistant. Haerin graduated from Stanford University in 2008 with B.A. in Human Biology, Area of Concentration: Infectious Disease and Human Care. At Stanford, Haerin was a member of the synchronized swimming team, served as a hospital coordinator for a student volunteer organization, and studied sex differences in autoimmune disease. She also taught HIV prevention and volunteered at an orphanage in Olasiti Village, Tanzania. At SCBE, Haerin is currently working on CTSA projects in research ethics and assisting with daily center functions.

Jen McCormick, PhD, CIRGE postdoctoral fellow, left SCBE in the summer of 2008 for a new role as Assistant Professor of Biomedical Ethics at the Mayo Clinic Department of General Internal Medicine. She is conducting research on science policy, hESC research policy, research ethics, and the ethics of genetics, genomics and neuroscience. She also directs the Bioethics Incubator research program for the Mayo Clinic's CTSA activities.

C J Murdoch, LLB, has conducted research for several years with the Health Law Institute, looking into issues surrounding genomics, patent law, and commercialization. CJ completed his articles of clerkship with the City of Edmonton and acquired his LLB and BA in Philosophy at the University of Alberta. At Stanford, he will work on ethical and legal issues in stem cell research and in behavioral genomics. He will be sponsored by the Health Law Institute of the University of Alberta, the SCBE Program on Stem Cells in Society, the Stanford Center for Law and Biosciences, and the Center for Integration of Research on Genetics and Ethics. He has a passion for music, playing in several bands, putting on all-ages musical events (Push Pins), and founding an all-ages venue in Edmonton (The Hydeaway). His interests include mental health, genomics, commercialization and phenomenology.

Emily Murphy, PhD, formerly postdoctoral fellow in the SCBE Program in Neuroethics and Fellow in the Stanford Law School Center for Law and Biosciences, is now a first-year law student at Stanford.

Holly Tabor, PhD, CIRGE postdoctoral fellow, left SCBE last summer, to become Assistant Professor of Pediatrics in the Division of Bioethics at University of Washington School of Medicine and the Treuman Katz Center for Pediatric Bioethics. She is conducting research as the recipient of a K99/R00 Pathway to Independence award from the National Human Genome Research Institute at NIH on "Ethical and Social Issues in the Study of the Genetics of Complex Traits." In addition, she is collaborating with researchers at the Center for Clinical Genomics to proactively identify and address ethical and social issues in ongoing complex disease research.

Abraham Verghese, MD, MACP, came to Stanford in early 2008 as the Senior Associate Chair, and Professor of the Theory and Practice of Medicine. His primary appointment is in the Department of Medicine, but he has also joined the SCBE faculty. Dr. Verghese is board certified in internal medicine, pulmonary diseases and infectious diseases. He serves on the Board of Directors of the American Board of Internal Medicine. Dr. Verghese is the 2009 King Lecturer. (See SCBE Upcoming Events. Also see the Faculty Profile of Dr. Verghese in this issue.)

Kacey Wulff is a recent Stanford graduate who majored in Philosophy and minored in Human Biology. Kacey was a TA in David Magnus' Foundations of Bioethics for Human Biology, and also has been working with David Magnus on a research project on donation after cardiac death. She was accepted into the highly competitive and prestigious pre-doctoral fellowship program at the National Institutes of Health Department of Bioethics. She will be at NIH for the next two years.



Recent Publications

Paula Bailey:

Bailey P. Stillness in Motion: Wisdom From a Shaolin Martial Monk. *Black Belt*. May 2009;47(5):106-108.

Clarence Braddock:

Wharam JF, Paasche-Orlow MK, Farber NJ, et al. High quality care and ethical pay-for-performance: a Society of General Internal Medicine policy analysis. *J Gen Intern Med*. Jul 2009;24(7):854-859.

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Mildred Cho:

McCormick JB, Boyce AM, Cho MK. Biomedical scientists' perceptions of ethical and social implications: is there a role for research ethics consultation? *PLoS One*. 2009;4(3):e4659.

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Cho MK. Translating genomics into the clinic: moving to the post-Mendelian world. *Genome Med*. Jan 20 2009;1(1):7.

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Henry T. Greely:

Greely HT. Law and the Revolution in Neuroscience: An Early Look at the Field. *Akron L. Rev*. 2009;42:687-715.

Greely HT. Neuroscience-Based Lie Detection: The Need for Regulation. *Using Imaging to Identify Deceit: Scientific and Ethical Questions*. Cambridge, Mass: American Academy of Arts and Sciences; 2009:46-55.

Greely H. "Who Knows What Evil Lurks in the Hearts of Men?": Behavioral Genomics, Neuroscience, Criminal Law, and the Search for Hidden Knowledge. In: Farahany N, ed. *The Impact of Behavioral Sciences on the Criminal Law*. Oxford Univ. Press; 2009:161-179.

Duggan PS, Siegel AW, Blass DM, et al. Unintended changes in cognition, mood, and behavior arising from cell-based interventions for neurological conditions: ethical challenges. *Am J Bioeth*. May 2009;9(5):31-36.

Mathews DJ, Sugarman J, Bok H, et al. Cell-based interventions for neurologic conditions: ethical challenges for early human trials. *Neurology*. Jul 22 2008;71(4):288-293.

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Karp DR, Carlin S, Cook-Deegan R, et al. Ethical and practical issues associated with aggregating databases. *PLoS Med*. Sep 23 2008;5(9):e190.

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Greely H, Sahakian B, Harris J, et al. Towards responsible use of cognitive-enhancing drugs by the healthy. *Nature*. Dec 11 2008;456(7223):702-705.

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Henry T. Greely (continued):

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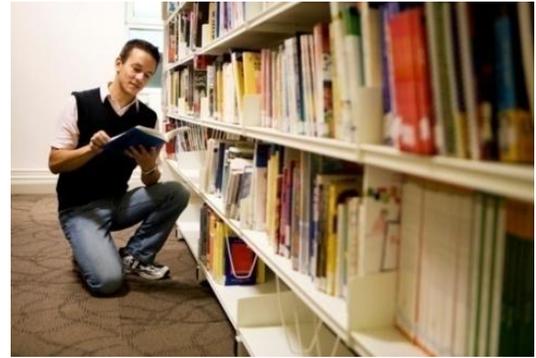
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Brian Anderson:

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SCBE Upcoming Events

September 11, 2009, 9:00 – 10:30 am

The July 2009 UK Genomic Medicine Report: A Discussion with Lord Naren Patel
Munzer Auditorium, Beckman Center

September 23, 2009, 10:30 – 11:30 am

Monthly Genomics & Ethics Journal Club
Attitudes Towards Use of Personal Genomics, facilitated by Mildred Cho, PhD
Clark Center, Room S362

October 2, 2009, 8:15 am – 5:00 pm

Stanford Journal of Law, Science, & Policy
Stem Cell Policy Symposium:
Understanding the Scientific and Legal Challenges Ahead, Stanford Law School

October 6, 2009, 5:00 – 6:00 pm

Annual Jonathan J. King Lecture
Abraham Verghese, MD, MACP
Clark Center Auditorium
Reception: 6:00 – 7:00 pm
Nexus Café in the Clark Center

October 6, November 3, December 1, 2009 7:00 – 9:30 pm

First Tuesday Evening Writing Group Series
SCBE Conference Room
701 Welch Road, A1113

November 14, 2008, 8:45 – 4:30

November One-Day Writing Workshop
Featuring guest artist/innovator:
Aleta Hayes, Home of Audrey Shafer
Mountain View

November 18, 2009, 10:30 – 11:30 am

Monthly Genomics & Ethics Journal Club
Research 2.0: Social Networking and DTC Genomics, facilitated by Sandra Lee, PhD
Clark Center, Room S363

December 16, 2009, 10:30 – 11:30 am

Monthly Genomics & Ethics Journal Club
Topic TBD, facilitated by Hank Greely
Room TBD

May 14-15, 2010

Fifth Annual International Symposium on Music and the Brain
Stanford University Center for Research in Music and Acoustics

Stanford Center for Biomedical Ethics

701A Welch Road, Suite A-1105
Palo Alto, CA 94304

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