

**IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION**

JANE DOE et al.,

Plaintiffs,

v.

JOSEPH A. LADAPO et al.,

Defendants.

Civil No. 4:23-cv-00114-RH-MAF

**PLAINTIFFS' OPPOSITION TO THE STATE'S MOTION *IN LIMINE* TO
PARTIALLY EXCLUDE EXPERT TESTIMONY OF PLAINTIFFS'
WITNESS KENNETH W. GOODMAN, PhD, FACMI, FACE**

Plaintiffs submit this Opposition to Defendants Surgeon General Joseph Ladapo, the Florida Board of Medicine and its members, the Florida Board of Osteopathic Medicine and its members, and State Attorney William Gladson (collectively, "Defendants"), Motion *in Limine* [ECF 158] (the "Motion").

For the for the reasons outlined below, Plaintiffs respectfully request the Motion be denied.

INTRODUCTION

Defendants are mistaken in arguing that Dr. Goodman is not qualified to provide expert testimony on the "evidence base for gender dysphoria treatments" because he is not a physician or scientist who treats patients with gender dysphoria.

(ECF 158 at 5). They misapprehend the gravamen of Dr. Goodman’s testimony, who is testifying in his capacity as an expert in evidence-based medicine, that the Florida Medicaid: Generally Accepted Professional Medical Standards on the Treatment of Gender Dysphoria (“GAPMS Report”) erroneously excludes evidence rated as low quality in concluding that there is little to no evidence demonstrating the benefits of medical care for gender dysphoria. In reaching this opinion, Dr. Goodman relies on his decades of experience and expertise in reviewing medical evidence and supporting clinicians in making treatment determinations based on available medical evidence, his familiarity with the relevant academic literature, his years of research and publications in the field of medical ethics, and his extensive practical experience through his role as the founder and director of the University of Miami Miller School of Medicine’s Institute for Bioethics and Health Policy and co-founder of the University’s Ethics Program. Nothing rendered in Dr. Goodman’s opinion requires direct clinical experience treating patients with gender dysphoria.

ARGUMENT

I. Dr. Goodman is qualified to render an opinion on the quality rating of evidence supporting the clinical guidelines for the treatment of gender dysphoria.

Defendants claim that Dr. Goodman is neither a physician nor a scientist, rendering him unqualified to provide expert opinion on the conclusions raised in the GAPMS report. (*Id.*). As an initial matter, bioethicists routinely assess the

evidentiary bases of medical treatments. Here, Dr. Goodman is not only a bioethicist; he is a widely published expert in the field of evidence-based medicine. (Exhibit 1, Att. A, *Curriculum Vitae* of Dr. Kenneth Goodman). Dr. Goodman has spent the entirety of his career as a bioethicist in a hospital setting. During his more than 30 years of experience, he has published numerous books, book chapters, and peer-reviewed journal articles on the use of medical evidence in a broad range of medical settings. (*Id.*). This experience alone clearly renders Dr. Goodman qualified to opine on the relationship between recommendations contained in clinical practice guidelines and the quality rating of evidence supporting those recommendations.

Contrary to Defendants assertions, Dr. Goodman's experience in providing ethical consultations to clinical providers further qualifies him to render expert opinion on the evidence base at issue in the GAPMS Report. Although Dr. Goodman does not make clinical recommendations for patients, he engages in clinical consultations with providers treating a wide range of medical conditions. These consultations occur in varied clinical settings including, for example, "...in a hospital where a patient has lost capacity, an elderly, sick patient lacks capacity, and spouses or children or siblings are insisting on a level of treatment that the team in its professional judgment believes is inappropriate." (Exhibit 2, Dr. Goodman Deposition Transcript (hereinafter "Goodman Tr."), at 25:22-26:3). Moreover, in

this consultative capacity, Dr. Goodman has engaged with colleagues treating patients with gender dysphoria concerning regulation of the treatment of gender dysphoria and continuity of care for their patients. (*Id.* at 26: 15-23). These consultations necessarily involve an assessment of the best available evidence on the efficacy of a certain treatment.

Defendants also mischaracterize Dr. Goodman's familiarity with the GRADE guidelines and the relevance of his knowledge of the guidelines in rendering his expert opinion. (ECF 158 at 5). Dr. Goodman's opinion is not based "primarily on his review of the Endocrine Society's clinical guidelines" (*id.* at 4) but rather on his review of the evidence base supporting the recommendations in those guidelines and a comparative analysis of the quality rating of evidence supporting the recommendations relative to the quality rating of evidence supporting other medical interventions, particularly those rated low or very low quality based on available evidence. (Ex. 1, at ¶ 19). Dr. Goodman discusses the use of the GRADE guidelines in the development of clinical recommendations (Ex. 1, at ¶¶ 13-15), and explains the misapplication of the GRADE guidelines by Defendants and by those responsible for the creation of the GAPMS Report (*id.* at ¶¶ 16-19).

As a bioethicist, it is Dr. Goodman's responsibility to regularly assess the ethical implications of particular medical treatments for patients, a responsibility that would be impossible to carry out without understanding the benefits expected to

accrue to the patient from the treatment being evaluated. In order to assess those benefits, it is imperative for a bioethicist to understand the strengths and weaknesses of the scientific and medical evidence supporting the treatment at issue. Inherently, a bioethicist thus must have expertise with the criteria, such as the GRADE guidelines, that are relied upon in assessing the strength of medical evidence. Dr. Goodman decisively demonstrated his familiarity and experience with the GRADE criteria in both his expert report (Ex. 1, at ¶¶ 14-19), and in his deposition (Goodman Tr. at 29:20-30:14, 32:8-39:13, 45:5-47:2). In describing his experience with the GRADE guidelines, Dr. Goodman acknowledges that he does not rely on the guidelines in clinical practice, (Goodman Tr. at 28:3-4), however, it does not follow that he has no experience with or familiarity with the GRADE guidelines themselves and how they are used in clinical practice settings.

There is no basis for the Defendants' argument that Dr. Goodman's expertise as a bioethicist is incompatible with his rendering an informed expert opinion about the flawed evidentiary conclusions reached in the GAPMS report.

CONCLUSION

For the foregoing reasons, the Court should deny Defendants' Motion *in Limine*.

Respectfully submitted this 10th day of October, 2023.

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CERTIFICATE OF SERVICE

I hereby certify that, on October 10, 2023, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system.

/s/ Jason E. Starr
Jason E. Starr
Counsel for Plaintiffs

CERTIFICATE OF WORD COUNT

Pursuant to Local Rule 7.1(H), I hereby certify that this Opposition contains 1,009 words.

/s/ Jason E. Starr
Jason E. Starr
Counsel for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
Tallahassee Division

JANE DOE et al.,

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Defendants.

**EXPERT REPORT OF KENNETH W. GOODMAN, PhD, FACMI, FACE
ON BEHALF OF PLAINTIFFS**

August 16, 2023

Prepared by
Kenneth W. Goodman, PhD, FACMI, FACE

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I. INTRODUCTION AND SUMMARY OF OPINIONS

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

2. The Florida Board of Medicine and Osteopathic Medicine Rules (64B8-9.019, Fla. Admin. Code (effective March 16, 2023) and 64B15-14.014, Fla. Admin. Code (effective March 28, 2023)) and Senate Bill 254 (“SB 254” effective May 17, 2023) (collectively the “Bans”) prohibit doctors in Florida from providing transition medications to minors. Further, SB 254 and the Boards’ Emergency Rules (64B8ER23-7; 64B8ER23-9, Fla. Admin Code (effective July 7, 2023) (collectively, the “Informed Consent Requirements”)) limit access to gender transition care for minors and adults in Florida by, among other things, establishing rigid mandatory prerequisites for physicians to obtain lawful consent. I understand a violation of the Boards’ rules is a basis for disciplinary action, and a violation of SB 254 may subject a medical provider to criminal and civil liability.

3. There is no valid basis for the State to disregard the robust clinical research studies demonstrating the safety and efficacy of gender transition medication, and, in the absence of dispositive evidence demonstrating that such treatments pose significant safety risks and/or lack of efficacy, it is unprecedented for the Boards to intrude in the doctor-patient relationship to override the professional judgment of clinicians who adhere to established professional guidelines and standards of care. When parents consent to care for their transgender adolescents, they are consenting to established care supported by the same level and quality of evidence as many other widely accepted treatments for adolescents.

4. Also, there is no ethical or public-interest justification for legislative and/or regulatory stipulations regarding the exact setting or content for valid consent, such as the

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Requirements' rigid mandate that the consent be obtained in person (as opposed to, for example, via telemedicine or telephone), by the attending physician (as opposed to another qualified healthcare professional), in the presence of a witness, and on a form prescribed by the Boards.

A. *Background and Qualifications*

5. I am the founder and director of the University of Miami Miller School of Medicine's Institute for Bioethics and Health Policy and the co-founder and director of the University's Ethics Programs. I also direct the Florida Bioethics Network and chair the UHealth/University of Miami Hospital Ethics Committee as well as the Adult Ethics Committee for Jackson Memorial Health System.

6. I am a full Professor of Medicine with tenure at the University of Miami, with additional appointments in the Department of Philosophy, the Department of Public Health Sciences, and the School of Nursing and Health Studies. My responsibilities include teaching ethics to medical students and trainees and providing continuing education in medical ethics to health professionals at the University of Miami and elsewhere.

7. I received my PhD in Philosophy in 1991 from the University of Miami. I submit this report as an expert in the field of bioethics and the issue of informed consent. A full list of my credentials, experience and publications authored appears in my *curriculum vitae*, which is attached to my declaration (ECF 158-1). All institutional affiliations and positions listed here and in my *curriculum vitae* are purely and exclusively for the sake of identification and to demonstrate expertise. The views expressed herein are mine alone.

8. I have extensive experience as a bioethicist. Bioethicists examine the ethical issues that arise in medicine and life sciences. In addition to my research and publication as outlined in my *curriculum vitae*, I am responsible for providing clinical consultative services to providers across the Jackson and UHealth Systems and on a consulting basis to other institutions. The

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purpose of these consultations is to help clinicians make decisions concerning patient care in cases that presents unique or challenging ethical issues.

B. *Bases For Opinions*

9. I have actual knowledge of matters stated in this report. My expert opinions are based upon my education, training, research, and years of experience as a teacher and medical ethicist, as well as my attendance at and participation in conferences relating to bioethics, and my ongoing review of the relevant professional literature on the subject.

10. In preparing this report, I reviewed the Florida Medicaid: Generally Accepted Professional Medical Standards on the Treatment of Gender Dysphoria (“GAPMS Report”),¹ the Endocrine Society Clinical Practice Guidelines,² the World Professional Association for Transgender Health Standards of Care,³ the Boards’ Rules, and Mandatory Consent forms. I also relied on my years of research and publication in the field of medical ethics, as set forth in my *curriculum vitae*, and the materials therein.

C. *Compensation*

11. I am not being compensated for offering these opinions, except for the reimbursement of expenses incurred in connection with the submission of this report.

D. *Prior Testimony*

12. I previously testified as an expert at trial or by deposition in the following cases: *Adams & Boyle, P.C., et. al. v. Herbert H. Slattery, III, et. al.*, Case No. 3:15-cv-00705 (Middle

¹ Florida Medicaid: Generally Accepted Professional Medical Standards Determination on the Treatment of Gender Dysphoria, Florida Agency for Health Care Administration, <https://ahca.myflorida.com/let-kids-be-kids>.

² Endocrine Society, Endocrine Treatment of Gender Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline (September 2017), available at <https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence>.

³ World Prof’l Ass’n for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People (8th ver. 2023), <https://www.wpath.org/publications/soc>.

Dist. TN), *Gainesville Woman Care, LLC, et. al. v. State of Florida, et. al.*, Case No. 37 2105 CA 001323 (Circuit Court, Leon County).

II. EXPERT OPINIONS

A. *The GAPMS Report Erroneously Concludes That There is Little or No Evidence For The Benefits of Medical Care for Gender Dysphoria*

13. The clinical practice guidelines established by the Endocrine Society were developed using the Grading of Recommendations Assessment, Development, and Evaluations (GRADE) guidelines. In this process, guidelines and recommendations are subjected to rigorous internal and external review, including public comment, and undergo peer review prior to publication. Guidelines are reviewed periodically and may be revised and republished based on new evidence.

14. GRADE is a widely accepted framework for developing and presenting summaries of medical evidence and establishing clinical recommendations and guidelines based thereon.⁴ The framework considers the population in question – here, transgender adolescents experiencing gender dysphoria, and the outcomes desired from clinical intervention – and the alleviation of clinically significant distress associated with such dysphoria. The framework is then used to rank the quality of evidence as applied to the desired outcome to assess the strength of the correlation between the intervention and the desired outcome. The GRADE approach uses four categories to rate the quality of evidence: “high,” “moderate,” “low,” and “very low.” These rankings reflect the extent of confidence that the estimates of an effect are adequate to support a particular clinical decision or recommendation.⁵

⁴ GRADE: Welcome to the GRADE working group. Accessed May 17, 2023. Available at <https://www.gradeworkinggroup.org/#pub>.

⁵ Balshem H, Helfand M, Schunemann HJ, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol.* 2011;64(4):403.

15. In the rating of evidence, randomized control trials are initially rated as “high quality” and observational studies as “low quality.” A randomized controlled trial (“RCT”) is a study that divides patients randomly into a control group (no treatment) and a treatment group. In contrast, an observational study records information about patients in a real-world setting, *e.g.*, a cohort of patients seen at a clinic. The term “low quality” in this context does not reflect a condemnation of evidence but rather reflects that the body of peer-reviewed literature in this area is composed primarily of observational studies.

16. The determination of evidence as low quality does not imply the strength of a particular clinical recommendation. In fact, low quality studies regularly guide important aspects of clinical practice, and the GRADE framework specifically notes that GRADE should not be used to dismiss observational studies or to give absolute priority to RCTs, as it appears the Boards have done here.⁶ Put another way, technically “low quality” evidence can, and often does, support strong clinical recommendations. Further, it is incoherent to suggest that, in the absence of “best-grade” evidence, clinicians should provide no clinical intervention or treatment at all, especially where there is solid evidence that all points in the same direction with respect to showing efficacy of treatment. From a practical perspective, if the standard were that clinical practice guidelines could only issue when there was evidence characterized under the GRADE system as “high quality,” many well-established and effective medical treatments would be barred from use. Indeed, under current ethical standards, doing so would likely constitute medical malpractice.

17. The WPATH SOC and Endocrine Society Guidelines are parallel to countless other practice guidelines and, indeed, enjoy reliance on a robust and evolving literature. The GAPMS report mysteriously departs from the GRADE framework by excluding available evidence as of

⁶ Balshem et al., *supra* note 5, at 402.

“low quality.” This appears a calumny more than a reasoned critique. It is, moreover, noteworthy that though the GAPMS document purports to rely on standards for evidence-based medicine, it neglects to recognize a key aspect of its foundations: “Evidence-based medicine ... is the integration of best research evidence with clinical expertise and patient values.”⁷ Leading scholars of evidence-based medicine have long and consistently made clear the essential role of patient values and clinical judgment in evidence-based medical practice. The role of legislatures in regulating that judgment and practice was, until recently, unthinkable. It is and remains, however, scientifically and ethically illicit. In normal circumstances, the measure in question would seem to compel physicians to commit medical neglect or abandonment and, sadly, do so based on ideology and not evidence.

18. In the context of medical treatment for gender dysphoria in adolescents, the use of an RCT would present serious ethical concerns. The medical care at issue here has been demonstrated, by reliable scientific methods, to be effective in alleviating the distress associated with gender dysphoria and improve mental health outcomes in adolescents. Given that there is broad medical consensus, based on solid, peer-reviewed research that these medical treatments are safe and effective, it would likely be unethical to conduct a randomized, placebo-controlled trial, which would entail the withholding of standard-of-care treatment from a control group of adolescents experiencing gender dysphoria.

19. The clinical practice guidelines for treatment of gender dysphoria in adolescents are consistent with guidelines developed in other areas of pediatric care where many interventions are supported solely or primarily by evidence regarded as less than high quality. Much pediatric practice would be utterly undone and out of bounds if the stance revealed in the GAPMS Report

⁷ Sackett, D.L., Straus, S.E., Richardson, W.S., Rosenberg, W., Haynes, R.B. *Evidence-Based Medicine: How to Practice and Teach EBM*. (2d ed. 2000).

were applied to many conditions afflicting adolescents. In pediatric oncology, for instance, numerous interventions are both the only options available and are, as such, embraced by the medical community. The same is true in many other specialties; indeed, the lack of RCT evidence has long been a challenge to the pediatrics community (where one analysis found that “43% [of pediatric practice guidelines] were based on experimental studies, 30% on observational studies, and 27% on expert opinion or no reference).”⁸ The GAPMS report would, similarly, enjoin the use of most if not all off-label medication prescriptions. To be sure, observational and case-control studies “may be the only available or practical information in support of a therapeutic strategy.”⁹ Indeed, this is the case with all rare diseases, for which observational and real-world data are all that is available.¹⁰ It would be medically and ethically impermissible to deny or delay treatment for millions of pediatric patients with a wide range of maladies because state legislatures found fault with the evidentiary bases of available treatments. Similarly, in Florida, minors frequently receive cosmetic procedures, including breast augmentation, ear surgery, liposuction, and rhinoplasty – with a less-than-optimal evidence base. These procedures are intended to treat no malady and cure no disease.

20. It is worthy of note that an effort to establish a registry that would have improved gender dysphoria evidence was rejected by Florida’s Boards of Medicine and Osteopathic Medicine. It is difficult to understand how and why those who are newly concerned about the

⁸ Isaac, Andre et. al., Quality of Reporting and Evidence in American Academy of Pediatrics Guidelines. *Pediatrics*. April 2013;131(4):732–738. Available at <https://publications.aap.org/pediatrics/article-abstract/131/4/732/31887/Quality-of-Reporting-and-Evidence-in-American?redirectedFrom=fulltext>.

⁹ PDQ Adult Treatment Editorial Board. Levels of Evidence for Adult and Pediatric Cancer Treatment Studies: Health Professional Version. *PDQ Cancer Summaries [Internet]*. October 2022. Available at <https://www.ncbi.nlm.nih.gov/books/NBK65748/>.

¹⁰ Liu, Jing et. al., Natural History and Real-World Data in Rare Diseases: Applications, Limitations, and Future Perspectives. *J Clin Pharmacology*. December 2022;62(S2):S38-S55. Available at <https://accp1.onlinelibrary.wiley.com/doi/10.1002/jcph.2134>.

evidence for gender dysphoria treatment would disdain existing evidence *and* impede efforts to acquire more and better evidence.

21. To my knowledge, the actions of the Florida Boards of Medicine and Osteopathic Medicine in prohibiting health care providers from following clinical practice guidelines or standards of care for the treatment of a particular patient population are unprecedented. No other pediatric clinical guidelines or standards of care have been rejected by the Florida Boards of Medicine and Osteopathic Medicine because the quality of the evidence supporting them is determined to be less than “high quality.” Permitting these Boards to bar health care providers from following clinical practice guidelines or standards of care that are based on less than high quality evidence would subject many pediatric patients to serious harm.

22. To be clear, there are no other recommended pediatric clinical guidelines or standards of care subjected to the same degree of scrutiny as the Boards have applied here in an attempt to justify the prohibition on medical treatment for gender dysphoria.

B. *The Board’s Informed Consent Requirements Depart from Well-Established Principles of Medical Ethics*

23. The Restrictions reflect a critical misunderstanding of the role of informed consent (more appropriately called “valid consent”) for medical procedures. Rather than serving an interest in protecting the health and well-being of an individual seeking necessary gender transition care, the Restrictions subvert that interest.

24. “Informed consent” names the ethical and legal obligation of health care professionals to ensure that certain fundamental conditions are met before patients undergo medical procedures. Those conditions may be straightforwardly itemized as follows:

- The patient must receive adequate information about the procedure, including its risks, likely benefits and accepted alternatives;

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- The patient must have the mental capacity to understand and appreciate the information as provided; and
- The patient’s agreement to receive the treatment must be voluntary—that is, free of coercion or undue influence.

25. All three components apply, meaning that the term “valid consent” is more accurate than “informed consent” because, for instance, a patient might be adequately informed but lack the mental capacity to consent. Although there is disagreement and controversy on some subjects within the field of bioethics, these standards for valid consent are not subject to dispute: they are universally accepted as core components of medical practice and research. The fundamental idea is that every mature person who is capable of making decisions should have the right to decide what should be done to her or his body.

26. This is at the foundation of uncontested national and international recognition of rights to self-determination and personal autonomy. The medical ethics literature is unequivocal about this.¹¹ There are two critical reasons why the Informed Consent Requirements run afoul of these standards.

27. First, valid consent is context-specific: physicians, allied health professionals, patients, and the precise medical services under consideration will all vary greatly and, together, for each patient, form an individualized pattern—a kind of “clinical fingerprint.” There is wide

¹¹ See, e.g., Gert, B., Culver, C.M., and Clouser, K.D. 2006. *Bioethics: A Systematic Approach*. New York: Oxford University Press, esp. Ch. 9, pp. 213 ff.; Beauchamp, T.L., Faden, R.R. Informed Consent, I. History of informed consent, and II. Meaning and elements, in Jennings, B., ed., *Bioethics*, 4th Edition. Farmington Hills, MI: Macmillan Reference USA, 2014, Vol. 3, pp.

1673-1687; Berg, Jessica W., Paul S. Appelbaum, Charles W. Lidz, and Alan Meisel. 2001. *Informed Consent: Legal Theory and Clinical Practice*. 2nd ed. New York: Oxford University Press; Dworkin, Gerald. 1988. *The Theory and Practice of Autonomy*. Cambridge: Cambridge University Press. Faden, Ruth R., and Tom L. Beauchamp. 1986. *A History and Theory of Informed Consent*. New York: Oxford University Press; Goodman KW. *Ethics and Evidence-Based Medicine: Fallibility and Responsibility in Clinical Science*, Cambridge: Cambridge University Press, 2003.

variety in, for instance, physicians’ and their allied health professionals’ communication styles; patients’ health histories, medical needs, previous experience in medical settings, and ability to travel to a health clinic; and the nature and risks of the procedures themselves. Thus, it is impractical and inappropriate to impose a blanket requirement that legal consent be obtained: (1) in-person as opposed to other equally effective modes of communication), (2) by the physician prescribing the medication or performing the procedure as opposed to a competent allied health professional, (3) in the presence of a third-party witness, and (4) on a form prescribed by a regulatory agency. The context-specific nature of consent applies to every medical procedure—appendectomy, breast reduction or augmentation, tooth extraction, brain surgery, and so on; there is nothing medically unique about gender transition care in this regard.

28. To be sure, many specialized procedures and surgeries do employ procedure-specific consent forms, but these are crafted by experts in the procedure or surgery who are not trying to discourage their patients; such forms are based on the specific and likely risks of the procedure, and not compelled by law or regulation. With the exception of gender transition care and abortion, no such form or process has, to my knowledge, ever been compulsory or required under threat of prosecution.

29. It is also unprecedented for a consent document to contain falsehoods such as those in the Boards’ consent forms: “Medical treatment of people with gender dysphoria is based on very limited, poor-quality research with only subtle improvements seen in some patient’s psychological functioning in some, but not all, research studies. This practice is purely speculative, and the possible psychological benefits may not outweigh the substantial risks of medical treatments and, in many cases, the need for lifelong medical treatments.”

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30. The consent forms approved by the Boards are utterly unlike any others in standard use. They require that each putative risk be initialed by the patient and parent; one such form requires 38 placements of initials. Many of the risks, cast as “statements,” include material that has nothing to do with the standard consent process, e.g., “Compliance with the requirements explained above is a prerequisite for you to receive treatment with feminizing medications.” It is highly unusual for a consent document to feature content clearly intended to discourage the treatment. (The “requirements” alluded to in that form comprise a list of 13 stipulations related to the practice of medicine or psychology, not to the valid consent process.) Moreover, demands for such things as ongoing medical monitoring and a specified number of follow-up visits and their periodicity are with few exceptions wholly outside the scope of the valid consent process.

31. It is particularly unusual to list risks of procedures a patient will not receive. Doing so undermines any suggestion that the forms are customized, which is a direct impediment to the valid consent process. Including these “statements” impairs the consent process and erodes the patient-doctor relationship. It is inconsistent with goals of valid consent to include mention of treatments a patient will not receive.

32. Such an unusual and highly granular list of warnings, threats, and risks, in conjunction with the requirement that patients initial all of them, has resulted in documents that read like legal contracts. It is also well established that no promise or guarantee should ever be made in conjunction with a medical procedure, and it is extremely peculiar for a clinical consent document actively to discourage a particular intervention or imply its likely failure. The Boards of Medicine forms compel a departure from longstanding best practice in medicine.

33. Stated differently, a one-size-fits-all mandate for legal consent – particularly one that disregards the importance of patient-desired outcomes, originates outside the clinical

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relationship, and applies to all cases inflexibly – cannot, by definition, be adequate for every consent process. Rather, after the patient and health care provider have discussed the patient’s preferences and unique medical history, as well as the specifics of the contemplated prescription or procedure, they are best equipped to determine together—without legislative interference—whether the patient is ready to provide valid consent.

34. The second reason the Informed Consent Requirements run afoul of consent standards is the common and widespread agreement that the doctor-patient relationship is of fundamental importance and therefore should be free from legislative or regulatory interference that does not serve a medical justification. A law such as the Informed Consent Requirements—which specifies the manner, form, and setting in which information must be delivered and the particular health professional who must deliver the information—undermines the physician’s judgment about how to serve a patient’s best interests.

35. In order to advance the goals of valid consent, forms that list items for doctors to review with their patients should be accurate and clear. Having multiple statements that are not guided by evidence-based medicine and practice or that address procedures that a patient will not receive undermines patients’ ability to make for themselves medical decisions that accurately take risks and benefits into account.

36. These principles apply as a matter of professional ethics notwithstanding any individual’s personal viewpoint on gender identity or whether gender transition care should be legally accessible. A practitioner’s duty is to provide the patient with the necessary information to allow the patient to make the most appropriate personal health decision, and then to respect the patients’ autonomy. There is no medical or ethical justification for the Requirements as a tool of valid consent.

37. The mandates contained in the Informed Consent Requirements constitute an intrusion into universally accepted medical and ethical standards. These state-mandated Requirements override the clinical team's professional judgment to the potential detriment of the patient's health, undermine the physician-patient relationship, and subvert fundamental tenets of medical ethics and universal standards for valid consent.

Executed on this 16th of August, 2023.

A handwritten signature in black ink, appearing to read "K. Goodman", is written over a light gray rectangular background.

Kenneth W. Goodman, PhD

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ATTACHMENT A

UNIVERSITY OF MIAMI Curriculum Vitae

1. Date: February 19, 2023

I. PERSONAL

2. Name: Kenneth W. Goodman
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4. Office Phone: (305) 243-5723
5. Home Address: 39 Palermo Ave., Coral Gables, FL 33134-6907 USA
6. Current Academic Rank: Professor (as of June 1, 2008; tenure awarded June 1, 2003)
7. Primary Department: Medicine
8. Secondary or Joint Appointments: Philosophy, Public Health Sciences, Health Informatics, Electrical and Computer Engineering, Nursing and Health Studies, Anesthesiology
9. Citizenship: USA
10. Visa Type: NA

II. HIGHER EDUCATION

11. Institutional:
 - Department of Philosophy, University of Miami, Ph.D., 1991 (Dissertation: "Progress and Truth in Science").
 - Department of Language and Linguistics, University of Essex, Colchester, United Kingdom, M.A., 1982. Program in theoretical linguistics; degree conferred with distinction. (Thesis: "Linguistics and Indeterminacy.")
 - Department of Journalism and Communication, University of Florida, B.S., 1975. Degree conferred with high honors.
12. Non-Institutional: NA
13. Certification, licensure: National Incident Management System, Emergency Management Institute, FEMA, "An Introduction," March 10, 2014.

III. EXPERIENCE

14. Academic:

University of Miami Bioethics Program, founder and director, 1991-present. Program redesignated April 2015 as University of Miami Miller School of Medicine Institute for Bioethics and Health Policy

University of Miami Ethics Programs, co-founder and co-director, 1991-present

World Health Organization Collaborating Centre in Ethics and Global Health Policy, director, 2008-present

Faculty Member, Sylvester Comprehensive Cancer Center, 2010-present

Advisory Board, University of Miami Global Health Studies Program, 2019-present

University of Manchester, UK, Civic Data Identity Partnership (CDIP) Advisory Board, 2020-2021

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U.S. Centers for Disease Control and Prevention, Ethics Subcommittee of the Advisory Committee to the Director, member, 2011-2013 (committee dissolved May 2013). Public Health Ethics Collaboration Steering Group, member, 2012-2013

Adjunct Professor of Medicine, Florida International University, 2009-2012

Director, Florida Bioethics Network, 2004-present

University of Miami/NIEHS Marine and Freshwater Biomedical Science Center, center investigator, 2001-2003

University of Miami Pan American Bioethics Initiative; founder and director; 1994-present

Member, Course Developers' Group, Comprehensive Institutional Training Initiative (CITI), 2004-2013. Member, CITI Executive Advisory Board, 2006-2012

University of Miami Minority Science Outreach Programs; director; 1994-1998

University of Miami School of Medicine, Department of Medicine; adjunct and joint appointments; 1991-Present

University of Miami College of Arts and Sciences, Department of Philosophy; adjunct and joint appointments; 1991-Present

University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center; Director, Clinical and Research Ethics Education; 1995-Present

University of Miami School of Medicine, Division of Minority Affairs, Health Careers Opportunity Program summer faculty, 1999-2003

University of Miami School of Medicine, Division of Minority Affairs, Minority Students Health Careers Motivation Program summer faculty, 2000-2003

Markle Foundation, New York and Washington, D.C., Connecting for Health, Personal Health Technology Council member, 2005-2007

American Society for Bioethics and the Humanities, member, Web Editorial Board, 1998-2001

Barry University, School of Graduate Medical Sciences, Physician Assistant Program, CAAHEP Self Study Advisory Committee, 1998-2000

American College of Epidemiology. As consultant to Ethics and Standards of Practice Committee, developed a "Review and analysis of key documents on ethics and epidemiology," 1993-1994

Carnegie Mellon University, Center for the Advancement of Applied Ethics, Pittsburgh; research associate; 1989-1995

Carnegie Mellon University, Computer Science Department, Center for Machine Translation; research editor; December 1988-August 1991

University of Pittsburgh School of Medicine, Center for Medical Ethics, clinical ethics training program; adjunct faculty and associate; May 1990-July 1991

Duquesne University, Pittsburgh Department of Communication; adjunct faculty; August 1988-May 1991

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School of Business and Administration, Duquesne University, Pittsburgh; adjunct faculty; June to July 1991

University of Miami School of Medicine, Health and Human Values Program; adjunct assistant professor; August 1987 to June 1988

University of Miami College of Arts and Sciences, Department of Philosophy; graduate teaching assistant; September 1983-May 1987

Bethune-Cookman College, Daytona Beach, Florida; journalism instructor and student-newspaper adviser, September 1979 to March 1981

15. Hospital Appointments

Founder and chair, University of Miami Hospital Ethics Committee, 2012-present.

Member and Vice Chair, University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center Ethics Committee, 1995-2014.

Member, Jackson Memorial Hospital Adult Ethics Committee, 1993-present. Chair as of August 2007.

Member, Jackson Memorial Hospital Pediatric Ethics Committee, 1994-present.

Member, VAMC Miami Ethics Committee, 1994-2003.

16. Non-academic:

Consultant to and educator for various health care organizations and professional organizations, including Nicklaus Children's Hospital, Alpha-1 Foundation, etc.

17. Military: NA

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IV. PUBLICATIONS

18: Books and monographs published

Books

1. Goodman KW. *Ethics, Medicine and Information Technology: Intelligent Machines and the Transformation of Health Care*. Cambridge: Cambridge University Press, 2016.
2. de Velasco RE, Fiore RN, Goodman KW, Moseley R, Spike J, Weldon KM, eds. *Guidelines for Ethics Committees: A Resource for Hospitals, Nursing Homes and Hospices*. Miami: The Florida Bioethics Network, 2011.
3. Goodman KW, ed. *The Case of Terri Schiavo: Ethics, Politics and Death in the 21st Century*: Oxford: Oxford University Press, 2010.
4. Goodman KW. *Ethics and Evidence-Based Medicine: Fallibility and Responsibility in Clinical Science*, Cambridge: Cambridge University Press, 2003.
5. Anderson JG, Goodman KW. *Ethics and Informatics: A Case-Study Approach to a Health System in Transition*. New York: Springer Verlag, 2002. Portions adapted as part of "Toward Striking a Balance in Bioinformatics," American Medical Association's online Virtual Mentor, Genethics, March 2001 (<http://virtualmentor.ama-assn.org/2001/03/gnth1-0103.html>).
6. Goodman KW, ed., *Ethics, Computing and Medicine: Informatics and the Transformation of Health Care*. New York and Cambridge: Cambridge University Press, 1998. Translated into Italian by Eugenio Santoro as *Etica, Informatica e Medicina: L'informatica e la trasformazione dell'assistenza sanitaria*, Rome: Il Pensiero Scientifico Editore, 1999. Translated into Japanese by Itai Takashi as 医療IT化と生命倫理 報ネットワーク社会における医療現場の変容, Kyoto: Tankobon, 2009 (ISBN 4790713865, 978-4790713869). See also chapters, below.
7. Coughlin S, Soskolne C, Goodman KW. *Case Studies in Public Health Ethics*. Washington, D.C.: American Public Health Association, 1997. Translated into Mandarin by Xiao Wei as 公共健康伦理学案例研究, Beijing: People's Publishing House 2008 (ISBN 978-7-01-006666-0, R1-05/K584).
8. Goodman KW, Nirenburg S, eds. *The KBMT Project: A Case Study in Knowledge-Based Machine Translation*. San Mateo, Calif: Morgan Kaufmann, 1991.
9. Nirenburg S, Carbonell J, Tomita M, Goodman KW. *Machine Translation: The Knowledge-Based Approach*, San Mateo, Calif.: Morgan Kaufmann, 1991.

Chapters

1. Korngiebel DM, Solomonides A, Goodman KW. Ethical and Policy Issues. In Cohen TA, Patel VL, Shortliffe EH, eds., *Intelligent Systems in Medicine and Health: The Role of AI*. Cognitive Informatics in Biomedicine and Healthcare series. Cham: Springer Nature 2002, pp. 505-525.
2. Goodman KW. Confidentiality and Privacy: Traditional Concerns and Digital Challenges. In Hester DM, Schonfeld TL, eds., *Guidance for Healthcare Ethics Committees*, Second Edition, Cambridge: Cambridge University Press, 2022, pp. 85-94.
3. Goodman KW, Miller RA. Ethics in biomedical and health informatics: Users, standards, and outcomes. In Shortliffe, EH, Cimino JJ, Chiang MF, eds., *Biomedical Informatics: Computer Applications in Health Care and Biomedicine*. Fifth Edition. Cham, Switzerland: Springer Nature, 2021, pp. 391-423. (Revised from the Fourth Edition, 2014, below).

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4. Goodman KW, Prineas RJ. Ethics curricula in epidemiology. In SS Coughlin, ed., *Ethics and Epidemiology*, Third Edition, Oxford: Oxford University Press, 2021, pp. 223-244. (Substantially revised version of Goodman and Prineas, 2009).
5. Goodman KW. Bioethics and Precision Medicine: Focus on Information Technology. In Phillips KA, Yamamoto DP, Racz L, eds., *Total Exposure Health: An Introduction*,. Boca Raton: CRC Press, 2020, pp. 281-289
6. Goodman KW, Birnbach DJ. Ethics and plastic surgery practice. In Cohen M, Thaller S, eds., *The Unfavorable Result in Plastic Surgery: Avoidance and Management*, 4th ed., New York: Thieme, 2018, pp. 25-30.
7. Goodman KW. Ethical and legal issues in decision support. In Berner ES, ed., *Clinical Decision Support Systems: Theory and Practice*, Third Edition. Switzerland: Springer International, 2016, pp. 131-146. (Wholly revised from Second Edition, 2007, below.)
8. Goodman KW, Meslin EM. Ethics, information technology and public health: Duties and challenges in computational epidemiology. In Magnuson JA, Fu PC, eds., *Public Health Informatics and Information Systems*, Second Edition, London: Springer-Verlag, 2014, pp. 191-209. (Wholly revised from First Edition, 2003, below.)
9. Goodman KW, Cushman R, Miller RA. Ethics and health informatics: Users, standards, and outcomes. In Shortliffe, EH, et al., eds., *Biomedical Informatics: Computer Applications in Health Care and Biomedicine*. Fourth Edition. New York: Springer, 2014, pp. 329-353. (Wholly revised from the Third Edition, 2006, below).
10. Goodman KW. Ethics and Healthcare: Focus on Information Technology. In McCormick KA, Gugerty B, eds. *Healthcare Information Technology Exam Guide for CompTIA Healthcare IT Technician and HIT Pro Certifications*. New York: McGraw Hill, 2013, 43-59.
11. Goodman KW. Bioética, tecnología de la información y salud. In Herreros Ruiz-Valdepeñas B, Bandrés Moya F, eds. *Bioética: de la globalización a la toma de decisiones*. Madrid: ADEMÁS Comunicación Gráfica, s.l., 2012, 55-60. [Cf. Goodman KW. Bioética e informática de la salud. VI Seminario Internacional e Interuniversitario de Biomedicina y Derechos Humanos, Fundación Tejerina, Madrid, June 24, 2010, below.]
12. Goodman KW. Health information technology and globalization. In Chadwick R, ten Have H, Meslin EM. *Health Care Ethics: Core and Emerging Issues*. Los Angeles: Sage, 2011, 117-125.
13. Ritter IH, Fiore RN, Goodman KW. Justice and vulnerability in human embryonic stem cell research. In H Cheung, ed. *Stem Cell & Regenerative Medicine*. Oak Park, IL: Bentham Scientific Publishers, 2010, pp. 1-8, available at bentham.org/ebooks/9781608050086/contents.htm.
14. Goodman KW. Faculty perspective [on patient confidentiality case]. In Spandorfer J, Pohl CA, Rattner SL, Nasca TJ, eds. *Professionalism in Medicine: A Case-Based Guide for Medical Students*, Cambridge: Cambridge University Press, 2010, 59-60.
15. Goodman KW. Terri Schiavo and the Culture Wars: Ethics vs. Politics. In Goodman KW, ed. *The Case of Terri Schiavo: Ethics, Politics and Death in the 21st Century*: Oxford: Oxford University Press, 2010, 1-38.
16. Goodman KW. Health priorities, conflict of interest and vulnerable populations: how ethics precedes law in the protection of human subjects. In Lolás F, ed., *Dimensiones Éticas de las Regulaciones en Salud*. Monografías de ACTA BIOETHICA No. 3, Centro Interdisciplinario de Estudios en Bioética, Universidad de Chile Programa de Bioética, OPS/OMS, 2009, 221-232.

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17. Goodman KW, Prineas RJ. Ethics curricula in epidemiology. In SS Coughlin, TL Beauchamp and DL Weed, eds., *Ethics and Epidemiology*, Second Edition, Oxford: Oxford University Press, 2009, 283-303. (Substantially revised version of Goodman and Prineas, 1996).
18. Goodman KW. Ethics, evidence and innovation. In Gehner M, Jupp S, Matlin SA, eds. *Global Forum Update on Research for Health Volume 5: Fostering innovation for global health*. Woodbridge, UK: Pro-Brook Publishing, 2008: 88-90. Available at http://globalforumhealth.org/filesupld/global_update5/Update5_FullDoc.pdf
19. Goodman KW. Health information technology: Challenges in ethics, science and uncertainty. In KE Himma and HT Tavani, eds., *The Handbook of Information and Computer Ethics*. Hoboken: Wiley, 2008, pp.: 293-309.
20. Brosco JP, Miller PS, Goodman KW, Fuchs SR. Ethical issues in developmental-behavioral pediatrics: A historical approach. In M.L. Wolraich et al., eds., *Developmental-Behavioral Pediatrics: Evidence and Practice*. Mosby/Elsevier, 2008, pp.: 905-923.
21. Goodman KW. Ethical and legal issues in use of decision support. In E. Berner, ed., *Clinical Decision Support Systems: Theory and Practice*. Second Edition. New York: Springer Verlag, 2007, pp.: 126-139.
22. Goodman KW, Miller RA. Ethics and health informatics: Users, standards, and outcomes. In Shortliffe, E.H., ed., *Biomedical Informatics: Computer Applications in Health Care and Biomedicine*. Third Edition. New York: Springer, 2006, pp. 379-402.
23. Szczepaniak MC, Goodman KW, Wagner MW, Hutman J, Daswani S. Advancing organizational integration: negotiation, data use agreements, law, and ethics. In MW Wagner, AW Moore, RM Aryel, eds. *Handbook of Biosurveillance*. Boston: Academic Press, 2006, pp. 465-480.
24. Goodman KW. Moral foundations of data mining. In Wang J, ed. *Encyclopedia of Data Mining*. Hershey, Penn.: IDEA Group Reference, 2006, pp. 832-836.
25. Borenstein J, Goodman KW. Ethical issues in geriatric psychiatry. In Agronin ME, Maletta GJ, eds., *Principles and Practice of Geriatric Psychiatry*. Philadelphia: Lippincott, 2006, 259-269.
26. Goodman KW. Ethics, information technology and public health: Duties and challenges in computational epidemiology. In O'Carroll PW, Yasnoff WA, Ward ME, Ripp LH and Martin EL, eds., *Public Health Informatics and Information Systems*, New York: Springer-Verlag, 2003, 251-266.
27. Goodman KW. Justifying embargoes: The "Ethics Criterion." In R Vázquez Díaz, ed., *Health and Nutrition in Cuba: Effects of the U.S. Embargo*. Stockholm: Olof Palme International Center, 1998.
28. Goodman KW. Ethical challenges. In J.A. Herzstein, W.B. Bunn, L.E. Fleming et al., eds. *International Occupational and Environmental Medicine*. St. Louis: Mosby, 1998: 86-96.
29. Goodman KW. Outcomes, futility, and health policy research. In K.W. Goodman, ed., *Ethics, Computing and Medicine: Informatics and the Transformation of Health Care*, Cambridge and New York: Cambridge University Press, 1998: 116-138.
30. Goodman KW. Meta-analysis: Conceptual, ethical and policy issues. In K.W. Goodman, ed., *Ethics, Computing and Medicine: Informatics and the Transformation of Health Care*, Cambridge and New York: Cambridge University Press, 1998: 139-167.
31. Goodman KW. Bioethics and Health Informatics: An Introduction. In KW Goodman, ed., *Ethics, Computing and Medicine: Informatics and the Transformation of Health Care*, Cambridge and New York: Cambridge University Press, 1998: 1-31. (Adapted and reprinted with accompanying

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commentary as Bioethics and health informatics, *Biomedical Ethics*, newsletter of the European Network for Biomedical Ethics 1999;4(2):40-43.)

32. Miller R., Goodman KW. Ethical challenges in the use of decision-support software in clinical practice. In KW Goodman, ed., *Ethics, Computing and Medicine: Informatics and the Transformation of Health Care*. Cambridge and New York: Cambridge University Press, 1998: 102-115.
33. Goodman KW, Frumkin H. Ethical issues in international occupational health, in LE Fleming et al., eds., *International Occupational and Environmental Medicine*, Beverly, Mass.: OEM Press, 1997, 17-32.
34. Goodman KW, Prineas, R. Toward an ethics curriculum in epidemiology, in S. Coughlin and T. Beauchamp, eds., *Ethics and Epidemiology*, Oxford University Press, 1996, 290-303.
35. Goodman KW. Anticipations of truth: historical evidence for a realist account of scientific progress. In D. Prawitz and D. Westerståhl, eds., *Logic and Philosophy of Science in Uppsala*, Dordrecht: Kluwer (now, Springer/Synthese), 1994, 273-295.

19. Juried or refereed journal articles or exhibitions

1. Ross SR, Goodman KW. Avoiding Unethical Altruism in Global Health: Revisiting Ethics Guidelines for International Rotations for Medical Residents. *Journal of Graduate Medical Education* 2023;15(1):19-23. <https://doi.org/10.4300/JGME-D-22-00455.1>
2. Salerno J, Coughlin SS, Goodman KW, Hlaing WM. Current ethical and social issues in epidemiology. *Annals of Epidemiology* 2023;50:37-42. <https://doi.org/10.1016/j.annepidem.2023.02.001>
3. Petersen C, Berner ES, Cardillo A, Fultz Hollis K, Goodman KW, Koppel R, Korngiebel DM, Lehmann CU, Solomonides AE, Subbian V. AMIA's code of professional and ethical conduct 2022, *Journal of the American Medical Informatics Association* 2023;30(1):3-7. <https://doi.org/10.1093/jamia/ocac192>
4. Lehmann CU, Fultz Hollis K, Petersen C, DeMuro PR, Subbian V, Koppel R, Solomonides AE, Berner ES, Pan EC, Adler-Milstein J, Goodman KW. Selecting venues for AMIA events and conferences: guiding ethical principles. *Journal of the American Medical Informatics Association* 2022;29(8): 1319–1322, <https://doi.org/10.1093/jamia/ocac073>
5. Dimentstein K, Sosenko JM, Goodman KW. Do-it-yourself diabetes management: perspectives of a patient, a physician, and an ethicist. *Clinical Diabetes* 2021 Aug; cd200058. <https://doi.org/10.2337/cd20-0058>.
6. Hlaing WM, Kushch NA, Wells AE, Goodman KW. Common topics discerned in ethics in epidemiology and public health syllabi: in-depth review. *Annals of Epidemiology* 2021;60:31-34. <https://doi.org/10.1016/j.annepidem.2021.04.014>
7. Brodar C, Muller C, Brodar KE, Brosco JP, Goodman KW. Ethics Education in COVID-19: Preclinical Medical Students' Approach to Ventilator Allocation. *Cureus* 2021;13(8): e16976. doi:10.7759/cureus.16976
8. Gershengorn HB, Holt GE, Rezk A, Delgado S, Shah N, Arora A, Colucci LB, Mora B, Iyengar RS, Lopez A, Martinez BM, West J, Goodman KW, Kett DH, Brosco JP. Assessment of Disparities Associated With a Crisis Standards of Care Resource Allocation Algorithm for Patients in 2 US Hospitals During the COVID-19 Pandemic. *JAMA Network Open* 2021;4(3):e214149. doi:10.1001/jamanetworkopen.2021.4149

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9. Petersen C, Smith J, Freimuth RR, Goodman KW, Jackson GP, Kannry J, Liu H, Madhavan S, Madhavan S, Sittig DF, Wright A. Recommendations for the safe, effective use of adaptive CDS in the US healthcare system: an AMIA position paper, *Journal of the American Medical Informatics Association* 2021 *Journal of the American Medical Informatics Association* 2021;28(4):677–684. <https://doi.org/10.1093/jamia/ocaa319>
10. Golembiewski EH, Mainous AG, Rahmanian K, Brumback B, Rooks BJ, Krieger JL, Goodman KW, Moseley RE, Harle CA. An electronic tool to support patient-centered broad consent: A multi-arm randomized clinical trial in family medicine. *Annals of Family Medicine*. 2021;19(1):16-23. <https://doi.org/10.1370/afm.2610>
11. Subbian V, Solomonides A, Clarkson M, Rahimzadeh VN, Petersen C, Schreiber R, DeMuro PR, Dua P, Goodman KW, Kaplan B, Koppel R, Lehmann CU, Pan E, Senathirajah Y. Ethics and Informatics in the Age of COVID-19: Challenges and Recommendations for Public Health Organization and Public Policy. *Journal of the American Medical Informatics Association*. 2021;28(1):184-189. doi: 10.1093/jamia/ocaa188
12. Goodman KW, Zandi D, Reis A, Vayena E. Balancing risks and benefits of artificial intelligence in the health sector. *Bulletin of the World Health Organization* 2020;98:230-230A. doi: <http://dx.doi.org/10.2471/BLT.20.253823>
13. Rubinstein PF, Middleton B, Goodman KW, Lehmann CU. Commercial interests in continuing medical education: Where do electronic health records fit? *Academic Medicine* 2020;95(11):1674-1678. doi: 10.1097/ACM.0000000000003190. PMID: 32079950.
14. Walsh CG, Chaudhry B, Dua P, Goodman KW, Kaplan B, Kavuluru R, Solomonides A, Subbian V. Stigma, biomarkers, and algorithmic bias: recommendations for precision behavioral health with artificial intelligence. *JAMIA Open* 2020;3(1):9-15. doi: 10.1093/jamiaopen/ooz054
15. Goodman KW. Ethics and health informatics. *International Yearbook of Medical Informatics*. 2020:26-31. <http://dx.doi.org/10.1055/s-0040-1701966>
16. Civantos FJ, Leibowitz JM, Arnold DL, Stubbs VC, Gross JH, Thomas GR, Sargi Z, Casiano RR, Franzmann EJ, Weed D, Perez C, Samuels M, Goodman KW, Goodwin WJ. Ethical surgical triage of patients with head and neck cancer during the COVID-19 pandemic. *Head & Neck* 2020;42:1423-1447, <https://doi.org/10.1002/hed.26229>
17. Kareff SA, McNulty M, Goodman KW, Agarwal G. Introducing first-year dual-degree medicine and public health students to ethics and professionalism. *Journal of Hospital Ethics* 2019;6(2):95-100.
18. Hlaing WM, Saddemi JL, Goodman KW. Expanding ethics curriculum resources: American College of Epidemiology's syllabus collection project. *Annals of Epidemiology* 2019;38:1-3; doi: doi.org/10.1016/j.annepidem.2019.08.009
19. HARLE CA, GOLEMBIEWSKI EH, RAHMANIAN KP, BRUMBACK B, KRIEGER JL, GOODMAN KW, MAINOUS AG, MOSELEY RE. DOES AN INTERACTIVE TRUST-ENHANCED ELECTRONIC CONSENT IMPROVE PATIENT EXPERIENCES WHEN ASKED TO SHARE THEIR HEALTH RECORDS FOR RESEARCH? A RANDOMIZED TRIAL. *JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION* 2019;26(7):620-629. DOI.ORG/10.1093/JAMIA/OCZ015.
20. MIKLIN DJ, VANGARA SS, DELAMATER AM, GOODMAN KW. UNDERSTANDING OF AND BARRIERS TO ELECTRONIC HEALTH RECORDS IN A CULTURALLY DIVERSE PEDIATRIC POPULATION. *JMIR MEDICAL INFORMATICS* 2019;7(2):E11570. DOI:10.2196/11570

21. Lehmann CU, Petersen C, Bhatia H, Berner ES, Goodman KW. Advance directives and code status information exchange: a consensus proposal for a minimum set of attributes. *Cambridge Quarterly of Healthcare Ethics* 2019;28(1):178-185. doi.org/10.1017/S096318011800052X. PMID:30570474
22. Holt GE, Goodman KW, Olvey SE, Kett D. Nonstandard do-not-resuscitate orders. *Current Opinions in Anaesthesiology* 2018 Dec 6. doi: 10.1097/ACO.0000000000000690. [Epub ahead of print] PMID: 30531615.
23. Wo SR, Largent EA, Brosco J, Rosenberg AR, Goodman KW, Lantos JD. Should Foreigners Get Costly Lifesaving Treatments in the United States? *Pediatrics* 2018;142(5). pii: e20180175. doi: 10.1542/peds.2018-0175. PMID: 30279236.
24. Perry JD, Parrish RK, Goodman KW. The prospective retrospective study. *American Journal of Ophthalmology* 2018;196:xiii-xv. <https://doi.org/10.1016/j.ajo.2018.09.006>.
25. Malin B, Goodman KW. Between access and privacy: Challenges in sharing health data. International Medical Informatics Association, *IMIA Yearbook of Medical Informatics* 2018;27:55-59. Doi: [dx.doi.org/10.1055/s-0038-1641216](https://doi.org/10.1055/s-0038-1641216) [<https://www.thieme-connect.com/products/ejournals/journal/10.1055/s-00034612>]
26. Petersen C, Berner ES, Embi PJ, Fultz Hollis K, Goodman KW, Koppel R, Lehmann CU, Lehmann H, Maulden SA, McGregor KA, Solomonides A, Subbian V, Terrazas E, Winkelstein P. AMIA's code of professional and ethical conduct. *Journal of the American Medical Informatics Association* 2018;25(11):1579–1582. doi.org/10.1093/jamia/ocy092.
27. Buttrick SS, Cajigas I, Achua JK, O'Phelan K, Goodman KW, Benveniste RJ. Prospective study of nonbeneficial care in neurocritical care unit. *World Neurosurgery* 2018;119: e60-e63. doi: 10.1016/j.wneu.2018.06.240. PMID: 29981912
28. Salerno J, Knoppers BM, Lee LM, Hlaing WM, Goodman KW. Ethics, big data and computing in epidemiology and public health. *Annals of Epidemiology* 2017;27:297-301. doi: 10.1016/j.annepidem.2017.05.002. PMID: 28595734.
29. Goodman KW. Health information technology as a universal donor to bioethics education. *Cambridge Quarterly of Healthcare Ethics* 2017;26(2):342-347. doi: 10.1017/S0963180116000943. PMID: 28361731.
30. Tenenbaum JD, Goodman KW. Beyond the Genetic Information Nondiscrimination Act: ethical and economic implications of the exclusion of disability, long-term care and life insurance. *Personalized Medicine* 2017;14(2):153-157. doi: 10.2217/pme-2016-0078.
31. Sandhaus RA, Turino G, Brantly ML, Campos M, Cross CE, Goodman K, Hogarth DK, Knight SL, Stocks JM, Stoller JK, Strange C, Techman J. The diagnosis and management of alpha-1 antitrypsin deficiency in the adult. *Chronic Obstructive Pulmonary Diseases* 2016; 3(3): 668-682. doi: <http://dx.doi.org/10.15326/jcopdf.3.3.2015.0182>.
32. Fiore RN, Goodman KW. Precision medicine ethics: selected issues and developments in next-generation sequencing, clinical oncology, and ethics. *Current Opinions in Oncology* 2016 Jan;28(1):83-7. doi: 10.1097/CCO.0000000000000247. PubMed PMID: 26569425.
33. Coors M, Bauer L, Edwards K, Erickson K, Goldenberg A, Goodale J, Goodman K, Grady C, Mannino D, Wanner A, Wilson T, Yarborough M, Zirkle M. Ethical issues related to clinical research and rare diseases: 15th Gordon L. Snider Critical Issues Workshop, April 1, 2016, Bethesda, Maryland. *Translational Science of Rare Diseases* 2017;2(3-4):175-194. doi: 10.3233/TRD-170013

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35. Ownby RL, Acevedo A, Goodman KW, Caballero J, Waldrop-Valverde D. Health literacy predicts participant understanding of orally-presented informed consent information. *Clinical Research and Trials* 2015;1(1)15-19. doi: 10.15761/CRT:1000105. PMID: PMC4709021. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4709021/>.
36. Dhiman GJ, Amber KT, Goodman KW. Comparative outcome studies of clinical decision support software: limitations to the practice of evidence-based system acquisition. *Journal of the American Medical Informatics Association* 2015 Apr;22(e1):e13-20. doi: 10.1093/jamia/ocu033. PMID: 25665704.
37. Goodman KW. Informatics, biomedical. In Jennings, B., ed., *Bioethics*, 4th Edition. Farmington Hills, MI: Macmillan Reference USA, 2014, Vol. 3, pp. 1661-1665.
38. Saenz C, Heitman E, Luna F, Litewka S, Goodman KW, Macklin R. Twelve years of Fogarty-funded bioethics training in Latin America and the Caribbean: Achievements and challenges. *Journal of Empirical Research on Human Research Ethics* 2014;9(2):80-91. doi: 10.1525/jer.2014.9.2.80. PMID: 24782074
39. Amber KT, Dhiman G, Goodman KW. Conflict of interest in online point-of-care clinical support websites. *Journal of Medical Ethics* 2014;40(8):578-80. doi: 10.1136/medethics-2013-101625, PMID: 24493079.
40. Fix J, Odell J, Sina B, Meslin EM, Goodman KW, Upshur R. A bibliometric analysis of an international research ethics trainee program. *Journal of Empirical Research on Human Research Ethics* 2013;8(5):75-81. doi: 10.1525/jer.2013.8.5.75. PMID: 24384518
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20.a Popular Media, Commentary, etc. (Selections)

- III.** GOODMAN KW, MACK H. MEDICAL PROFESSIONALS HAVE AN ETHICAL DUTY TO GO DIGITAL. THE *MIAMI HERALD*, MARCH 3, 2016. AVAILABLE AT [HTTP://WWW.MIAMIPHERALD.COM/OPINION/OP-ED/ARTICLE63913667.HTML](http://www.miamiherald.com/opinion/op-ed/article63913667.html).
- IV.** GOODMAN KW. WHY EXECUTIONS CAN'T (AND SHOULDN'T) BE STERILIZED. *THE PHOENIX REPUBLIC*, AUGUST 17, 2014. AVAILABLE AT [HTTP://WWW.AZCENTRAL.COM/STORY/OPINION/OP-ED/2014/08/13/MEDICAL-EXECUTIONS-JOSEPH-RUDOLPH-WOOD/14015333/](http://www.azcentral.com/story/opinion/op-ed/2014/08/13/medical-executions-joseph-rudolph-wood/14015333/).

Goodman KW. Ethics, science funding and the fiscal cliff. *Science Progress*, Jan. 7, 2013. <http://scienceprogress.org/2013/01/ethics-science-funding-and-the-fiscal-cliff/>.

Goldschmidt PJ, Goodman KW. The full cost of medical fraud. *The Miami Herald*, Feb. 6, 2010.

- V.** GOODMAN KW. A 'MIAMI MOMENT': A MINORITY'S HATRED OF FIDEL CASTRO HAS MANY STRUGGLING TO DO THE ETHICAL THING FOR ELIAN. *CHICAGO TRIBUNE*, APRIL 5, 2000, [HTTP://ARTICLES.CHICAGOTRIBUNE.COM/ 2000-04-05/NEWS/0004050081_1_CASE-OF-ELIAN-GONZALEZ-ETHICS-MOMENTS](http://articles.chicagotribune.com/2000-04-05/news/0004050081_1_CASE-OF-ELIAN-GONZALEZ-ETHICS-MOMENTS)

Goodman KW. A DiMaggio rule on medical privacy. *The New York Times*, December 30, 1998, A17. PMID:11648103

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Numerous other journalistic articles on science, medicine, bioethics and related issues.

20.b Instructional Media

Various contributors. Ethics and Governance of Artificial Intelligence for Health. World Health Organization, 2022, <https://openwho.org/courses/ethics-ai>.

Goodman KW, PI, Ethics Curriculum Project. ECP provides modules on a broad ensemble of issues and topics under the headings Language Arts, Science and Math, Social Science, Arts and Humanities and Special Topics. These modules include content introductions, lesson plans, student activities and knowledge assessment tools. 2005-2015.

http://www.miami.edu/index.php/ethics/projects/ethics_curriculum_project

Goodman KW. Nurse practitioner education in developmental disabilities, Webinar Series, Florida Developmental Disabilities Council, March 2015 [<https://www.youtube.com/watch?v=NcjbPNIy7k>].

Goodman KW. Publication and authorship. CITI. <https://www.citiprogram.org/>, 2009-2014.

Goodman KW. Genetic research in human populations. CITI course in the protection of human research subjects. <https://www.citiprogram.org/>, 2003-15.

Cava A, Cushman R, Goodman KW. HIPAA and human subjects research. CITI course in the protection of human research subjects. <https://www.citiprogram.org/>, 2003-2008.

Geissman KW, Goodman KW et al. Scientific Ethics: An Interactive, Multimedia, Computer-Based Training. Atlanta: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry, 1998.

NB: CITI modules also listed under Section 19, above.

21. Other works accepted for publication:

V. PROFESSIONAL

22. Funded Research Performed:

Current

2 U01DA053941-01 Solo-Gabriele (PI) 2021-2023

This project supports one of the sites for the NIH Rapid Acceleration of Diagnostics (RADx) Initiative, here to sample wastewater to detect COVID and compare with hospital infection data.

NIDA

Role: Co-investigator, 8.33%.

NSF planning Díaz-Pachón 2021-2022

IUCRC Planning Grant University of Miami: Center for Standards and Ethics in Artificial Intelligence (CSEAI)

Role: Co-investigator, 1%

Previous

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National Institutes of Health, Clinical and Translational Science Award. Miami-CTSI.
1UL1TR000460 (Szapocznik) 06/27/12 – 05/31/17. Role: Ethics unit coordinator, 20-30%.

Alpha-1 Foundation, Social media as an interactive educational medium for quality of life issues for those with Alpha-1 (Moseley): 07/01/13 – 06/31/15. Role: Investigator, 10%.

National Institutes of Health, Fogarty International Center. Pan American Bioethics Initiative.
1R25TW008186 (Braunschweiger and Goodman) 09/23/08 – 05/31/12, with no-cost extension to 05/31/14. The major goal of this project is to help build capacity in research ethics education in the Latin American and Caribbean regions. Role: Co-PI, 15%.

ARRA Supplement to Fogarty award, 3R25TW008186, to develop additional curricular tools on research ethics for international learners. 9/1/2009-8/31/2011, \$39,908. Role: Co-PI. (Under no-cost extension)

National Center on Minority Health and Health Disparities. A Targeted Decision Aid to Improve Minority Participation in Clinical Trials (1RC2MD004784), Byrne MB, PI, 09/28/2009 – 06/30/2011. NIH – NCMHD/NCI, \$1,652,959. (M. Byrne) The major goal of this project is to develop and assess decision support tools for prospective research participants. Role: Investigator. 5%

Robert Wood Johnson Foundation (Goodman); 12/01/06-02/28/09; 20%
Ethical, Legal and Social Issues, Project HealthDesign \$160,000 (incl. \$10k transition funds). Role: PI, to direct efforts to identify and address ethical, legal and social issues related to the use of personal health records (project number 59879).

Beier J. Vector-Borne Disease Control in Urban Environments. 1 P20 RR020770-03 (NIH Director's Exploratory Centers for Interdisciplinary Research), 09/28/04-07/31/07 (5%).
Role: Co-investigator to coordinate ethics activities as part of development of new interdisciplinary approaches for the control of vector-borne diseases in urban environments, through collaborative studies involving investigators from 11 Departments and Centers at University of Miami, Kenya, Egypt, Israel, Costa Rica, and Trinidad. (\$1,668,869.)

Goodman KW. The CITI Course in the Responsible Conduct of Research – Part B. Office of Research Integrity. \$25,000 curriculum development contract, 2006. Role: PI.

Walsh, P. Atmospheric and Marine-Based Interdisciplinary Environmental Health Training Project, NIEHS, R25 ES10713, 0-20-00—8-31-07 (7-10%). Role: Develop environmental health and ethics curriculum. Co-Investigator.

Scott, G. Fellowship in Clinical Research, NIH, OD-00-002, 9-30-02—9-29-05 (5%). Role: contribute to ethics curriculum.

Shor-Posner, G. Optimizing HIV/TB Management in the HAART Era, NIH Fogarty D43 TW000017-16, 7/29/04—5-31-07 (2-5%). Role: Contribute to ethics activities, including annual conference.

Mack, A., others and Goodman, K, Health Careers Motivation Program , HRSA, D 18 MB 02868-01, 9-1-99—8-31-02, \$623,248 (2-5%). Role: Provide ethics instruction to program participants.

Goodman, KW. principal investigator, Difficult Challenges in Human Subjects Research, U.S. Department of Health and Human Services, National Institutes of Health, NIAID, T15 AI07591, 10-1-99—9-30-02, \$265,986 (15%). Role: As PI, oversee training grant to develop conferences.

Beckwith, S., others and Goodman, K, Community-State Partnerships to Improve Care of the Dying, Robert Wood Johnson Foundation, 1-1-00—12-31-02, \$449,961 (20%). Role: Develop ethics and other resources for end-of-life education project.

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O'Connell, M., others and Goodman, K. . Undergraduate Medical Education for the 21st Century, HRSA/AACOM, 240-97-0038, 9-1-98 — 8-31-01, \$375,000 (8%). Role: Contribute to creation of a Web-based training module in managed care ethics.

Goodman, KW. Minority Precollege Health Science Outreach Project; U.S. Department of Health and Human Services, National Institutes of Health, National Center for Research Resources; 5R25RR010242-02, \$219,891; September 1994- September 1997. Role: Coordinate placement of minority students in UM labs.

Goodman, K. principal investigator, Precollege Health Science Outreach Project; U.S. Department of Health and Human Services, National Institutes of Health, National Center for Research Resources; \$58,615; application dates April 1, 1998-March 31, 1999. PI status transferred to colleague as of June 1998 at awardee's request. Role: Coordinate placement of minority students in UM labs.

Goodman, K. principal investigator, Summer Outreach Program, Dade County Public Schools, 1994-1997, \$219,998. Role: Coordinate Miami-Dade County Public Schools minority summer science education program at UM.

Various philanthropic, corporate and other grants in support of UM ethics programs; 1991-2007, approximately \$3,500,000 (including Arsht gift of \$3 million).

Grant-related Consulting

NICHHD, R01HD086700, An Interactive Patient-Centered Consent for Research Using Medical Records. University of Florida Department of Community Health and Family Medicine. PI: R. Moseley. Consultant 9/17/15-8/31/18.

Fogarty International Center, R25 TW010026: Research Ethics Education Program in Jordan, University of California at San Diego. PI: W. Al-Delaimy. Consultant 2015-present

NIH SE Best Practice, Challenge Grant, 1 R01 DA029258-01: Ethical issues in broad data sharing for genetic research on addiction: best practices. University of Colorado, Denver. PI: M. Coors. Consultant 2010-11.

23. Editorial responsibilities

Study Sections and Review Panels

National Academies of Sciences, Engineering, and Medicine / U.S. Government Accountability Office (GAO), Artificial Intelligence in Health Care: Benefits and Challenges of Machine Learning Technologies for Medical Diagnostics (GAO-22-104629), 2022

NIH Special Emphasis Panel/Scientific Review Groups 2022/05 ZRG1 BBBP-H (56) and SEIR-H (80), 2022

NIH Native American Research Centers for Health (NARCH), 2021

European Science Foundation / Research Foundation Flanders, 2021

Netherlands Organisation for Scientific Research, Veni Awards grant referee, 2019

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VI. KATHOLIEKE UNIVERSITEIT LEUVEN RESEARCH COUNCIL, BELGIUM, GRANT REFEREE, 2019

European Union, European Research Council, Ethics Review Panel, Horizons 2020; 2014-present (e.g., HORIZON-INFRA-2021-DEV-02, 2022)

European Union, European Research Council, Ethics Review Panel, FP7, 2010-2014

National Institute of Allergy and Infectious Diseases Special Emphasis Panel ZAI1-JBS-A-S1, S2, RFA-12-018: Clinical Trials Units for NIAID Networks, June 2013.

AHRQ, 2011

Wellcome Trust, UK, 2011 (WT095887RR) grant review

HHS Special Emphasis Panel, FOA-OC-HIT-10-001: Health Information Technology, Special Emphasis Panel, Office of the National Coordinator for Health Information Technology, Curriculum Development Centers, 2010.

Maryland Stem Cell Research Fund Peer Review, 2009.

CDC, Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), study section, FOA RFA TP08-001: Preparedness and Emergency Response Research Centers: A Public Health Systems Approach, 2008.

NIH research ethics Study Section, 2002-2006.

National Science Foundation, Ethics Section, 2004, 2005

Reviewer, Alpha-1 Foundation, 2007-2013

International Advisor, European Union-funded project, "Personalized health monitoring (PHM) – Interdisciplinary research to analyze the relationship between ethics, law and psychosocial as well as medical sciences. Project meeting, Linköping, Sweden, December 1-2, 2011.

Referee

- AAMC Southern Group on Educational Affairs, 2014 annual meeting
- *Acta Bioethica* [n, 2009]
- *Acta Tropica*
- *AMA Journal of Ethics* [2018]
- *Ambulatory Pediatrics*
- *American Journal of Bioethics* [n, 2006]
- *American Journal of Industrial Medicine* [2004]
- *American Journal of Ophthalmology* [2018]
- *Annals of the American Thoracic Society* [2013]
- *Annals of Epidemiology* [n, 2008]
- *Applied Clinical Informatics* [2018; 2]
- Association for Practical and Professional Ethics [n, 2016, 2017]
- *Biomed Central Medical Ethics* [2017]
- *BMC Medical Ethics* [2017]
- *Bulletin of the World Health Organization* [2019]
- *Business & Professional Ethics Journal*

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- Cambridge University Press [2015, 2021]
- *CANCER*
- *Chest* [2015]
- *Clinical Radiology* [2019]
- *Computers and the Humanities*
- *Controlled Clinical Trials* [2000]
- Fund for Scientific Research-FNRS, Belgium [2021]
- Global Summit of National Ethics Committees [2016]
- *Human Mutation*
- *Humor* [1990]
- John Wiley & Sons
- *Journal of Abnormal Child Psychology*
- *Journal of the American Medical Informatics Association / JAMIA* [*n*, 2016, 2017 (2), 2018 (4), 2019 (2), 2020, 2021 (2)]
- *Journal of Bioethical Inquiry* [2016(2), 2020]
- *Journal of Biomedical Discovery and Collaboration*
- *Journal of Biomedical Informatics* [*n*, 2002, 2015, 2017, 2018]
- *Journal of Business Ethics* [2004]
- *Journal of General Internal Medicine* [*n*, 2004, 2006, 2016]
- *Journal of Medical Ethics*
- *Journal of Medical Internet Research* [*n*, 2020]
- *Lancet Digital Health* [2020]
- The Leverhulme Trust [UK, 2021]
- *Machine Translation*
- *Medical Decision Making* [2002]
- *The Medical Journal of Australia*
- MIT Press
- *Molecular Psychiatry* [2018]
- Oxford University Press [2014]
- *Perspectives in Biology and Medicine* [2019]
- *The Pharmacogenomics Journal*
- *PLOS Computational Biology* [2014]
- *PLOS ONE* [2017, 2018, 2022]
- *Proceedings of the American Thoracic Society*
- *Public Health Ethics*
- *Public Health Reports* [2018]
- *Science and Engineering Ethics* [*x*, 2019]
- Springer [2016]
- *Swiss Medical Weekly* [2017]
- Symposium on Computer Applications in Medical Care (SCAMC)/American Medical Informatics Association Fall Meeting
- *Synthese* (2021 (2), 2022)
- *Synthese Library* [2019]
- *Theoretical Medicine* [2021]
- *Trends in Biotechnology*
- UK Medical Research Council / Research and Innovation Future Leaders Fellowships [2020]
- Wellcome Trust
- *Yearbook of Medical Informatics*, International Medical Informatics Association [2018]

Other

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- a. Co-editor with E Vayena, *Bulletin of the World Health Organization Special theme: [Artificial intelligence in the health sector: ethical considerations](#), 2020.*

Reviewer, "Big Data Ethics Framework for Health and Research," National University of Singapore, 2019.

European Science Foundation, College of Expert Reviewers, 2019-present

Section co-editor (with Malin B), International Medical Association, *IMIA Yearbook of Medical Informatics, 2018*

Editor, Ethics and Health Information Technology section, *Cambridge Quarterly of Healthcare Ethics*, 2014-present

External Reviewer

- University of Toronto Joint Centre for Bioethics, January 24, 2011
- University of North Carolina at Chapel Hill School of Medicine, all ethics units, May 7-8, 2007

VII. EDITORIAL BOARD, *JOURNAL OF BIOMEDICAL INFORMATICS*, 2014-2021

Associate Member, ALERT (Aspects of Law and Ethics Related to Technology) Research Group, London, UK, 2014-present.

Associate Editor, *Acta Bioethica*, 2010-present

Consultant/reviewer, "WHO Online Research Ethics Training Course," Geneva: World Health Organization, 2013.

Consultant/reviewer, "WHO Strategy on People-Centered and Integrated Health Services," Geneva: World Health Organization, 2014.

Technical expert / peer reviewer, Gibbons MC et al. Impact of Consumer Health Informatics Applications. Evidence Reports/Technology Assessments, No. 188, Agency for Healthcare Quality and Research, 09(10)-E019, Johns Hopkins University, 2009:
<http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=erta188>

Member, Faculty Advisory Board, Department of Institutional Review Ethics and Administration, Nicholas Cardinal Cheong Graduate School for Life, Catholic University of Korea, 2011-12.

Member, Comité Científico Internacional, *Revista Colombiana de Bioética*, 2009-2011.

Reviewer, American Medical Association Council on Ethical and Judicial Affairs report on "Ethical Guidelines for the Use of Electronic Communication between Patients and Physicians," January 2002.

Reviewer, National Academy of Sciences, Institute of Medicine, Committee on Battlefield Radiation Exposure Criteria, 1999. (Document: S Thaul, H O'Maonaigh, eds. *Potential Radiation Exposure in Military Operations*, Washington, D.C.: National Academy Press, 1999.)

Advisor/contributor, 1998-1999, Institute of Medicine, "Strategies to Protect the Health of Deployed U.S. Forces." (Document: LM. Joellenbeck, PK Russell, SB Guze, eds., Medical Follow-Up Agency, Institute of

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Medicine, *Strategies to Protect the Health of Deployed U.S. Forces: Medical Surveillance, Record Keeping, and Risk Reduction*, Washington, D.C.: National Academy Press, 1999.)

Co-editor, "Scope: Issues and insights" column, *MD Computing*, 1998-2001.

Contributing Editor, *Physicians & Computers*; 1992-2001.

Conference organizer and director, and program editor, annual "Clinical Ethics: Debates, Decisions, Solutions" conference, Bioethics Program, University of Miami, 1994-2010.

Conference organizer and director, Florida Bioethics Network Seventh Annual Conference, "Bioethics in Florida: Challenges in Daily Practice," Tampa, Oct. 8-10, 1997.

Member, Program Directorate and Proceedings Editorial Board, First World Congress on Computational Medicine, Public Health and Biotechnology, April 24-28, 1994, Austin, Texas.

Guest Issue Editor, *Miami Medicine*, special number on bioethics, Vol. 64, No. 7, August 1993.

Symposium organizer and chair, "Computers and Ethics in Medicine," American Association for the Advancement of Science annual meeting, Chicago, Feb. 7, 1992.

Managing editor, *Machine Translation*, quarterly journal of computers and translation published by Kluwer Academic Press; Aug. 1989-Nov. 1991.

Goodman K. Guest Editor, *Machine Translation* 4.1 and 4.2; 1989. Special issues on knowledge-based machine translation.

24. Professional and honorary organizations:

AMIA (American Medical Informatics Association)

- Founder and Chair, Ethical, Legal and Social Issues Working Group, 1996-1998; chair, 2003-2004
- Chair, Ethics Committee, 2008-2014
- Chair, Vendor Contracts Task Force, 2009-2011
- Member, Working Group Steering Committee, 2006-2007
- Member International Affairs Committee, 2014-

Member, American College of Epidemiology Ethics Committee, 1995-1999, 2005-present; chair, 2006-2008.

Co-executive director, Florida Bioethics Network, 1999-2005; director, 2005-present; president, 1997-1998; board member, 1993-1997.

Member, Association for Practical and Professional Ethics, 1995-present. Elected to Board of Directors, 2020.

Member, Director's Advisory Committee, University of Miami Interdisciplinary Stem Cell Institute, 2009-2016.

Member, Advisory Committee, Institute for Ethics in Health Care, Miami-Dade College, 2001-present.

Member, Bioethics Committee, Florida Department of Corrections Health Services, 1994-2002.

Member American Association for the Advancement of Science
Member American Medical Informatics Association

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Member American Society for Bioethics and the Humanities
Member Association for Practical and Professional Ethics
Member Florida Bioethics Network; Director, 2004-present

25. Honors and awards:

Elected Fellow, The Hastings Center, 2020.

Elected Fellow, American College of Epidemiology, September 2018.

Johnson J, Goodman KW. Writing prose and writing code: unrecognized causes of reproducibility failures. 2017 Innovations in Research and Research Education Award, Association of American Medical Colleges (AAMC), third prize, <https://www.aamc.org/members/great/479422/2017researchprogramawards.html>; <http://med.miami.edu/news/aamc-award-focuses-on-improving-science-writing-and-coding>. See also <https://news.aamc.org/medical-education/article/academic-medicine-research-replication-crisis/>

Inducted University of Miami Iron Arrow Honor Society, November 2015.

Inducted Alpha Omega Alpha Medical Honor Society, March 2012.

Honorable Mention, Dorland Health People Awards, October 2011 (<http://accessintelligence.imirus.com/Mpowered/book/vcip11/i6/p1>).

Leadership Award, AMIA (American Medical Informatics Association), Nov. 13, 2010.

Outstanding Faculty Award nominee, University of Miami Association of Greek Letter Organizations, April 2010.

"Health Care Hero" award nominee, "Individual of Merit," Greater Miami Chamber of Commerce, May 2009.

Visiting Scholar, Erasmus Mundus Programme in Applied Ethics, Centre for Applied Ethics, Linköping University, Nov. 26-Dec. 4, 2009, Linköping, Sweden.

Elected Fellow, American College of Medical Informatics, American Medical Informatics Association, October 2008.

"Heavy Hitter in Education," *South Florida Business Review*, June 2006.

"Guardian Angel Award," South Florida Guardianship Association, March 2003.

Inducted Honorary Member, Golden Key National Honor Society, November 1996.

First place in Florida Philosophical Association 1987 graduate-student paper competition, for "Theoretical Terms"; see above.

M.A. awarded with distinction, University of Essex, 1982.

Rotary Foundation scholarship for work in journalism, applied to post-graduate study at Essex, 1981-1982.

B.S. awarded with high honors by the University of Florida, 1975.

Selected for admission by Kappa Tau Alpha national communications honor society, 1975.

Selected for admission by Phi Kappa Phi national scholastic honor society, 1974.

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Florida Society of Newspaper Editors, Spot News Reporting team, Daytona Beach News-Journal, 1981. Society of Newspaper Design, 1987-88 Award of Excellence for News/Sun-Sentinel Front-Page Design and Regularly Appearing Section A teams.

Various travel awards to attend conferences and/or present papers.

26. Post-doctoral fellowships: NA

27. Other professional activities, service:

2023

Goodman KW. Foundations and moral reasoning in research on humans; Informed consent, privacy and Confidentiality; and Conflict of interest in scientific research. Research Ethics – Responsible Conduct of Research, Sudan University of Science and Technology in conjunction with Sudan Ministry of Higher Education and UNESCO Chair in Women, Science and Technology, Khartoum, Sudan, February 13-14.

2022

Goodman KW. Ethics, Informatics and Reproducibility: Local Challenges, Global Duties, Florida International University, Health Policy and Management Department, January 31.

Goodman KW, James J, Kalluri R, Mezgova H. Biased Perspective, Unequal Effects: AI & Healthcare. Science. Ethics & Policy Symposium, University of California at Berkeley, April 9.

Goodman KW. Data Standards and Reproducibility, REDSSA Seminar: The Ethical, Legal and Social Implications (ELSI) of Data Science in Healthcare in sub-Saharan Africa. Stellenbosch University, online, April 11.

Gantt A, Barrett LM, Goodman KW. Healthcare Resource Allocation & the Rationing of Care in the Time of COVID-19. American Bar Association Health Law Section, Emerging Issues in Healthcare Law, Miami, April 29.

Goodman KW. Ethics and Guardianship. 5th Annual Clerks Statewide Investigation Alliance Training Symposium. Florida Clerks and Controllers, online, May 3.

Goodman KW. Guardianship, Ethics and End-of-Life Care. Florida State Guardianship Association, 35th Annual Conference, Sarasota, July 21.

Goodman KW. Epidemiology, Informatics, Ethics: Social Responsibility in a Wobbly Society. American College of Epidemiology Annual Meeting, Scottsdale, Arizona, September 10.

Goodman KW, Greene KG, Klugman C, van den Hoven, J, Wallach W. Operationalizing the WHO Guidelines for AI. Google Health Bioethics Summit 2022, in conjunction with the Hastings Center, online, October 12.

Goodman KW, Tolle S, Blackler L. The Public Role of State Bioethics Organizations in Advancing Ethical Practices and Policies, American Society for Bioethics and the Humanities, Portland, Oregon, October 29.

Goodman KW. Ethics, Epidemiology and Environmental Surveillance. Global Metagenomics Summit: 7th Annual Metagenomics and Metadesign of Subways and Urban Biomes (MetaSUB) Conference, Miami Beach, November 21.

2021

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Goodman KW, Hasan M, Kniepmann K. Equity, ethics and issues of faith. Florida Palliative Care Coalition, Inaugural Summit, Orlando, June 5.

Goodman KW, et al., panelists. FDA Virtual Public Workshop on Transparency of AI/ML-enabled Medical Devices. October 14.

Invited participant, National Institute of Standards and Technology (NIST) Workshop, NIST Research Data Framework (RDaF), October 29.

Goodman KW. Digital Death: Managing end-of-life care in electronic medical records. 16th Annual International Conference on Clinical Ethics & Consultation, Stellenbosch University, Cape Town, South Africa, via Zoom, December 2.

2020

Goodman KW. Ethics in guardianship. 1st Annual Symposium on Ethics, Florida State Guardianship Association, Kissimmee, Florida, January 10.

Goodman KW. Session chair / moderator. Pathways to professional social responsibility: the development of personal and professional values in undergraduates (Schiff D, Borenstein J.). Association for Practical and Professional Ethics Annual Meeting, Atlanta, February 22.

Goodman KW. Ethics, software engineering and de-identification: Titrating protections to serve stakeholders' interests. National Cancer Institute Workshop, De-identification of narrative clinical documents: Stakeholders' perspectives and acceptance of machine-based de-identification, Rockville, MD, February 25.

Cannata D, Saab F, Goodman KW. Roundtable: Empowering Women via Ethical Business Values, World Business Angels Investment Forum, via Zoom, August 25.

Goodman KW, Fireside Chat with Charles Jaffe, MD, PhD, HL7 34th Annual Plenary Meeting, videoconference, September 29. [<https://www.youtube.com/watch?v=PwKMWEFZL7Y&feature=youtu.be>]

Goodman KW. Covid vs. human brains and intelligent machines: Covid is winning. V Colóquio Internacional de Bioética / 5th International Bioethics Colloquium, Pontifical Catholic University of Rio Grande do Sul, Porto Alegre, Brazil, via videoconference, November 4.

Goodman KW. Ethical universals and research ethics: In defense of shared global values. 5th International Conference on Research Ethics in the MENA, Jordan University of Science and Technology, Irbid, Jordan, via videoconference, November 6.

Johnson J, Goodman KW. From compliance to creativity: Struggling to maintain the integrity of research integrity. Research/Reproducibility 2020, University of Florida and ORI, December 2.

Goodman KW. Ethics and Motorsports. International Council of Motorsport Sciences, Annual Congress, via videoconference, December 9.

2019

Weng C, Murphy S, Pathak J, Embi P, Goodman KW (moderator). Enabling medicine-based evidence using large-scale clinical data research networks: State of art, impact, challenges, and future work. American College of Medical Informatics Winter Symposium, Fort Myers, Florida, January 26.

Goodman KW, Roew E, Lipton, Z, Purves D. Legal and ethical issues in medical applications of artificial intelligence. Promise and Problems in Emerging Technology: Shaping the Societal Impact of Artificial Intelligence, University of Florida Department of Philosophy and School of Law, Gainesville, February 28.

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Deria R, Goleman L, Goodman KW (moderator). Panel on race and bioscience. American Association for Practical and Professional Ethics Annual Conference, Baltimore, March 2.

Goodman KW. Precision medicine, big data and global science ethics: A U.S. perspective. Korean Parliamentarian Forum on Global Health: The Global Legislation Trends in Precision Medicine and Big Data, Seoul, April 22.

Goodman KW. Meta-Analysis: A Missing Component of RCR Curricula and Ethics Studies of Research Methods. 6th World Conference on Research Integrity; poster. Hong Kong, June 4.

Goodman KW. Direct-to-consumer genetic testing. 18th Gordon L. Snider Critical Issues Workshop: Detection of Alpha-1 Antitrypsin Deficiency: The Past, Present and Future. Alpha-1 Foundation, Orlando, June 23.

Goodman KW. Including ethics advice in electronic health record systems. Ninth Cambridge Consortium for Bioethics Education, Cambridge University Press, Paris, July 4.

Goodman KW. Ethical challenges and opportunities in AI for local and global health (pre-recorded in Beijing). Beijing Summit on Health Data Science, Peking University, Beijing, July 14.

Al-Delaimy W, Forman M, Gaudino J, Goodman KW, Widome R. Epidemiology, Policy and Trust. American College of Epidemiology Annual Meeting, Pasadena, Calif., September 9.

Goodman KW. Historias Clínicas Electrónicas. Universidad de los Andes, Bogota, September 20.

Goodman KW. Data confidentiality, privacy and informed consent. World Health Organization Consultation, Developing WHO Guidance on Ethics & Governance of Artificial Intelligence for Health, Geneva, October 3.

Goodman KW. Ethical and practical issues in dealing with difficult patients. Symposium on Advanced Wound Care, Las Vegas, October 14.

Goodman KW. nursing ethics curriculum development: trans-curricular, inter-professional, multi-modal. American Association of Colleges of Nursing 2019 Baccalaureate Conference, Orlando, November 22.

Goodman KW. Clinical futility: Ethics, law and policy in Florida. Tallahassee Memorial Hospital, December 9.

2018

Trucco M, Unguru Y, Goodman KW. Ethics discussion. FACTOR Osteosarcoma Research Conference, Sylvester Comprehensive Cancer Center, Miami, January 27.

Goodman KW. Clinical futility: Balancing science, ethics, law – and the psychology of hope. Grand Rounds, Moffitt Cancer Center, Tampa, March 23.

Goodman KW. Data ethics and computational bioscience. 9th Annual International Conference on Ethics in Biology, Engineering & Medicine, Florida International University, Miami, April 15.

Goodman KW. Moral challenges of medical machines & Ethics and information technology. Medical University of Pleven, Bulgaria, and Bulgarian Association of Bioethics and Clinical Ethics, April 19.

Goodman KW. Artificial intelligence and health Care. Ethics and AI for Good Health symposium, University of Toronto, June 11.

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Goodman KW. Ethics, science and authorship: The growth of knowledge in the 21st century. Third International Conference on Ethics in Jordan. Jordan University of Science and Technology, Irbid, July 3.

Goodman KW. Ethics, information technology and TB. Digital Health Technologies for a World Free of TB (US AID), New Delhi (by videoconference), July 26.

Goodman KW. Ethics discussion. Florida Department of Health Ethics Reaccreditation Workgroup, conference call, July 31.

Goodman KW. Bioethics and precision medicine: From little genes to big data. Total Exposure Health, Pacific Northwest National Laboratory, Bethesda, September 6.

Goodman KW. Ethical challenges in clinical trial recruitment. Alpha-1 Foundation Clinical Resource Center Forum, Miami, September 8.

Goodman KW. Big data, small data and artificial intelligence. Update in Research and Public Health Ethics. World Health Organization, Geneva, September 28.

Goodman KW. Intelligent machines, big data and epidemiology: From ethics to policy. Society for Epidemiologic Research and American College of Epidemiology, joint webinar, October 16.

C. Goodman KW. Keynote: *Big Data ethics, from writing code to coding rights in an era of intelligent machines. Ethics and Responsible Conduct of Research Sessions, Sigma Xi, Annual Meeting, San Francisco, October 27.*

Goodman KW, Tierney W, Chute C. ACMI Debate: Biomedical researchers should have access to patient data without their consent. AMIA 2018 Annual Symposium, San Francisco, November 5.

Goodman KW, Reis A. Information technology and universal health coverage: Opportunities and ethical challenges for big data and artificial intelligence, World Congress on Bioethics, Bangalore, India, December 6.

2017

Goodman KW. Big data sharing: Software engineering ethics, reproducibility and curriculum development. Networking and Information Technology Research and Development Program, National Science and Technology Council, Executive Office of the President of the United States, Arlington, VA, January 26.

Goodman KW, Murray GC, Wong A, Hartsfield M. Impact of cost containment initiatives on patient rights and provider liabilities (panel). Sixth Annual Health Law Conference, Center for Innovative Collaboration in Medicine and Law, Tallahassee, February 13.

Goodman KW. Ethical considerations in the use of virtual reality. Ethics in Investigational & Interventional uses of Immersive Virtual Reality (e3iVR), University of Wisconsin-Madison, April 26.

Weber I, Mojova Y, Goodman KW. Social media for health research (tutorial). 11th International Conference on Web and Social Media, Montreal, May 15.

Brosco J, Goodman K, Stone McGuire L. Training medical professionals in the humanities. Medical Humanities Summer Institute, Coral Gables, Florida, May 20.

Goodman KW. Clinical research and the challenge of balancing profit and progress. 2nd International Conference on Ethics in Jordan: Clinical Trials, Jordan University of Science and Technology, Irbid, August 2.

CONFIDENTIAL

Goodman KW (panel moderator), Peters E, Pinney S, Morain S. Untangling the ethical intersection of epidemiology, human subjects research and public health. American College of Epidemiology Annual Meeting, New Orleans, September 25.

Goodman KW. Presidential Symposium: Ethics and the electronic medical record. Florida Psychiatric Society, Sarasota, October 7.

Harle CA, Kim H, Nelson DR, Goodman KW (moderator). Successes and challenges in developing and implementing electronic informed consent tools for research. AMIA Annual Meeting, Washington, DC, November 6.

Kaplan B, Liaw T, Subbian V, Courtney K, Hochheiser H, Goodman KW. Promoting ethical and professional responsibility in biomedical informatics education. AMIA Annual Meeting, Washington, DC, November 5.

Goodman KW. Patients' duty to share data – because they benefited from the data of others. Ethical, Legal and Social Implications of Learning Health Systems, University of Michigan Department of Learning Health Systems, Ann Arbor, November 15.

Goodman KW. Ethics, epidemiology and ehealth: Managing (very) big data in a networked world. Centers for Disease Control and Prevention Public Health Ethics Committee and the Office of the Associate Director for Science, Atlanta, November 17.

2016

Goodman KW. Death and dying in Florida: FS 765, POLST and daily hospital life. Elder Law Section, Florida Bar, Essentials of Elder Law, Orlando, January 15.

Goodman KW. Ethics and plastic surgery. University of Miami Miller School of Medicine Department of Surgery, Division of Plastic, Aesthetic and Reconstructive Surgery, February 3.

Goodman KW, Gillis M. Ethical issues in death and dying. End-of-Life Conversations, University of Miami Miller School of Medicine Division of Continuing Medical Education, February 27.

Goodman KW. ICT in healthcare: international data sharing. ICT in Healthcare: Legal, Ethical, Social and Governance Challenges, Middlesex University, London, March 11.

Goodman KW, Emerson C, Vayena E, Henry D. Data, big data and really, really big data: Balancing values and advancing policy. 16th Annual Jus Lecture, University of Toronto Dalla Lana School of Public Health and Joint Centre for Bioethics, 27th Annual Canadian Bioethics Society Conference, Toronto, March 28.

Goodman KW. IRB regulatory challenges. Ethical Issues Related to Clinical Research and Rare Diseases, 15th Gordon L. Snider Critical Issues Workshop, Alpha-1 Foundation, Bethesda, April 1.

Goodman KW. Computational epidemiology: Benefits, risks and the duty of citizens to contribute to Big Data. Epidemiology Congress of the Americas, Miami, June 23.

Goodman KW. Intelligent machines and the transformation of health care. International Bioethics Retreat, Cambridge University Press, Paris, July 6.

Goodman KW. The tyranny of privacy: Balancing rights and public health. Service Delivery & Safety Department, eHealth Team, World Health Organization, Geneva, July 22.

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Goodman KW. International Data Sharing: Rights, duties and opportunities. International Conference on Ethics and Biomedical Informatics in Jordan, Jordan University of Science and Technology, Irbid, Jordan, August 10.

Goodman KW. Health and Humanitarian Implications of Mass Casualty Events. Mass Casualties: Preparing for the Worst – Providing the Best. Florida Institute for Health Innovation, Florida Atlantic University, Boca Raton, September 26.

Goodman KW. Ética y tecnología de la información de la salud: Normas viejas y nuevos desafíos. Congreso Médico Colmédica, Visionarios de la Ciencia: Entre Médico y Paciente, Bogotá, October 20.

2015

Goodman KW. Death and dying in the 21st Century: Have we made any progress? JFK Medical Center Grand Rounds, Atlantis, Florida, January 15.

Goodman KW. Interoperability is an ethical issue – and failure to achieve it is a betrayal of patients. (Cf. September 15, 2014.) Data Management Association, Wisconsin Chapter, Madison, March 12.

Goodman KW. Ethics, health informatics and translational science. Mayo Clinic College of Medicine, Center for Clinical and Translational Science Grand Rounds, Rochester, MN, March 13.

Goodman KW. Balancing consent, privacy and the duty to share: challenges for biobank governance in an electronic era. U.S. Office for Human Research Protections, Research Use of Biospecimens: International Perspectives, teleconference, June 17.

Goodman KW. Helmet Safety, Biohacking and Genetic Enhancement: New Challenges in Science, Sport and Society. Florida State University Center for Innovative Collaboration in Medicine and Law and Atlantic Coast Conference Road Scholar Speaker Series, Tallahassee, October 9.

Goodman KW. Clouds, Nets and Banks: Ethical challenges for international data sharing. International Colloquium on Law, Bioethics & Information Technology, Pontificia Universidade Católica do Rio Grande do Sul (PUCRS), Norwegian-Brazilian-American Initiatives in Neuroscience & the Humanities (University of Bergen, University of Miami and PUCRS' Brain Institute, Law School and School of Humanities), Porto Alegre, Brazil, November 4.

Goodman KW. Ethics and electronic health records: Privacy, professionalism, provider burden, and patient control. Indiana University Center for Bioethics and Center for Law, Ethics and Applied Research in Health Information (CLEAR), Indianapolis, November 12.

Goodman KW. From Terri Schiavo to Jahi McMath: Ethical discussion of end-of-life dilemmas. VII International Symposium on Brain Death and Disorders of Consciousness, Havana, December 10.

2014

Herkert J, Goodman KW, panelists, Author Meets the Critics: *Emerging Pervasive Information and Communication Technologies (PICT): Ethical Challenges, Opportunities and Safeguards*, K. Pimple, ed. Association of Practical and Professional Ethics, Jacksonville, FL, March 1.

Goodman KW. Computational decision support at the bedside: Ethics, policy and practice in an era of intelligent machines. University of Miami Department of Medicine Grand Rounds, April 23.

Goodman KW. Ethics and data mining. Food and Drug Administration Data Mining Council, Silver Spring, MD, April 30.

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Goodman KW. Medical ethics and electronic health records. University of Miami Department of Psychiatry and Behavioral Sciences Grand Rounds, May 12.

Goodman KW. Big Data, Intelligent Machines, International Public Policy: The Role of Ethics in 21st-Century Health Information Technology. Middlesex University, Science & Technology School Seminar, London, June 4.

Goodman KW. ethics and health information technology: Learning health care systems in a digital world. Memorial Health Care, Savannah, GA, August 15.

Goodman KW. Digital science: Ethics, governance and best practice. University of Florida IRB Retreat, Gainesville, August 27.

Goodman KW. Interoperability is an ethical issue – and failure to achieve it is a betrayal of our patients. Health Level Seven International, 28th Annual Plenary & Working Group Meeting, Chicago, September 15.

Bouësseau M-C, Goodman KW. Toward equitable access to palliative care. 20th International Congress on Palliative Care, Montreal, September 10.

Arras J, Kukla R, Erwin E, Goodman KW. Contemporary issues in medical research. 12th Annual Graduate Student Conference: Biomedical Epistemology and Bioethics, University of Miami Department of Philosophy, October 17.

Byrne M, Owens D, Gareen I, Goodman KW, Schwartz JS. Lung cancer screening: A debate of practice, policy and science. Society for Medical Decision Making, 36th Annual Meeting, Miami, October 18.

Mandel NS, Bishop EM, Brosco JP, Goodman KW, Mechaber AJ, Mechaber HF. Preserving Empathy Throughout the Clinical Years: Third-Year Debrief Groups. Academy on Communication in Healthcare, Research and Teaching Forum, Orlando, October 2014.

Goodman KW. Learning health systems, ubiquitous surveillance and public health: Duties to share, obligations to protect and Responsibilities to serve. eHealth – Legal, Ethical and Social Challenges workshop, Middlesex University, London, October 28.

Goodman KW. Ethics and health information technology: Learning health care systems in a digital world. University of Texas Health Sciences Center, School of Biomedical Informatics, Research Seminar Series, November 12.

Goodman KW. Replication of research results. 20th National Ethics Councils Forum, European Group on Ethics in Science and New Technologies and National Italian Bioethics Committee, November 19, Rome.

Goodman KW, member, WHO Ad-hoc Technical Advisory Group on Palliative Care and Long Term Care, 10-11 December, Barcelona.

2013

Goodman KW. Health Access, health quality, health reform: The ethical imperative. Health Care Reform: Legal and Ethical Questions about Where We Go from Here, Florida State University Center for Innovative Collaboration in Medicine and Law, Tallahassee, February 4.

Goodman KW. Testing for and communicating about brain death: Managing families' fear, denial and suspicion. University of Miami Department of Neurology Grand Rounds, February 15.

CONFIDENTIAL

Goodman KW. Clinical futility: Definitions and debates. University of Miami Department of Family Medicine and Community Health, February 20.

Brosco JP, Goodman KW, de Velasco RE. Ethical dilemmas in primary care. *PriMed: Primary Medicine Today*, University of Miami School of Medicine and Harvard Medical School, Fort Lauderdale, February 28.

Goodman KW. Enough already with horror-show RCR education: Time to emphasize positive duties and values. Third World Congress on Research Integrity, Montreal, May 6.

Goodman KW. Computational decision support at the bedside: ethics, policy and practice in an era of intelligent machines. Johns Hopkins University Division of Health Sciences Informatics, grand rounds, Baltimore, May 17.

Goodman KW. Bioética, ética corporativo y ciencia. Introducción a la Integridad Científica, Colegio Médico del Perú, Lima, Peru, September 25.

Goodman KW. Horrores en la educación en ética de la investigación: tiempo de presentar valores positivos. IV Simposio en Humanismo y Bioética, Universidad de los Andes and Fundación Santa Fe de Bogotá, Bogotá, Colombia, October 21.

Goodman KW. Ethics review for grants in Europe and the United States: Some good ideas in search of a home. Hastings Center, informal lunch talk, Garrison, N.Y., October 30.

Goodman KW. Studying studies, inductions of induction and hearing hearsay: The continuing challenge of computational meta-analysis. American Philosophical Association, Eastern Division, 110th Annual Meeting, APA Committee Session, Epistemology of Medicine, Baltimore, December 28.

2012

VIII. ARONS P, GOODMAN KW, MOSELEY RE. ETHICS AND THE IRB: ISSUES AND OPTIONS. SECOND ANNUAL MEETING, FLORIDA CONSORTIUM FOR HIV/AIDS RESEARCH, ORLANDO, JANUARY 9.

IX. GOODMAN KW. THE COMPUTATIONAL FUTILITY INDEX: USING - AND MISUSING - PROGNOSTIC SCORING SYSTEMS IN END-OF-LIFE CARE. YALE UNIVERSITY INTERDISCIPLINARY CENTER FOR BIOETHICS, JEROME MEDALIE END-OF-LIFE ISSUES STUDY GROUP, NEW HAVEN, JANUARY 11.

Goodman KW. Computational decision support in obstetrics and gynecology: Ethics, policy and practice in an era of intelligent machines. University of Miami Department of Obstetrics and Gynecology, Grand Rounds, January 26.

Goodman KW. Computational decision support at the bedside: Ethics, policy and practice in an era of intelligent machines. New York University Center for Health Informatics & Bioinformatics, New York, March 9.

Goodman KW. Computational diagnosis and prognosis in medicine and surgery: Ethics, policy and practice in an era of intelligent machines. Third Annual Eric Munoz Memorial Lecture, Department of Surgery Grand Rounds, New Jersey Medical School, Newark, March 16.

Goodman KW. Computers, ethics and medicine: Challenges of prognostic scoring systems. JFK Medical Center, Medical Grand Rounds, Atlantis, Florida, March 22.

CONFIDENTIAL

Goodman KW. Bioética, tecnología de la información y salud. Fifth International Congress of Bioethics, June 4, Toluca, Mexico.

Goodman KW. International Public Health Informatics: Ethics, Policy and Curriculum Development. UNESCO Chair in Bioethics, International Conference on Bioethics Education: Contents, Methods, Trends, Tiberias, Israel, September 4.

Goodman KW. Ethics in epidemiology: Foundations and challenges. American College of Epidemiology Annual Meeting, Chicago, September 9.

Goodman KW. Ethics and universal health care. Florida Association of Free Clinics, Annual Conference, Orlando, September 20.

38. *Goodman KW. Ethics, Computers and public health: Intelligent machines in a dangerous and probabilistic world. Clinical Epidemiology Seminar Series, Center for Clinical Epidemiology and Biostatistics, Department of Biostatistics and Epidemiology, University of Pennsylvania, Philadelphia, September 27.*

Goodman KW, Greer JP, Mulvey B. International Health Ethics Panel, American Medical Students Association, Davie, Florida, October 13.

Goodman KW. Digital research: Databases, biobanking and privacy in the 21st Century. University of Florida Clinical and Translational Science Institute, Gainesville, Nov. 1.

39. *Goodman KW. Electronic health records, personal health records, and noncommunicable disease interventions: The role of information technology in the debate over expanding public health practice. American Public Health Association, San Francisco, October 29.*

McGraw D, Goodman KW. Balancing personal and population privacy needs. Current Issues in Population Health Informatics for Healthcare and Public Health, AMIA Annual Symposium, Chicago, November 3.

Goodman KW. Privacy and confidentiality in electronic archives. VI Jornada Internacional sobre Actualizaciones en Ética de la Investigación e Integridad Científica, Universidad Austral, Buenos Aires, November 16.

2011

Goodman KW, de Velasco R. Ethical challenges during catastrophic events. Hospital Disaster Planning, Preparations and Response: An All-Hazards Approach, Jackson Health System and University of Miami Miller School of Medicine, Miami, February 17.

Goodman KW, Gray KS, Koontz L, McGraw D, Pritts J. Panel Guidance for Secondary Use of Data, "HIMSS11 – Linking People, Potential and Progress," Orlando, February 20.

Goodman KW, Pouncy CRP. Combining the best of worlds: Business, medicine and legal ethics. Florida International University Professionalism, Ethics and the Legal Profession Distinguished Speaker Series, FIU College of Law, Miami, February 24.

CONFIDENTIAL

Goodman KW, Palamara A. Healthcare reform, "21st Century Medicine: Surviving the Next Decade," Northwest Medical Center, Hollywood, Fla., May 21.

Goodman KW. Control-A, control-C, control-V: (Im)proper documentation in electronic health records. Indiana University School of Medicine, Department of Medicine, Grand Rounds, July 8.

Massoudi B, Fu P, Holmes JH, Goodman KW, Richards J. Public Health Informatics Planning Domains, Public Health Informatics 2011 Conference, Centers for Disease Control and Prevention, Atlanta, August 22.

Goodman KW. Ethics and health information technology: focus on epidemiology and public health, Internal Ethics Committee, Centers for Disease Control and Prevention, Atlanta, August 23.

Goodman KW. Is irrationality alone ever a marker of incapacity? II International Symposium in Disorders of Consciousness, Havana, December 7.

2010

Goodman KW. Guardianship, Medicine and Ethics: Growing Challenges in End-of-Life Care. Dade County Bar Association Probate and Guardianship Committee, Miami, Feb. 11.

Evans B, Menikoff J, Goodman KW, Youngblood L, Cook K. Appropriate Human-Subject Protections for Research Use of Sentinel System Data. Legal Issues in Active Medical Product Surveillance, Engelberg Center for Health Care Reform at Brookings, Washington, DC, March 8.

Goodman KW. Presentation on the Pan American Bioethics Initiative, Beyond the Boundaries: Toward the Establishment of a University Ethics Center, University of the West Indies, Cave Hill Campus, Bridgetown, Barbados, April 22.

Goodman KW. Sistemas de información, privacidad y confidencialidad. Humanismo y Bioética, Fundación Santa Fe, Bogota, Colombia, April 26.

Hormats RD, Jeffery R, Goodman KW, Cooke J, Schwartz HA. The Responsible Resources Trade, a panel as part of the "Our global challenges: A series of dialogues on the pressing issues of our time." Center for Strategic & International Studies, Washington, May 18.

Goodman KW. Bioética e informática de la salud. VI Seminario Internacional e Interuniversitario de Biomedicina y Derechos Humanos, Fundación Tejerina, Madrid, June 24. [Cf. Chapters, above.]

Goodman KW. Ethics and global health information technology. ETH Lunchtime Seminar, World Health Organization Division of Ethics, Equity, Trade and Human Rights, Geneva, June 28.

Goodman KW. Global perspectives of ethics and evidence-based practice: Impact on healthcare systems in developing countries. Summer Institute on Evidence-Based Practice, UT Health Science Center, San Antonio, July 9.

Goodman KW, Zamora E. The guardianship grandstand. Florida State Guardianship Association, Palm Beach Gardens, Fla., July 17.

Goodman KW and others, Steering Committee, 5th Annual Invitational Health Policy Meeting. The Future of Health IT: Innovations and Informatics, American Medical Informatics Association, Reston, VA, Sept. 1-2.

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Goodman KW. Medicare and Medicaid Fraud. Plenary presentation, 5th Annual Invitational Health Policy Meeting. The Future of Health IT: Innovations and Informatics, American Medical Informatics Association, Reston, VA, Sept. 2.

Goodman KW. Ethical Universals -- are there any and, if so, what good are they for global health research? Global Perspective Lecture Series, University of California at San Diego, Division of Global Health, Department of Family and Preventive Medicine, San Diego, Sept. 14.

Goodman KW. From "gee-whiz" science to "gee-whiz" ethics: Explaining 21st-century medical challenges to lay audiences. American Association of Medical Colleges, Group on Institutional Advancement, AAMC annual meeting, Washington, D.C., Nov. 7.

Goodman KW. Ethical challenges in electronic health records and information technology. Ethical Perspectives in Healthcare – Today's Challenges, Morton Plant Mease Hospital, BayCare Health System, St. Petersburg, Florida, November 10.

Goodman KW, Kinzbrunner BM. End-of-Life Issues, South Florida Center for Jewish Ethics, Miami Beach, Nov. 18.

2009

Goodman KW. Ethics and health information technology: New challenges in clinical care and research in a pharmacogenomic world. Indiana University Center for Bioethics, Indianapolis, January 29.

Goodman KW. Post-study responsibilities, Building Ethics Models for Global Research, International Association for Dental Research, 38th Annual Meeting, Miami Beach, April 2.

Goodman KW, discussant; Massoudi BL, moderator. The Promise of Electronic Health Information. RTI Fellow Program, Research Triangle Institute, Washington, DC, April 9.

Goodman KW. "Octomom" – What's wrong and what's right with reproductive ethics and the law. Florida Bar Health Law Section, Florida Bar Annual Convention, Orlando, June 26.

Goodman KW. Ethics, capacity assessment and psychiatric practice. 31st International Congress on Law and Mental Health, New York, July 1.

Esposito K, Goodman KW. Law as therapy, therapy as public policy: Ethical comforts – and challenges – in the rise of therapeutic jurisprudence. 31st International Congress on Law and Mental Health, New York, July 3.

Goodman KW. Sects, smoking, drinking and other irrational behaviors: Challenges posed by wards' injurious behaviors. Florida State Guardianship Association, annual meeting, St. Petersburg, August 7.

Goodman KW. HIPAA challenges: From Hippocrates to Obama. Florida State Guardianship Association, annual meeting, St. Petersburg, August 8.

Goodman KW. Professionalism and medical ethics. Florida Gastroenterologic Society, Annual Meeting, Boca Raton, Florida, Sept. 12.

Goodman KW. Privacy and confidentiality in research. Integridad Científica: La Importancia de la Educación en Ética de la Investigación, Pan American Bioethics Initiative, San Jose, Costa Rica, September 18.

Goodman KW. Ethical challenges in neurology: Cases and controversies. University of Miami Department of Neurology Grand Rounds, Oct. 23.

CONFIDENTIAL

Goodman KW. Ethics at the end of life. Vitas Health Care Hospice Symposium, Davie, Florida, Nov. 9,

Koppel R, Kreda D, Kuperman G, Goodman KW, Zych, Shortliffe EH. Vendor contracts and the Koppel-Kreda *JAMA* article on hold-harmless and non-disclosure clauses. Annual Symposium, American Medical Informatics Association, San Francisco, Nov. 17.

Nichols-Johnson V, Koppel R, Goodman KW, Zych E, Wiederhold G. The electronic medical record and the health of your privacy. Annual Symposium, American Medical Informatics Association, San Francisco, Nov. 18.

Goodman KW. Death, Politics, Disease and Mutation: Some Ethical, Legal and Social Issues for the 21st Century (Part 1). University of Miami Department of Medicine, Division of General Internal Medicine Grand Rounds, Dec. 22.

2008

Goodman KW. Evidence, ethics and expertise: Honest persuasion in opening statements and closing arguments. Federal Court Practice Committee, Florida Bar Midyear Meeting, Miami, Jan. 17.

Goodman KW. On the need for robust research ethics curricula. Eighth Conference, Faculty of Pure and Applied Science, University of the West Indies, Kingston, Jamaica, Feb. 26.

Goodman KW. Practical research ethics: How to manage cases that are hard, really hard and nearly impossible. Eighth Conference, Faculty of Pure and Applied Science, University of the West Indies, Kingston, Jamaica, Feb. 27.

Goodman KW. Ethics for the practicing physician. London Foundation Seminar, keynote speaker/grand rounds, Mount Sinai Medical Center, Miami Beach, March 28.

Goodman KW, Horan TA, Kaelber D, Yasnoff WA. Personal health records in disability communities. American Medical Informatics Association Spring Congress, Phoenix, May 30, 2008.

Goodman KW. Panelist. InfoLinks Virtual Panel on Patient Privacy Rights, Public Health, & Ethics, Division of Alliance Management & Consultation, National Center for Public Health Informatics, Centers for Disease Control & Prevention, June 17.

Goodman KW. Panelist. Epistemological Convergence between Bioethics and Evidence-Based Medicine, as part of the First Costa Rican Bioethics Conference at the National University of Costa Rica in San Jose, in conjunction with the Seventh Annual Iberoamerican Cochrane Network Annual Meeting, the Fifth Annual Iberoamerican Clinical Practice Guidelines Network Meeting and the Second Central American Branch of the Iberoamerican Cochrane Network, San Jose, Costa Rica, June 26.

Goodman KW. HIPAA, privacy and confidentiality: Ethical and legal issues. Florida Children and Youth Cabinet, Fort Myers, July 14.

Brennan P, Goodman KW, Massoudi B, Nugent L. Project HealthDesign: Rethinking the power and potential of personal health records. Summer Institute in Nursing Informatics, University of Maryland School of Nursing, Baltimore, July 19.

Bell K, Diamond CC, Goodman KW, Ralston JD. Policy implications. New Frontiers in Personal Health Records: A "Report Out" from Project HealthDesign and Forum on Next-Generation PHRs. Washington, D.C., September 17, 2008.

CONFIDENTIAL

Goodman KW. Ethics and epidemiology: Focus on international research. University of Miami Department of Epidemiology and Public Health Grand Rounds, October 15.

Goodman KW. Commentary on EBM and Clinical Practice (M. Tonelli), Critical debates in Evidence-Based Medicine (EBM): Where We've Been and Where We're Going, University of Toronto, November 16.

Goodman KW, Kearns K, Rawlins L, Taylor C. Future of software: Health IT Roundtable. Challenges and opportunities in the new political environment. Business Software Alliance Annual Retreat, Coral Gables, Florida, November 18, 2008.

Goodman KW. Pautas internacionales en Ética de investigación. Maestría en Bioética: Foro Permanente en Bioética: en Colaboración Científica Internacional. Universidad Nacional de Cuyo and Hospital Pediátrico Dr. Humberto J. Notti, Mendoza, Argentina, December 1, 2008.

Goodman KW. Manejo de la información, confidencialidad y privacidad. Maestría en Bioética: Foro Permanente en Bioética: en Colaboración Científica Internacional. Universidad Nacional de Cuyo and Hospital Pediátrico Dr. Humberto J. Notti, Mendoza, Argentina, December 3, 2008.

2007

Goodman KW. Protecting privacy in the Electronic Age: Evidence, ethics and expertise. Federal Court Practice Committee, the Florida Bar Midyear Meeting, Miami, Jan. 18.

Brummel-Smith K, Goodman KW. Ethical decision-making: Quality of life vs. longevity. Florida Geriatric Care Managers Association, Annual Conference, Tampa, Jan. 20.

Goodman KW, Zuroweste E, Paoletti S. A critical look at the health and human rights of economic migrants. Plenary panel, Global Health Education Consortium, 16th Annual Conference, Santo Domingo, Dominican Republic, Feb. 17.

Barrett DH, Hood R, Fiore RN, Goodman KW. Development of an ethics process for pandemic preparedness and response. Association for Practical and Professional Ethics, 16th Annual Meeting, Cincinnati, Feb. 24.

Goodman KW. Bioethics: the changing medical landscape. New College Library Association, Sarasota, March 6.

Sharma TS, Goodman KW, Wilkinson J. Mandatory universal newborn screening for HIV. University of Miami Department of Pediatrics Grand Rounds, March 13.

Flint K, Galland J, Goodman KW. Creating a dynamic program on the responsible conduct of research. National Postdoctoral Association Annual Meeting, Berkeley, CA, April 1.

Fiore RN, Moseley R, Goodman KW (panel). Bioethics in Florida: Challenges for the next decade. Florida Bioethics network annual spring meeting, Miami Beach, April 27.

Goodman KW Ethics in health policy. Bioethics Society of the English-Speaking Caribbean (BSEC), Montego Bay, Jamaica, May 5.

Fiore RN, Laitner M, Goodman KW, Melby G, Gavras J (panel). Florians' decisions: Genetics, Pandemics and bioethics, Leadership Florida Gulfstream Region, Jupiter, May 14.

CONFIDENTIAL

Goodman KW. Ethics and vulnerability: Shared responsibilities for infant mental health. Seventh Annual Infant Mental Health Conference, Fort Lauderdale, Fla., May 18.

Goodman KW (moderator). Medical decisions vs. religious beliefs. Florida State Guardianship Association, 20th Annual Conference, Westin, Fla., Aug. 4.

Goodman KW (moderator). Ethics. International Society for Craniofacial Surgery, Salvador, Brazil, August 23.

Goodman KW. When may health professionals refuse to provide care? Baptist Health South Florida, Mariners Hospital, Tavernier, Fla., September 7; and Baptist Hospital, Oct. 24.

Goodman KW. Banked tissue research: Time for a reappraisal. University of Miami Miller School of Medicine Human Subjects Protection Seminar, Sept. 25.

Goodman KW. End-of-life care in a post-Schiavo world. University of Miami Miller School of Medicine, Department of Medicine Grand Rounds, Sept. 26.

Goodman KW. IT, HIPAA, 45CFR46 & ICMJE: E-T-H-I-C-S. The Children's Health Fund, National Annual Meeting, White Plains, NY, Oct. 11.

Goodman KW, The MRSA School Outbreaks: Reflections on an Emerging(?) Epidemic. American Society for Bioethics and the Humanities, Washington, D.C., Oct. 20.

2006

Nogueras D, Goodman KW, Davis H. Powerful Thinkers: A protocol for addressing ethical and moral decision making in high school students. 4th International Civic Education Conference, Orlando, Jan. 20.

Goodman KW. Clinical practice without clinical trials: Ethical issues in off-label drug use. Bascom Palmer Eye Institute, Angiogenesis 2006 Conference, Miami, Feb. 4.

Goodman KW. Discussant. Clinical Ethics Case Presentation, "Futility of Care." University of the West Indies (Cave Hill) and Queen Elizabeth Hospital, Bridgetown, Barbados, Feb. 11.

Goodman KW. Ethics, schmethics: The Schiavo case and the culture wars. The Schiavo Case: Interdisciplinary Perspectives, University of Miami Law Review symposium, Coral Gables, Feb. 18.

Goodman KW. Ethics and social work. University of Miami Miller School of Medicine Department of Pediatrics, Social Work Division, Social Work Grand Rounds, March 28.

Goodman KW. Ethics at the end of life. Blue Cross Blue Shield Center for Ethics, Public Policy and the Professions, University of North Florida, Jacksonville, May 11.

Goodman KW. Ethics, genomics and computing. American Medical Informatics Association, Spring Congress, Phoenix, May 17.

Goodman KW. Ethics and guardianship, Cases you hope you never see. Florida State Guardianship Association annual conference, Orlando, Aug. 4.

Goodman KW. Panel chair, Ethics and Aging: Challenges in Medicine, Nursing and the Law, 2006 Florida Conference on Aging, Tampa, Aug. 14.

Goodman KW. Ethics in a changing elder law environment. Florida Bar Elder Law Section annual retreat, Duck Key, Fla., Sept. 9

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Goodman KW. Advance directives in Florida post-Schiavo and POLST: Lessons learned in avoiding future debacles, "End-of-Life Care in Florida – 2006: Current Practice and Future Developments," University Hospital and Medical Center and VITAS Innovative Hospice Care, Tamarac, Sept. 15.

Goodman KW. Ethics and bioinformatics. UM School of Medicine Tuesday Genetics Conference, Department of Pediatrics, Sept. 26.

Goodman KW, Mullings A. Intensive course on biomedical research ethics. University of the West Indies, St. Augustine, Trinidad & Tobago, Oct. 9-10.

Goodman KW. Ethics and plastic surgery. University of Miami Department of Surgery, Division of Plastic Surgery Grand Rounds, Oct. 25.

Goodman KW. Panelist. Is there a future and promise in stem cell research? South Florida Bioscience Consortium & South Florida Hospital and Healthcare Association, Davie, Fla., Oct. 26.

Goodman KW. Pharmacogenomics and human subjects research: New challenges for IRBs. Baptist Health South Florida, Sixth Annual Educational Retreat, Naples, Oct. 28.

Goodman KW. Panelist. Uncertain health informatics decisions: How should we address them. American Medical Informatics Association Annual Symposium, Washington, Nov. 14.

Goodman KW. Bioterrorism and pandemic preparedness. Public Health Ethics, Policy and Law course, The Wharton School, University of Pennsylvania, Philadelphia, Nov. 14.

Goodman KW. When the law is silent: Managing public health emergencies. Federal Judicial Law Clerks seminar, U.S. Federal Courthouse, Miami, Nov. 16.

Goodman KW, Panel moderator. Medical and legal challenges of long-term-care policies. Miami Area Geriatric Education Center, 15th Annual Advances in Geriatrics conference, Fort Lauderdale, Dec. 2.

2005

Goodman KW. Glowfish, racism and other oddities: Ethical challenges in environmental genomics. Florida A&M University, Environmental Sciences Institute, Tallahassee, Feb. 4.

Goodman KW. Ethical issues on obstetrics and gynecology: Focus on cord blood banking. University of Miami Miller School of Medicine Department of Obstetrics and Gynecology Grand Rounds, March 10.

Goodman KW. Embryonic stem cells: Hope for the future or ethical minefield? American Academy of Neurology 2005 Annual Meeting, Miami Beach, April 16.

Goodman KW. Arguments in favor of embryonic stem cell research. National Multiple Sclerosis Society Task Force on Stem Cell Research, Washington, D.C., May 10.

Goodman KW. Ethics in pediatrics. Florida Pediatric Society annual meeting, Orlando, June 11.

Goodman KE. Ethics, technology and healthcare. Biotecnología, Genómica y Bioética, Sus Implicancias en Salud Pública, Pan American Health Organization and Hospital Clínico Universidad de Chile, Santiago, July 15 (in Spanish).

Goodman KW. Disability and guardianship in the post-Schiavo era. Invited keynote presentation, Florida State Guardianship Association, 18th Annual Conference, Doral, Fla., Aug. 6.

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Goodman KW. Information, evidence and technological uncertainty: Implications for environmental ethics. Federación Latinoamericana y del Caribe de Instituciones de Bioética (FELAIBE), 5º Congreso de Bioética, Panama City, Panama, Aug. 10.

Goodman KW. Public understanding of bioethics: Media successes, failures – and duties. Federación Latinoamericana y del Caribe de Instituciones de Bioética (FELAIBE), 5º Congreso de Bioética, Panama City, Panama, Aug. 10.

Schneider J, Spike J, Goodman KW. Ethics and aging: Priorities for the 21st century. Florida Council on Aging annual meeting, Orlando, Aug. 24.

Goodman KW. Ethics and Medicaid planning. Florida Bar Elder Law Section annual retreat, Naples, Florida, Sept. 17.

Goodman KW. Medical futility. Baptist Health System Conversations in Ethics, South Miami Hospital, Sept. 30.

Goodman KW. The Terri Schiavo case. University of Miami Miller School of Medicine Department of Medicine Grand Rounds, Oct. 19.

Goodman KW. Secret science: Pressures to hide – and sell – drug research data. University of Miami Miller School of Medicine MD/PhD Program Grand Rounds, Nov. 10

2004

Goodman KW. Applying ethics in a real-life medical setting. Understanding the Law and Healthcare Decision Making: Could the Schiavo Case Happen to You? Sarasota County Bar Association, Sarasota, Fla., Jan. 10.

Barron TJ, Powers R, Goodman KW. Ethics, caregiving and the law. Florida Alzheimer's Summit 2004, Tallahassee, Feb. 5.

Goodman KW. Ethics in cancer care. Joint Cancer Conference of the Florida Universities, Orlando, Feb. 6. (And moderator, Workshop on Ethical and Complex Issues in Cancer Care.)

Goodman KW. Evidence, error, ethics: How science and morality intersect in clinical practice. American College of Medical Quality/American College of Preventive Medicine joint annual conference, Orlando, Feb. 20 (Nigel Roberts Award Lecture in Healthcare Ethics).

Goodman KW. The sad case of Terri Schiavo: Easy ethics, weird politics, faulty law. Keynote speech, Academy of Florida Elder Law Attorneys (AFELA), Fort Lauderdale, March 12; Tampa, March 13.

Goodman KW. Panelist, Research at international sites: Whose standards apply? Recognizing and Protecting Vulnerable Subjects: Theory, Practice and Compliance, U.S. Office for Human Research Protections (OHRP), Orlando, April 2.

Goodman KW. Panelist, Protecting the cognitively impaired research participant. Recognizing and Protecting Vulnerable Subjects: Theory, Practice and Compliance, U.S. Office for Human Research Protections (OHRP), Orlando, April 2.

Goodman KW. Bioterrorism, guest speaker, Public Health Policy, Ethics and Law, University of Pennsylvania School of Medicine, April 6.

Goodman KW. Ethical, legal and social implications of genetics. Genetics: The Health Care Genie Coming out of the Bottle, Nova Southeastern University College of Osteopathic Medicine, Master of Public Health Program, May 1.

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Goodman KW. ID ethics: Treatment, genetics and public health. UM Infectious Diseases/HIV Grand Rounds, May 3.

Goodman KW. HIPAA as applied ethics. Bioethics in Contemporary Clinical Practice, Palm Beach County Legal Aid Society Bioethics Law Project, West Palm Beach, May 14.

Goodman KW. Ethics and patient records: making the most of outcomes research, error reduction and evidence-based practice; & Ethics and patient records: From HIPAA to decision support. Toward an Electronic Patient Record (TEPR) Annual Convention, Fort Lauderdale, May 20.

Goodman KW, Black K, Jackson MA. What the Schiavo case means to health care decision makers. Florida Council on Aging / Florida Conference on Aging, Miami, Aug. 31.

Goodman KW, small group leader, Prevention and Public Health Working Group business meeting, American Medical Informatics Association, San Francisco, September 9.

Goodman KW, panelist, Gender and role identity in IT design and use. International Medical Informatics Association, Medinfo, San Francisco, September 10.

Goodman KW. Trust me: New challenges in conflict, advocacy and social commitment. American College of Epidemiology Annual Scientific Sessions, Boston, September 13.

Goodman KW. Human suffering: Ethical, social and cultural considerations. Hospice of Naples, Naples, Florida, Oct. 9.

Goodman KW. Ethics and diversity. Miami Area Geriatric Education Center Ethno-Geriatrics Conference, Miami, Oct. 14.

Goodman KW. Ethical controversies in dermatology practice. Miami Society for Dermatology and Cutaneous Surgery, Miami, Oct. 21. (Lecture follows clinical rounds and case presentations.).

Goodman KW. Panelist, Law and ethics of bloodless medicine, International Symposium in Blood Management, UMMSM, Miami Beach, Nov. 12

2003

Leon MB, Goodman KW. Conflicts of interest in the lab. 15th International Symposium on Endovascular Therapy, Miami Beach, Jan. 20.

Goodman KW. Ethics and evidence-based psychiatry. Masters of Psychiatry, Florida Psychiatric Society, Miami Beach, Feb. 23.

Goodman KW, with Trotter G and Middleton JR. Panel: Author meets the critics: *Ethics and Evidence-Based Medicine*. Association for Practical and Professional Ethics, 12th Annual Meeting, Charlotte, N.C., March 1.

Goodman KW. Training in ethics: A curricular requirement? American Gastroenterological Association Training Directors' Workshop, Advancing GI Fellowship Training, Chicago, March 23.

Goodman KW. ID Ethics: Genetics, Treatment and Public Health. UM Department of Medicine Division of Infection Diseases Grand Rounds, March 25.

Goodman KW. Ética en investigación internacional. VIII Curso Internacional de Enfermedades Infecciosas, IX Seminario Integral del Sida, Corporación de Lucha Contra el Sida, Cali, Colombia, April 11.

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Panelist. Orchestration of business and science in the public interest: Protection of patient rights when developing and testing new drugs. Association for Research in Vision and Ophthalmology Annual Meeting, Fort Lauderdale, May 5.

Goodman KW. Death, stroke and disability: Ethical issues in managing complexity and uncertainty. Annual Stroke Conference, South Miami Hospital and American Stroke Association, South Miami, May 16.

Facilitating expert, American Medical Informatics Association 2003 Spring Congress, "Bridging the Digital Divide: Informatics and Vulnerable Populations," Philadelphia, May 28-30.

Facilitator, U.S. Department of Health and Human Services, Developing a National Agenda for National Health Information Infrastructure, Privacy and Confidentiality Track, Washington, D.C, June 30-July 2.

Goodman KW. HIPAA. Florida Bar Elder Law Section 2003 Retreat, Duck Key, Florida, July 26.

Goodman KW. Technology and ethics, keynote presentation, Eighth Annual Community Bioethics Consortium, Panama City, Fla., Sept. 5.

Gertel A, Goodman KW, Singer G, Gyi F. Panel, Communicating science and medicine to the public: an ethics exploration of power and perception. American Medical Writers Association, 63rd Annual Meeting, Miami, Sept. 19.

Goodman KW. Ethics in Ob-Gyn. University of Miami Department of Obstetrics and Gynecology Grand Rounds, Sept. 18.

Goodman KW. Ethics issues in creating, using, studying and sharing patient registries. Impact of Genotyping Testing: Ethical, Legal, and Social Issues, Alpha-1 Foundation Gordon L. Snider Critical Issues Workshop Series No. 8, Coral Gables, Fla., Oct. 10.

Panel Moderator, Medical and ethical issues involved in aging, Florida Bar Continuing Legal Education Committee, Miami Lakes, Nov. 7.

Goodman KW. Informed consent and the role of IRBs. Arizona State University College of Law, guest lecture, "Bioethics and Genetics in an Intercultural Context" course, Prof. Joan L. McGregor, Nov. 19, 2003, Tempe, Ariz.

2002

Goodman KW. Ethics, law and policy: Sometimes there's no dilemma at all. Presentation, Florida Hospice and Palliative Care, 17th Annual Symposium, Orlando, Jan. 10.

Goodman KW. From Hippocrates to digital genetics. UM Masters of Pediatrics annual conference, Miami Beach, Jan. 19.

Goodman KW. Public health and bioterrorism: How can we prepare? Association of Subspecialty Professors Leadership Conference, Miami, Feb. 1.

Goodman KW. Ethical, legal and social issues in medical informatics. Visiting lecture, MINF 515, Oregon Health Sciences University, Portland, March 7.

Goodman KW. Medical informatics: The connective tissue in privacy, integrity and IRB Education. Oregon Health Sciences University research conference, Portland, March 8.

CONFIDENTIAL

Goodman KW. Health care ethics. Session moderator, Academy of Florida Elder Law Attorneys, Fort Lauderdale, March 15.

Goodman KW. Health care ethics. Session moderator, Academy of Florida Elder Law Attorneys, Tampa, March 16.

Goodman KW, Ethics, genomics and computing: Searching for standards in research, error management and public health. Centers for Disease Control and Prevention, Office of Genetics & Disease Prevention, April 11, Atlanta.

Goodman KW. Ethical aspects of stem cell research. Nova Southeastern University College of Osteopathic Medicine, 7th Annual Kaleidoscope Conference, Fort Lauderdale, April 14.

Goodman KW. Ethics, cost and public health: The new meaning of evidence-based practice. Institute for Ethics in Health Care, Miami-Dade Community College, Miami, April 24.

Goodman KW. Introduction to ethics education. National Institute of Environmental Health Sciences, annual grantee meeting, Environmental Health Sciences as an Integrative Context for Learning, Rutgers University, Piscataway, N.J., May 10.

Goodman KW. Organizer and moderator, "Multicultural Panel," Florida State Guardianship Association, 15th Annual Conference, Fort Lauderdale, Aug. 3.

Panelist, with Sami Al-Arian, University of South Florida; Judith L. Kreeger, Circuit Judge, Miami-Dade County; Nawar Shora, Legal Adviser, Arab-American Anti-Discrimination Committee, Washington, D.C.; and moderator Susan Dente Ross, Washington State University. The Association for Education in Journalism and Mass Communication annual conference, Law, Media Ethics, Mass Communication and Society and Communication Technology and Policy Divisions, mini-plenary session: Terrorism's Attack on Freedom of Speech and Information, Miami Beach, Aug. 9.

Goodman KW. Health privacy: Ethics committees and HIPAA. Shands at UF Ethics Committee Workshop, Gainesville, Sept. 18, 2002.

Goodman KW. Ethically optimized decision making. As part of "The call we dread, the case we dread: Medical crisis/end-of-life decision making" (panel), 2002 Florida College of Advanced Judicial Studies, St. Petersburg Beach, Sept. 26.

Goodman KW. Official Opening/Public Lecture, Grand Bahama Medical & Dental Association Scientific Conference, Freeport, Bahamas, Oct. 4.

Reiser B, Goodman K. Ethics and guardianship, Miami-Dade Coalition on Aging, "The Aging Puzzle: Pulling the Pieces Together," Miami, Nov. 8.

Goodman KW, Dahm L, Tarczy-Hornoch P, Winkelstein P. Ethics and bioinformatics. American Medical Informatics Association Annual Symposium, San Antonio, Nov. 13.

Goodman KW. Ethics and community health: Power and vulnerability in pediatric practice. Department of Pediatrics Grand Rounds, UM School of Medicine, Nov. 19.

Goodman KW. Ethics with teeth: Clinical and research implications of new federal privacy rules. Department of Dermatology Grand Rounds, UM School of Medicine, Nov. 20.

Goodman KW. Ethics, genes, science: Local values or global norms. Colloquium, Arizona State University College of Education and Lincoln Center for Applied Ethics, Tempe, Nov. 21.

2001

CONFIDENTIAL

Goodman KW. Foundations of medical ethics. M-1 medical class, Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, Jan. 9

Denker A-L, Goodman KW, Wurm G, Novo M. Controversial health policy issues and child health: Vaccines, adolescent confidentiality, parental notification, etc. Masters of Pediatrics, University of Miami Departments of Pediatrics and Dermatology, Miami Beach, Jan. 19.

Denker A-L, Djokic B, Goodman KW. HIPAA. Masters of Pediatrics, University of Miami Departments of Pediatrics and Dermatology, Miami Beach, Jan. 21.

Panelist, Neuroethics/Neuroscience Grand Rounds, University of Miami School of Medicine, Feb. 9.

Goodman KW. Pain, death and privacy: Ethics as a practical problem solver. Collier County Medical Society, Naples, Fla., Feb. 15.

Goodman, KW. Sex, death and managed care: The role of the hospital ethics committee. Naples Community Hospital, Naples, Feb. 15.

Mullings A, Goodman K, Aarons D. An introduction to ethics in epidemiology: A short public health elective course, Department of Community Health and Psychiatry, University of the West Indies, Mona, Jamaica, Feb. 21-23.

Goodman KW. Mad cows, gene maps and Higgs bosons: How social forces shape scientific competition and progress. Sigma Xi science honor society, South Florida branch, Coral Gables, Fla. March 6

Goodman, KW. Invited participant, U.S. Department of Veterans Affairs, State of the Art Conference, "Making Informed Consent Meaningful," Washington, D.C., March 7-8.

Goodman KW. Ethical and social issues in telemedicine. East Carolina University, Brody School of Medicine, Information Technology & Health Care: Ethical, Legal and Social Issues, Greenville, N.C., March 9.

Goodman, KW. Ethics and Evidence-Based Medicine, keynote presentation, PriMed: Primary Medicine Today, University of Miami School of Medicine and Harvard Medical School, Fort Lauderdale, March 23.

Goodman KW. Responsible Conduct of Research: Focus on Epidemiology and Public Health, State University of New York at Buffalo, May 11.

Goodman, KW. facilitator, rapporteur. Privacy, Confidentiality and Security, American Medical Informatics Association Spring Symposium, Atlanta, May 15-17.

Goodman, KW. Health care ethics. Academy of Florida Elder Law Attorneys, Fort Lauderdale, May 19.

Goodman, KW. Invited seminar on research ethics, Division of Epidemiology, Statistics & Prevention Research, National Institute of Child Health & Human Development, Rockville, MD., May 24. (Cases: vitamin supplement RCT in China; medical examiner and drowning data collection)

Goodman KW, Brito A. Extreme ethics: Core issues and difficult challenges in epidemiology and public health. (Workshop abstract: *American Journal of Epidemiology* 2001;153(11):S2.) Invited workshop presentation June 13, 2001, Toronto, Congress of Epidemiology, a joint meeting of the American College of Epidemiology, American Public Health Association (Epidemiology Section), Canadian Society for Epidemiology and Biostatistics, Society for Epidemiologic Research.

Goodman KW, Hendricks JE, Rothenberg A, Reiser B. Developing an ethics consultation service for courts and guardians. Annual Conference, National Guardianship Association, Delray Beach, Oct. 22.

CONFIDENTIAL

Goodman KW. Research ethics. Barry University School of Natural and Health Sciences, Miami, Oct. 29.

Goodman KW. Evidence, error and uncertainty: Ethical and social challenges for health informatics. Tutorial, American Medical Informatics Association Annual Symposium, Washington, D.C., Nov. 4.

Winkelstein P, Goodman KW. HIPAA: Is government regulation of ethics possible? American Medical Informatics Association Annual Symposium, Washington, D.C., Nov. 7.

Goodman KW, discussant: Why is health critical to the region's long-term development? Dante B. Fascell North-South Center (University of Miami) and The American Assembly (Columbia University), New Challenges to Development for the Democracies of the Americas: Energy, Health and Regional Security, Miami, Nov. 8.

Goodman KW, Matthews CR. Ethics in the correctional system. Florida Chapter, American Correctional Health Services Administration, Orlando, Nov. 10.

Goodman KW. Ethics: Animal models and surgical procedures. Animal Studies Training Workshop, VA Medical Center, Miami, Nov. 29.

Goodman KW. Research ethics, patient privacy and federal regulations: Burdens and benefits. UM Department of Orthopedics and Rehabilitation Grand Rounds, Nov. 29

2000

Goodman KW. Social and ethical issues. Session on "Prevention trials in autoantibody-positive high risk relatives," Workshop on Future Directions in Prevention of Type 1 Diabetes, National Institute of Diabetes & Kidney Diseases, Miami, Jan. 9.

Moseley R, Goodman KW. Ethical considerations at the end of life, Florida Bar Elder Law Section mid-winter meeting, Amelia Island, Fla., Jan. 28.

Goodman K, Goldaber M. Making choices: Ethical solutions in Alzheimer's care. Alzheimer's Association, Greater Miami Chapter, Miami, Feb. 16.

Goodman, KW. Ethics and elder care, Association of Jewish Aging Services, 40th Annual Conference, Orlando, Feb. 22.

Goodman, KW. Brain death and the public understanding of science. Third International Symposium on Coma and Death, Havana, Feb. 24.

Goodman KW. Digital doctoring: Ethical issues in medical computing. John J. Reilly Center for Science, Technology and Values, Program in History & Philosophy of Science, University of Notre Dame, South Bend, IN, March 27.

Goodman KW. Ethical issues in cancer genetics. Berlex 3rd Annual Genetics Oncology Workshop, Houston, Tex., April 10.

Goodman KW, Jackson MA. Ethical considerations regarding advance directives. 17th Annual Estate and Probate Seminar, Palm Beach County Bar Association, West Palm Beach, May 10.

Goodman KW. Death and confidentiality. Law, Ethics and Death, Florida Bar Health Law Section CLE workshop, Orlando, May 12.

CONFIDENTIAL

Goodman KW, Frydman G, Temin P. Commentator panelists for keynote panel, Consumer Informatics Supporting Patients as Co-producers of Quality, American Medical Informatics Association Spring Congress, Boston, May 24.

Moseley R, Goodman KW. Use of the Florida Bioethics Network. Florida State Guardianship Association Annual Meeting, Orlando, Aug. 5.

Goodman KW. Ethical issues at the end of life. End-of-Life Care Symposium, Annual Meeting of the Florida Medical Association, Orlando, Sept. 2.

Armstrong D, Goodman K, et al, panelists. Controversies in the Medical, Legal & Ethical Issues of Avoiding Blood Transfusion, University of Miami/Jackson Memorial Medical Center, Miami, Sept. 8.

Goodman KW. Ethics, genomics, computers: How information technology is changing the rules for science and society. 12th International Genome Sequencing and Analysis Conference, The Institute for Genome Research (TIGR), Miami Beach, Sept. 15.

Goodman KW. Security, confidentiality and privacy: Healthcare ethics in the information age, Keynote Presentation, MemorialCare Technology Conference 2000, Long Beach, Calif., Sept. 16

Panelist, Ethics Forum: Genetics. Florida Nurses Association Annual Convention, Miami, Sept. 20.

Goodman KW. Genetics, computing and ethics: Some problems for the next few hundred years. Ethics: Unusually Difficult Challenges in Epidemiology and Human Subjects Research, University of Miami Ethics Programs, Miami, Oct. 12.

Beckwith S., Goodman KW., MacDonald L. Florida Partnership for End-of-Life Care, Law and Ethics at the End of Life, Florida Bioethics Network Fall Conference, Jacksonville, Oct. 19.

Goodman KW. Legal and procedural safeguards in end-of-life decision making. Law and Ethics at the End of Life, Florida Bioethics Network Fall Conference, Jacksonville, Oct. 20.

Goodman KW. Norms and neurology: Ethical issues in intellectual and developmental disability. Mailman Center for Child Development, Friday Seminar Series, University of Miami School of Medicine, Oct. 27.

Gertel A, Goodman K, Moreno J. Biomedical ethics: Gray matters, redux. American Medical Writers Association, 60th Annual Conference, Miami, Nov. 9.

Goodman KW. Ethics and informatics. Genesis Health System Ethics Conference 2000, Bettendorf, Iowa, Nov. 17.

1999

Panelist, "Ethical Issues in Neurogenetics," Miami Project to Cure Paralysis, University of Miami School of Medicine, Feb. 25.

Goodman KW. Introduction to informed consent. American College of Medical Genetics annual clinical genetics meeting, March 20, Miami (Workshop A3, Paradigms for designing informed consent for genetic testing and research. Abstract: *Genetics in Medicine* 1999;1(1):21).

Goodman KW. Ethical issues in cancer genetics. Berlex 3rd Annual Genetics Oncology Workshop, San Diego, Calif., March 24,

Panelist, When Should Exposing Someone to HIV be a Crime? Eighth Annual Florida HIV Conference, Florida AIDS Education and Training Centers Network, Orlando, March 31.

CONFIDENTIAL

Guest lecturer, Health Information Privacy, Nova Southeastern University Shepard Broad Law Center, Law and Medicine Seminar, Fort Lauderdale, Fla., April 5.

Goodman KW. Why ethics is not a lot of touchy-feely foo-foo: Lessons for patient representatives. Florida Society of Patient Representatives, Orlando, June 11.

Goodman K, panel chair, The Future of Healthcare Ethics, Florida Bioethics Network annual meeting, Fort Lauderdale, June 24.

Goodman K, panelist, Issues in End-of-Life Legislation in Florida, Florida Bioethics Network annual meeting, Fort Lauderdale, June 24.

Goodman K, panel chair, Clinical Advances in Biomedicine, South Florida Hospital Research and Education Foundation, The Future Healthcare System: Technology & Treatment for 2000 & Beyond, North Miami, June 30.

Goodman KW. Ethical and legal issues for the elderly. Jackson Memorial Hospital, The Autumn of Our Lives: Geriatric Health Care, Miami, July 9.

Goodman KW. Bioethics: Health care's two-edged sword. Florida Society for Healthcare Public Relations & Marketing, 33rd Annual Meeting, Orlando, July 14.

Goodman KW. Ethics and epidemiology, Nova Southeastern University, Concepts, Issues and Values in Health Care Education, Fort Lauderdale, July 28.

Goodman KW. Medical Ethics. Third Annual Florida Liability Claims Conference, Orlando, July 29.

Goodman KW. Ethical Considerations in Organ Transplantation. Third Annual Florida Liability Claims Conference, Orlando, July 30.

Goodman KW, moderator, Bioethics and the Law: ERISA and the Challenge of Managed Care, National Association of Women Judges, Miami Beach, Oct. 16,

Goodman KW, panelist, Ethical Decision Making in Managed Care — Unionization and Collective Bargaining, Florida Association of Health Maintenance Organizations, Tampa, Fla., Nov. 18.

Chang BL, Goodman KW, Renner J, Consumers, health informatics and the media, workshop, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 7.

Jadad AR, Goodman KW, Jones HG et al., Consumer participation in informatics research and development: Ethical, social, methodological and political challenges, panel, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 9.

Goodman KW. Ethical and social challenges for health computing: Focus on bioinformatics, tutorial, Annual Symposium of the American Medical Informatics Association, Washington, D.C., Nov. 7

Goodman KW. Why ethics matters in medical computing. SUN Users Conference, Miami, Dec. 6.

1998

Goodman KW. Is Diagnosis Desirable in Families with Polycystic Kidney Disease? 25th Annual Pediatric Nephrology Seminar, Miami Beach, Feb. 1.

CONFIDENTIAL

Goodman KW. Memory and Hope: Ethical Issues in Dementia Care. Third Annual Educational Conference, Alzheimer's Association, Greater Miami Chapter, Davie, Fla., Feb. 25.

Goodman KW. Computers and Medicine: Ethical Considerations and Challenges. American Academy of Dermatology, 56th Annual Meeting, Orlando, Feb. 28.

Goodman KW. Ethical Challenges in Animal Welfare. Laboratory Animal Management Association, mid-year forum, Fort Lauderdale, Fla., April 24.

Goodman KW. Ethical Behavior in Government and Business. Leadership Miami Focus Session, Miami, April. 25.

Goodman KW. Genetics Research (panelist). Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 27.

Goodman KW. The Waiver of Informed Consent (panelist). Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 28.

Goodman KW. Reimbursement and Compensation of Subjects. Interface of Science, Ethics and Law in Human Subjects Research, FDA, OPRR, UM FAMU joint conference, Miami Beach, April 28.

Goodman KW. Ethics and Risk Management. South Florida Society for Healthcare Risk Management, Miami, May 12.

Goodman KW. The Problem of Advance Instructions (panelist). Problems and Strategies in Implementing Florida Statute 765, University of Florida Program in Medical Ethics, Law and the Humanities, Gainesville, May 14.

Goodman KW. Family Challenges to the Advance Directive: Medical Futility. (panelist). Problems and Strategies in Implementing Florida Statute 765, University of Florida Program in Medical Ethics, Law and the Humanities, Gainesville, May 15.

Goodman KW. Research Ethics. GI Research Conference, University of Miami Division of Gastroenterology, Miami, May 22.

Goodman KW. Ethics and Bioinformatics: Making Sense of Computational Oncology Research. Population Science Meeting, Fox Chase Cancer Center, Philadelphia, May 26.

Goodman KW. Ethical Issues at the Point of Use (panel chair). American Medical Informatics Association, Spring Congress, Philadelphia, May 27.

Goodman KW. Managing Sex Offenders: Public Policy and Ethics. South Florida Evaluation and Treatment Center, Miami, June 10.

Cava A, Goodman KW. Ethics in Business and Government. Greater Miami Chamber of Commerce Goals Conference, Aventura, Fla., June 13.

Goodman KW. Clinical futility. Miami Area Geriatric Education Center, Intensive Geriatric Training, Fort Lauderdale, July 9.

Goodman KW. Facilitator, Health Council of South Florida Annual Planning Retreat, Key West, Fla., Sept. 11.

Goodman KW. What on Earth Does Ethics Have to Do with Malpractice Work? Florida Medical Malpractice Claims Council, Palm Beach, Fla., Sept. 12.

CONFIDENTIAL

Goodman KW. Life, Death and the Law: Challenges with Advance Directives. Cleveland Clinic Florida, Medical Grand Rounds, Fort Lauderdale, Sept. 16.

Goodman K, panelist, Bioethics and Technology in Corrections. 44th Annual Southern Conference on Corrections, Palm Beach, Fla., Sept. 22.

Goodman KW. Ethics and Arthritis, Florida Chapter, The Arthritis Foundation, Fort Lauderdale, Oct. 17, 1998.

Goodman KW. "Jailhouse Ethics: Good Care for Bad People," Florida Bioethics Network Eighth Annual Conference, Oct. 22, Orlando.

Goodman KW. Ethical Challenges Facing Not-for-Profit Organizations, Miami-Dade Coalition on Aging, Alliance for Aging, Miami, Oct. 30, 1998.

Goodman, KW. "Ethical and Social Challenges for Medical Informatics," Tutorial Session, American Medical Informatics Association Annual Symposium, Orlando, Nov. 7.

Goodman, KW., Workshop Organizer, "Ethics and Informatics: Educational Challenges for the Next Millennium," American Medical Informatics Association Annual Symposium, Orlando, Nov. 8.

Goodman KW. "Ethical Issues in the Use of Animals," VA Medical Center Animal Studies Training Workshop, Miami, Nov. 19.

Goodman K, et al., panelists, "Doctor, Where Are You? Jewish Ethics and the Health Delivery Revolution," The Jewish Theological Seminary, West Palm Beach, Nov. 22.

Goodman KW. Ethics and politics. Greater Miami Chamber of Commerce, Leadership Miami program, Miami, Dec. 5.

Goodman KW. Ethics, evidence and quality. Dade Association for Healthcare Quality, Miami, Dec. 16.

1997

Goodman K, Informed Consent for Clinical, Cosmetic and Research Procedures, Dermatology Seminar, UM Department of Dermatology and Cutaneous Surgery, Feb. 5.

Panel member, Health Care: Right or Privilege, UMSM 14th Annual Student Council Convention, Feb. 6.

Panel member, Right to Die, Organization for Human Rights, UM School of Law, Feb. 12.

Goodman, KW. Meta-analysis: opportunities and challenges, Combined Endocrinology and Diabetes Grand Rounds, UM Department of Medicine, Feb. 27.

O'Connell, M, Goodman KW. Evidence-based medicine, MD/PhD Grand Rounds, Feb. 24, and April 15, 1997.

Goodman, KW. Archived Samples and Bioinformatics: Lessons from the Banked Tissue and Sera Debate. American College of Medical Genetics, Annual Meeting, Fort Lauderdale, March 2.

Goodman, KW. Ethical Issues in International Occupational Health, American College of Occupational and Environmental Medicine, Annual Meeting, Orlando, May 16.

Goodman KW. Progress in ethics: From "Dilemma Fetishism" to genetics and psychiatry. 22nd International Congress on Law and Mental Health, Montreal, June 19-21.

CONFIDENTIAL

Goodman KW. Computers, patient outcomes and physician profiling. Broward General Medical Center Grand Rounds, Fort Lauderdale, July 10.

Panelist, Prostate Cancer: To Screen or Not to Screen, Third Annual Florida Epidemiology Meeting, Miami Beach, July 25.

Goodman KW. Clients, Computers and Confidentiality, Florida Council on Aging Florida Aging Network Training Conference, St. Petersburg Beach, Fla., Aug. 25.

Goodman, KW. Ethical Challenges Facing Health Care Professionals. South Florida Case Management Network, Miami, Sept. 10.

Panelist, Neuroscience Grand Rounds on Ethical Problems, UM Department of Neurology, Sept. 12, 1997

Goodman, KW. "Ethical Challenges in Minority and Elderly Recruitment." Increasing Participation of Minorities and Older Americans in Clinical Research, UM/Sylvester Comprehensive Cancer Center, Coral Gables, Fla., Sept. 17.

Goodman, KW. "Findings from the American College of Epidemiology Ethics Survey on the Need for Ethics Guidelines for Epidemiologists," Annual Scientific Meeting, American College of Epidemiology, Cambridge, Mass., Sept. 23, 1997.

Goodman, KW. "Alternative Approaches to Clinical Ethics," Florida Bioethics Network, Seventh Annual Conference, Tampa, Oct. 8, 1997.

Goodman, KW. "Ethical and Social Challenges for Medical Informatics," Tutorial Session, American Medical Informatics Association Fall Symposium, Nashville, Oct. 25.

Goodman, KW., Panel Organizer, "Ethical Issues in Internetable Health Care," American Medical Informatics Association Fall Symposium, Nashville, Oct. 28

Goodman, KW. "The Medical Futility Project," Health Council of South Florida, 1997-98 Board of Directors Retreat, Hawk's Cay, Fla., Oct. 31.

Goodman, KW. "Ethical Issues Concerning the Use of Animals." Animal Studies Training Workshop, VA Medical Center, Miami, Nov. 25.

1996

Goodman, K. Panelist, Are Bioethical Questions Creating More Controversy in Medical Care? Florida Medical Association 1996 Media and Medicine Conference, Orlando, Jan. 25.

Goodman, K., and Moseley, R. Medicine, Morals and the Media: Bioethics Issues in Hospital Public Relations and Marketing. Florida Hospital Association, Orlando, Jan. 26.

Holzman, B., Armstrong, A., Goodman, K. Faculty, Pediatric Bioethics Workshop, Masters of Pediatrics conference, University of Miami Department of Pediatrics, Jan. 29.

Goodman, K. Ethical Issues in Forensic Psychology, South Florida Evaluation and Treatment Center, Florida Department of Health and Rehabilitative Services, Miami, Feb. 2.

Goodman, K. Death in the ICU: It's Not What It Used to Be. Miami Teaching Institute, Greater Miami Chapter, American Association of Critical Care Nurses, Miami, Feb. 9.

CONFIDENTIAL

Goodman, K. Brain Death, Medical Futility and Other Confusing Concepts: Lessons in Moral Fallibility. Second International Symposium on Brain Death, Havana, Feb. 29.

Goodman, K, and Feltman, D. Ethics, Economics and Managed Care. Advances in Geriatrics VIII, Miami Area Geriatric Education Center (MAGEC), Miami, March 30.

Franzblau, M, Brosco, J., and Goodman, K. Ethical Issues in Health Care: Lessons from the History of Medicine. University of Miami School of Medicine, April 15-26.

Goodman, K. Ethical Issues in Neonatal Nursing. Southeast Florida Association of Neonatal Nurses, Hialeah, May 28.

Goodman, K. The Ethics of Scientific Collaboration. Outcomes Research Group, University of Miami School of Medicine, May 29.

Goodman, K. Ethical Issues in Clinical Research: The Role of Trainees, Department of Urology Grand Rounds, University of Miami School of Medicine, May 31.

Goodman, K. Predicting Death: Can We Do it, and Can Computers Help Us? "End of Life Decisions 1996," Baptist Health Systems of South Florida, Sept. 21.

Goodman, K. Risks, Rules and Ratios: Ethically Communicating about Health and Disease, U.S. Centers for Disease Control and Prevention, Atlanta, Sept. 27.

Goodman, K. Advice on Consent: Where Science and Ethics Meet, U.S. Centers for Disease Control and Prevention, Atlanta, Sept. 27

Goodman, K. Computers in Pediatric Diagnosis and Prognosis: Ethical and Social Issues, UMSM Department of Pediatrics Staff Conference, Oct. 15.

Goodman, K. Ethics Committees: Structure, Function, and JCAHO Requirements. Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 23.

Goodman, K. et al. Panel discussion, What Bothers Me about My Ethics Committee? How We Handle Those Problems, Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 24.

Goodman, K. Can Scoring Systems Determine Futility? Florida Bioethics Network Sixth Annual Conference, Fort Lauderdale, Oct. 25.

Goodman, K. Ethical and Social Challenges for Medical Informatics, tutorial, American Medical Informatics Association fall symposium, Washington, D.C., Oct. 26.

Goodman, K. Ethics and Meta-Analysis, UM Outcomes Research Study Group, Dec. 5.

1995

Goodman, K. Why Ethics in Medicine is not Touchy, Feely, Warm or Fuzzy, Association for the Behavioral Sciences and Medical Education (ABSAME), Naples, Fla., Oct. 7, 1995.

Goodman, K. Why Ethics Matters to Psychology and Psychiatry (Especially When We Have All These Legal Guidelines Floating Around), South Florida Evaluation and Treatment Center (HRS), Miami, July 7, 1995.

Goodman, K. Issues in Publication and Authorship, Grass Foundation Fellowship program, Marine Biological Laboratory, Woods Hole, Mass., June 28, 1995.

CONFIDENTIAL

Goodman, K. Ethics and Epidemiology, New England Epidemiology Institute and Tufts University, Boston, June 26-30, 1995.

Goodman, K. Restructuring the Health Care System and Tips on How to Improve the Visibility and Viability of Education in the Midst of Change, Florida Medical Association, 121st Annual Meeting, Miami Beach, June 1, 1995.

Goodman, K. Bioethics & Pastoral Care, Jackson Memorial Hospital Department of Pastoral Care program, "The Clergy and the Cancer Patient," May 26, 1995.

Goodman, K. Panelist, AIDS and Suicide: Psychiatrists' Role in End-of-Life Decisions, American Psychiatric Association annual meeting, Miami Beach, May 22, 1995.

Goodman, K. Medical Ethics in the Care of the Elderly, Hartford Generalist Physician Initiative Conference, Miami Beach, April 28, 1995.

Goodman, K. On Progress in Law in Ethics, "Health Care Regulation and Reform" course, Prof. M. Farrell, University of Miami School of Law, April 20, 1995.

Goodman, K., Kinzbrunner, N. A Philosopher and a Physician Discuss Assisted Suicide, "Decisions Near the End of Life," Education Development Center and the Hastings Center, Miami, March 24, 1995.

Goodman, K. Ethics of Animal Research, Animal Research Training Session, Veterans Affairs Medical Center, Miami, March 21, 1995.

Goodman, K. et al. Moderators, Legislative Panel: "Reshaping Health Care in the '90s and Beyond: A Legislative Symposium on Health Care Reform," sponsored by the Health Council of South Florida, Miami Panelists: Rep. John F. Cosgrove, chair, House Insurance Committee; State Sen. Alberto Gutman, chair, Senate Health Care Committee; Rep. J. Alex Villalobos, chair, Dade County Legislative Delegation; Miami, March 2, 1995.

Goodman, K., Needell, M. Ethics and Risk Management, Parkway Regional Medical Center, North Miami Beach, March 2, 1995.

Goodman, K.. Moot Court judge, University of Miami School of Law, Feb. 25, 1995.

Holzman B, Goodman K, Armstrong D. Pediatric bioethics. UM Department of Pediatrics, "Masters of Pediatrics," Miami, Jan. 22.

Goodman K. When enough is enough: Rationing, futility and assisted suicide. Leadership Miami, "Our Community's Health: Everyone's Business," Miami, Jan. 21.

Goodman K. Ethical considerations for policies dealing with drug seekers, American College of Emergency Physicians, State Chapter of California, "Emergency Medicine at the Ahwahnee," Yosemite, Calif., Jan 14, 1995.

1994

Goodman, K. Ethical Issues in Correctional Health Care, Florida Department of Corrections Office of Health Services, 1994 Workshop, Daytona Beach, Fla., Nov. 16, 1994.

Goodman, K. Ethics, Computers and Epidemiology, Harvard University School of Public Health, Department of Epidemiology, Cambridge, Mass., Oct. 12.

Goodman K. Problems and solutions in publication and authorship. Schepens Eye Research Institute, Harvard Medical School, Cambridge, Mass., Oct. 11.

CONFIDENTIAL

Goodman K. Ethics and computing in orthopaedics, UM Department of Orthopaedics and Rehabilitation Grand Rounds, Miami, Sept. 29.

Goodman K. Foundations of medical ethics: History, theory and principles of end-of-life issues, Florida Bioethics Network Annual Conference, Orlando, Sept. 21.

Goodman, K. Ethical Issues in Caring for the Elderly: Advance Directives and Decisions in the Absence of Directives, Miami Area Geriatric Education Center, geriatric training program, Miami, May 25; repeated Aug. 31.

Labadie, G., Goodman, K. Ethical Issues in AIDS: Confidentiality and Teaching Perspectives, University of Miami School of Nursing, HIV in the Nursing Curriculum conference, May 20, 1994.

Goodman, K. Computers, Medical Decision-making and Confidentiality, presentation to University of Florida College of Medicine (Shands Hospital Ethics Committee Rounds), Gainesville, Fla., April 8, 1994.

Goodman, K. (Panel chair) Issues Brought to the IRB on HIV/AIDS Research and Confidentiality Issues, Society of Research Administrators, South Florida Chapter, "Outlook '94--A Symposium on AIDS Prevention," VAMC-Miami, March 16, 1994.

Goodman, K. Ethical Issues in Health Care Reform: The Lessons from Florida, presented to Florida Medical Association, "Spring Break for CME," Palm Beach Gardens, Florida, March 3, 1994.

Goodman K. Computer assisted decision making in the ED, American College of Emergency Physicians, State Chapter of California, "Emergency Medicine at the Ahwahnee," Yosemite, Calif., Jan 13, 1994.

1993

Goodman, K. Uncertainty and ethics in medical computing, Second Annual Computers in Health Care Conference, Delaware State Hospital, New Castle, Delaware, Nov. 3, 1993.

Goodman, K. Toward a Unified Code of Ethics in Epidemiology, 26th annual meeting of the Society for Epidemiologic Research, Keystone, Colo., June 17, 1993.

Goodman, K. Major Uses of Computerized Diagnostic Systems and the Ethical Questions they Raise. Annual meeting of the Florida Medical Association, Miami Beach, May 8, 1993.

Goodman, K. Ethical Issues in Endocrinology, University of Miami Department of Medicine combined Endocrinology and Metabolism Grand Rounds, April 15, 1993.

1992

Pennell, J.P., Goodman, K. Should Sovereign Immunity be Extended to Private Physicians? Presentation to Society for Health and Human Values annual meeting, Memphis, November 1992.

Goodman K. Cultural relativism, truth-telling and informed consent. Transcultural Nursing in Retrospect and Prospect, 18th Annual Transcultural Nursing Society Conference, Miami, Oct. 23, 1992.

Goodman, K. Ethical Correlates of Physician-Patient Conflict, University of Miami Department of Obstetrics-Gynecology Grand Rounds, Sept. 23, 1992.

Goodman, K. Why Abortion Might Be Wrong But Should Be Legal, University of Miami Department of Philosophy / Friends of Philosophy series, Feb. 26, 1992.

Goodman, K. Ethical Issues in Computational Meta-Analysis, presented to American Association for the Advancement of Science annual meeting, Chicago, Feb. 7, 1992.

CONFIDENTIAL

Goodman, K. Bioethicists, Journalists and Public Policy: The Philosopher Cops, presented to National Conference on Ethics & the Professions, Gainesville, Fla., Jan. 31, 1992.

Goodman, K. Case-Based Ethical Analysis in Dermatology, University of Miami Department of Dermatology Grand Rounds, Jan. 15, 1992.

1990

Goodman, K. Ethics and research in publishing, University of Pittsburgh College of Medicine Student Publishing Workshop, Graduate School of Public Health, Nov. 27, 1990.

Goodman, K. Ethical Issues in Medicine and Communication, presented to the University of Pittsburgh College of Medicine Center for Medical Ethics, Nov. 8, 1990.

Goodman, K. Doing Good and Doing Well: Questions of Ethics and Economics, presented to Hospital Council of Western Pennsylvania, Erie, Oct. 4, 1990.

Goodman, K., Nirenburg S. To Save the Semantic Phenomena: Machine Translation and Interlingua Texts, presented at the Fifth Annual Computers and Philosophy Conference, Stanford University, Palo Alto, Calif., August 9, 1990.

Goodman, K. Communicating Change: Experts and Progress in Medicine, Spring Conference of the Society for Health and Human Values, Hershey, Pennsylvania, April 20, 1990.

Goodman, K. Ethical, Social, Legal and Economic Responsibilities in Medical Rehabilitation, Panel discussion with Arnold S. Relman, Editor, *New England Journal of Medicine*, sponsored by Harmorville Rehabilitation Center, Pittsburgh, March 20, 1990.

1989

Goodman, K., invited participant, Professional Ethics in Higher Education: Methods, Theories, Practices, The Poynter Center for the Study of Ethics and American Institutions; Bloomington, Ind. Sponsored by the Harvard Program in Ethics and the Professions, Indiana University-Bloomington CBiomedicalhancellor, The Lilly Endowment and the Poynter Center, July 5-8, 1989.

Goodman, K. Kant's Categories as Semantic Primitives, 34th Annual Conference of the International Linguistic Association, New York, April 18, 1989.

1987

Goodman, K. Theoretical terms, Florida Philosophical Association 33rd Annual Meeting, St. Petersburg, Nov. 14, 1987. FPA award for best graduate student paper.

VI. TEACHING

28. Teaching awards received

29. Teaching specialization:

2022

"Ethics in Public Health," University of Miami Miller School of Medicine, spring

2021

"Ethics in Public Health," University of Miami Miller School of Medicine, spring

CONFIDENTIAL

"Research Ethics," University of Miami Miller School of Medicine, spring; with others,

2020

"Research Ethics," University of Miami Miller School of Medicine, spring; with others,

2019

"Professional Ethics, Law and Medicine," University of Miami School of Medicine; winter, spring.

Hospitals Health Care Services and Access: An Interdisciplinary Inquiry, University of Miami School of Law; spring. One of many faculty members.

"Research Ethics," University of Miami College of Arts and Sciences, College of Engineering, etc.; winter.

2018

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

Hospitals Health Care Services and Access: An Interdisciplinary Inquiry, University of Miami School of Law, spring 2018. One of many faculty members.

"Research Ethics," University of Miami School of Medicine and College of Arts and Sciences (varia).

"Research Ethics," University of Miami School of Medicine (autumn).

2017

CTI-603 Research Ethics (CTSI MA program, with Joanna Johnson) (spring)

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

"Research Ethics," University of Miami school of Medicine and College of Arts and Sciences (varia).

"Research Ethics," University of Miami School of Medicine, (autumn) (CTI-603, ie, special CTSI course).JohJoh

2016

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

2015

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2014

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2013

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

"The Idea of the Hospital," University of Miami School of Law, spring 2013. One of many faculty members.

2012

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

CONFIDENTIAL

"The Idea of the Hospital," University of Miami School of Law, spring 2012. One of many faculty members.

2011

"Knowledge and Evidence in Medicine," University of Miami Department of Philosophy (spring)

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

"The Idea of the Hospital," University of Miami School of Law, winter 2011. One of many faculty members.

2010

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter, spring).

2009

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2008

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2007

"Social and Ethical Issues in Computing," University of Miami Departments of Computer Science and Philosophy (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with D. Buckner), University of Miami Department of Medicine / medicine clerkship (all semesters).

2006

CONFIDENTIAL

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

Other: "Patient Safety Course," University of Miami School of Medicine, faculty member, "Error Disclosure and Patient Centeredness" lecture.

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2005

"Bioethics," University of Miami Department of Philosophy (fall).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2004

"Environmental Ethics," University of Miami Department of Philosophy (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2003

"Bioethics," University of Miami Department of Philosophy (spring).

"International Health Policy and Ethics" (INS 572 with S. Porcelain), University of Miami School of International Studies (spring).

"Professional Ethics, Law and Medicine," University of Miami School of Medicine (winter).

"Research Ethics," University of Miami Schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2002

"Professional Ethics," University of Miami Department of Philosophy (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Medical Ethics," University of Miami School of Medicine, co-design and coordinate new ethics curriculum.

CONFIDENTIAL

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

2001

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1999

"Ethics, Epidemiology and Public Health," University of Miami School of Medicine, Department of Epidemiology and Public Health (spring).

"Bioethics," University of Miami Department of Philosophy (spring)

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1998

"Ethics, Epidemiology and Public Health," University of Miami School of Medicine, Department of Epidemiology and Public Health (spring).

"International Health Policy and Ethics" (with S. Porcelain), University of Miami School of International Studies (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1997

"Bioethics," University of Miami Department of Philosophy (spring)

"International Health Policy and Ethics" (with S. Porcelain), University of Miami Graduate School of International Studies (spring).

"Medical Informatics" (with others), University of Miami departments of Radiology and Electrical Engineering (spring).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

CONFIDENTIAL

"Ethical Values in Health Care: Lessons from the Nazi Era," UM School of Medicine Senior Elective, with Drs. Michael Franzblau and Jeffrey Brosco.

1996

"Ethics and Epidemiology," University of Miami School of Medicine, Department of Epidemiology and Public Health (fall).

Dissertation Seminar, University of Miami Graduate School of International Studies (spring).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

1995

"Health Care Reform: Policy, Structure, Ethics" University of Miami School of Nursing (fall and spring).

"Ethics and Epidemiology," University of Miami School of Medicine, Department of Epidemiology and Public Health (fall).

"Ethics and Epidemiology," New England Epidemiology Institute and Tufts University, Medford, MA (summer).

"International Health Policy and Ethics" (with S. Porcelain), University of Miami Graduate School of International Studies (spring).

"Professional Ethics," University of Miami Department of Philosophy (spring).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami Department of Medicine / medicine clerkship (all semesters).

"Research Ethics," University of Miami Schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1994

"Health Care Reform: Policy, Structure, Ethics" University of Miami School of Nursing (spring).

"Computers, Ethics and Society," University of Miami Freshman Seminar series (fall).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami School of Medicine, Department of Medicine / medicine clerkship (all semesters).

"Research Ethics," University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1993

"Health Care Organization, Policy and Ethics," University of Miami Freshman Seminar series (fall).

"Clinical Ethics" (with J.P. Pennell and M.H. Needell), University of Miami School of Medicine, Department of Medicine (all semesters).

CONFIDENTIAL

“Research Ethics,” University of Miami schools of Medicine, Arts and Sciences and Marine and Atmospheric Sciences (varia).

1992

“Clinical Ethics,” (with others) University of Miami School of Medicine, Department of Medicine; third-year medical students on Medicine clerkship.

1991

“Professional Writing,” Duquesne University Department of Communication (spring).

“Business Ethics,” Duquesne University School of Business and Administration (summer).

1990

“Professional Writing,” Duquesne University Department of Communication (fall).

1989

“Professional Writing,” Duquesne University Department of Communication (fall).

1988

“Professional Writing,” Duquesne University Department of Communication (fall).

1985

“Introduction to Logic,” University of Miami College of Arts and Sciences, Department of Philosophy (fall, spring)

1984

“Introduction to Logic,” University of Miami College of Arts and Sciences, Department of Philosophy (fall)

30. Thesis and dissertation advising/post-doctoral student supervision:

- Heleana Theixos, doctoral dissertation, “[Moral Injury in Contemporary Ethics: The Application of a Socratic Idea](#),” Philosophy, 2014-2016, committee chair
- John Pinkston, doctoral dissertation, “[Evidence And Hypothesis In Clinical Medical Science](#),” Philosophy, 2014-2016, committee member
- Wanda Castro, doctoral dissertation, “The feminization of HIV/AIDS in the Republic of South Africa: Examining the influence of socio-economic, political and cultural determinants, *Epidemiology*, 2006-2011; committee member
- Matthew Schuh, doctoral candidate, Philosophy, 2008; committee member
- Jeremy Morris, doctoral candidate, Philosophy, 2006-2007; committee member
- Nenad Popovic, doctoral candidate, Philosophy, 2005-2006; committee member
- Rajdeep Singh Jolly, Decisional autonomy and Indian sex selection, *magna cum laude* candidate, UM College of Arts & Sciences/Philosophy, 2003; thesis co-adviser
- Sophia S. Chutkan, master of science thesis, Nutrition and Dietetics, Florida International University, 2002-2003; committee member
- Marguerite Purnell, doctoral candidate, Nursing, 2001-2003; committee member
- Maritza Flores, doctoral dissertation, “[The application of the biomedical model and computer technology in decision-making mental care diagnosis and treatment](#),” *Sociology*, 2001-2003; committee member
- Ruben Rabinsky, NIEHS postdoc, 2001-2003; committee member
- Yvette Pearson, doctoral candidate, Philosophy, 2001-2002; committee member

VII. SERVICE

31. University committee and administrative responsibilities:

CONFIDENTIAL

Member, UHealth End-of-Life Taskforce, 2020-present

Member, Covid-19 Vaccine Allocation Committee, 2020-

Member, Scientific Misconduct Committee Pool, 2018-2020.

Member, Professional Activity Review Committee (CN), 2010-present; manager/coordinator, 2016-present.

Examiner, BIOT 6006, Bioethics, Biosafety and Intellectual Property Rights in Biotechnology, University of the West Indies, St. Augustine Campus, Trinidad and Tobago, 2016-2018.

Member, Academy of Medical Educators, 2012-present.

Member, UM College of Arts and Sciences graduate faculty, 2012-present.

Member, University of Miami Center for Computational Science, 2011-present.

Member, University of Miami Conflict of Interest Committee, 2010-present.

Member, University of Miami Task Force Committee, Civic Engagement Project, Office of the Senior Vice Provost, 2010-present.

Member, University of Miami Embryonic Stem Cell Research Oversight Committee, 2009-2011.

Member, Faculty Steering Committee, University of Miami Jay Weiss Center for Social Medicine and Health Equity, 2007-present.

Member, University of Miami Medical Group Clinical Operations committee, 2006-2009.

Member, University of Miami Faculty Senate Hearing Panel, 2004-2014.

Member, Jackson Memorial Hospital/UM HIPAA Steering Committee, 2001-2005.

Member, Responsible Conduct of Research Educational Initiative Committee, 2001-2005.

Member, University of Miami core faculty for Human Subjects Protection Seminars, 2001-present

Member, University of Miami Advisory Group for Education in Human Subjects Protections, 2001-2005.

Faculty Advisor, Ethics Society, UM undergraduate service organization, 1994-present.

Member, Bioethics Committee, University of Miami / Jackson Memorial Hospital, 1992-Present. Chair as of July 2007.

Member, Pediatric Bioethics Committee, University of Miami / Jackson Memorial Hospital, 1992-Present.

Member, Jackson Memorial Hospital Transplant Center, Transplant Emergency Panel, November 2008-Present.

Member, Human Studies Subcommittee (IRB), Veterans Affairs Medical Center, Miami, 1992-2001.

Member, Ethics Committee, University of Miami Hospitals and Clinics/Sylvester Comprehensive Cancer Center, 1996-Present; vice chair, 2000-present.

CONFIDENTIAL

Member, Fetal Board Registry, University of Miami Department of Obstetrics and Gynecology, 1993-1999.

Member, Medical Sciences Subcommittee for the Protection of Human Subjects (IRB), University of Miami/Jackson Memorial Hospital, 1994-2000; alternate, 2000-2003.

Director, Clinical and Research Ethics Education, University of Miami Hospital and Clinics / Sylvester Comprehensive Cancer Center, 1994-present.

Member, Steering Committee, University of Miami Medical Informatics Programs, 1995-1998.

Member, Steering Committee, Outcomes Research Group, 1996-1998.

Preceptor, Clinical Skills Program, University of Miami Department of Medicine, 1992-2000.

Member, Clinical Pastoral Education Professional Advisory Group, Jackson Memorial Hospital, 1993-Present.

Member, Animal Studies Subcommittee, Veterans Affairs Medical Center, Miami, 1994-Present.

Member, Animal Studies Subcommittee, University of Miami, 1994-Present.

Member, Computers in Medical Education committee for LCME accreditation, 1994.

Member, Information Systems Ethics Committee, Jackson Memorial Hospital, 1994-1996.

31a. Other Misc. UM/JMH/VA Contributions

2022

Goodman KW. Big Data, Artificial Intelligence and Privacy in the 21st Century. UHealth Compliance, International Data Privacy Day, January 28.

Goodman KE. Ethics, Research and Learning Health Care Systems. Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine, March 23.

2021

Goodman KW, moderator, Theological Perspectives on Organ Donation, Multifaith Council, University of Miami, March 11.

Del Rio C, Goodman KW, Ross LF. A National Conversation: Should Covid-19 Vaccines Be Mandatory on College Campuses? With UM President Julio Frenk, Miller School of Medicine Dean Henri Ford and Department of Medicine Chair Roy Weiss. March 17, University of Miami Webinar,

2018

Goodman KW. Futility, computational decision support and ethics: Why the future of surgery is not what it used to be. University of Miami Miller School of Medicine Department of Surgery, Grand Rounds, March 29.

Goodman KW. Keynote speech. MD/MPH Rose Ceremony, May 25.

2017

Goodman K. Ethics introduction. Compliance and Ethics Week training, November 7, 8 and 9, University of Miami Medical, Marine and Gables campuses.

CONFIDENTIAL

2015

Goodman KW. Guest speaker. MD/MPH Class of 2018 Anatomy Rose Ceremony, UM Miller School of Medicine, May 18.

Goodman KW. Ethics and leadership. Leadership Development in Neurodevelopmental Disabilities (LEND) Project, UM Miller School of Medicine, Department of Pediatrics, May 15.

2014

Goodman KW. Ethical issues in academia. Faculty Roles and Responsibilities, University of Miami School of Nursing and Health Studies, January 8.

2013

Goodman KW. Access to health care: how ethics should influence public policy. Friends of Philosophy, UM Department of Philosophy, February 13.

Goodman KW. Strategic data sharing by ordinary people: Translational science's reliance on trust and reciprocity. Miami CTSI Translational Science Institute Seminar Series, November 20.

Goodman KW. Ethics, translational science and the IRB: The future is (still) not what it used to be. IRB Grand Rounds, University of Miami, December 10.

2012

Panelist, Miami Council for International Visitors and U.S. Department of State, delegation from Zambia on media freedom, licensing of journalists, etc. UM School of Communication, March 8.

Moderator, HealthCanes, presidential debate, October 1.

2011

Goodman KW. Ethics and translational research: New challenges in genetics, public policy and health information technology. Miami Clinical and Translational Science Seminar Series, UM Miller School of Medicine, November 9.

Goodman KW. Conflicts of interest. UM Miller School of Medicine, Teaching Professionalism Series, March 7.

Goodman KW Ethics in cancer care. Surgical oncology fellows, SCCC, June 8.

2010

Goodman KW. Clinical ethics. UM Division of Gastroenterology, January 28

Goodman KW. Wireless pediatrics: Ethics and the role of personal health records. Clinical Research Forums in Pediatrics, UM Division of Pediatric Clinical Research, March 3.

2009

Panelist, of 5. Brands, cultures and globalization. University of Miami School of Business Global Business Forum, January 16.

Goodman KW. Pediatric contributions to biobanks. Clinical Research Forums in Pediatrics, Division of Pediatric Clinical Research, UM Miller School of Medicine, January 28.

CONFIDENTIAL

Goodman KW. Ethics and Information Technology. Department of Electrical and Computer Engineering Seminar Series, University of Miami College of Engineering, February 4.

Panelist, of 5. Academic Integrity Forum. University of Miami Undergraduate Honor Council, April 15.

Special seminar for Kenyan and other journalists specializing in HIV and medical reporting, on ethics and science writing, UM School of Communication, April 29.

Goodman KW. Stanford Food for Thought Dinner Series, Stanford Residential College, Nov. 9.

Goodman KW. Awkward research: sects, sex and drugs. UM Human Subjects Protection Seminar, Nov. 10.

2008

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 24.

Goodman KW, Wilkinson JD, Pericak-Vance M. Ethics and genomics panel. 34th Eastern-Atlantic Student Research Forum, UM Miller School of Medicine, Feb. 29.

Goodman KW. Digital genetics and the future of pediatrics: The role of ethics. UM Department of Pediatrics Clinical Research Forum, March 5.

Panelist, of 5. Global Climate Change: Your Health. (National Public Health Week activity.) UM Department of Epidemiology and Public Health, April 7.

Panelist, of 4. Climate change projections: Communicating uncertainty without losing the message. Rosenstiel School of Marine and Atmospheric Sciences, May 8.

Goodman KW. Stem cell research: Issues in ethics, science and public policy. Osher Lifelong Learning Institute, September 24.

2007

Panel discussion on codes of ethics in public relations. With International Public Relations Association President Philip Sheppard; Jay Black, Poynter Jamison Media Ethics Chair, University of South Florida-St. Petersburg; and Roger Bolton, President of the Arthur W. Page Society. Feb. 20, UM School of Communication.

Goodman KW. Moral responsibility of Holocaust/Legacy Project survivors, JUS421 (M. Sokoloff), April 12.

Panel, Academic Integrity, with Anita Cava, co-director, UM Ethics Programs, and Katie Meier, UM women's basketball coach. Undergraduate Honor Council, Academic Integrity Week, April 17.

Goodman KW. Conflict and consent: Managing disclosure in human subjects research. UM HSRO Human Subjects Research Symposium, May 11.

Goodman KW. Clinical and research ethics. Core Curriculum for Oncology Fellows. Sylvester Comprehensive Cancer Center, Aug. 7.

Cava A, Goodman KW. Community academic expectations. Graduate Student Orientation, Coral Gables, Aug. 16.

Goodman KW. STRIVE student group leadership facilitator, Coral Gables, Oct. 7.

CONFIDENTIAL

Goodman KW. Ethics and leadership. Freshmen Leadership Academy, Butler Center for Volunteer Service & Leadership Development, Coral Gables, Oct. 15.

2006

Presentation to International Commission on Holocaust Era Insurance Claims (ICHEIC) Service Corps, Miller Center for Contemporary Jewish Studies, April 10.

Presentation to Department of English, Prof. Joanna Johnson, composition.

2005

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 27.

Goodman KW. Ethics in plastic and reconstructive surgery, UM Department of Surgery, Division of Plastic and Reconstructive Surgery, May 18.

Goodman KW. Error disclosure and patient centeredness. UM Department of Anesthesiology, June 7.

Goodman KW. Research or surveillance? The case of bioterror preparedness. UM Human Subjects Research Forum, August 30.

Goodman KW. The role of ethics in Sponsored Programs. UM Sponsored Programs Education Center, Dec. 15.

2004

Goodman KW. Clinical ethics. UM Division of Gastroenterology, Jan. 22

Goodman KW. The Terri Schiavo tragedy and the use of ethics committees. Ryder Trauma Center TICU nurses, Feb. 10.

Goodman KW. What IRBs need to know about evidence-based practice. UM Human Subjects Research Forum, March 30.

Goodman KW, panelist, Ethics, Reporting and Politics, UM School of Communication and South Florida chapter, Society of Professional Journalists, UMSoC, April 27.

Goodman KW. Questions of ethics. Atlanta Hurricane and Alumni Club, Atlanta, May 5.

Goodman KW. Ethical issues in HIV/AIDS. Visiting speaker, AIDS as a Public Health Issue (EPH583), Department of Epidemiology and Public Health. July 12

Goodman KW. Some ethical issues in hematology/oncology. SCCC didactic conference, July 14.

Goodman KW Research ethics and integrity. UM Department of Dermatology & Cutaneous Surgery, Aug. 27.

Goodman KW. Think about it, talk about it: A discussion on ethics. UM Honor Council, Nov. 17.

Goodman KW. Bioethics and nursing practice. UM Professional Development and Training Office, Dec. 16.

2003

Goodman KW. Ethics and education research II. UM School of Education, Center for Research, January 29.

CONFIDENTIAL

Panelist. Oceans and Human Health: Risks and remedies from the sea, Town Meeting, National Institute for Environmental Health Sciences and UM Rosenstiel School of Marine and Atmospheric Sciences, Key Biscayne, Feb. 27.

Goodman KW. Foundations of ethics. UM Department of Orthopaedics and Rehabilitation, residents' rounds, March 20.

Panelist. Artificial Intelligence: Ambition and Ethics. UM Solutions and Ethics Society student groups. March 27.

Goodman KW. Do-not-resuscitate orders – and issues. Sylvester Comprehensive Cancer Center nursing staff, April 29.

Goodman KW. Legal issues in end-of-life care, Sylvester Comprehensive Cancer Center EPEC series, June 24.

Goodman KW. Ethics and evidence-based practice. VAMC Miami Medical Center, Research Committee for Nursing, An Evidence-Based Practice, Dec. 4

2002

Panelist, Solutions 2nd Annual Interdisciplinary Symposium, "Science: The Double-Edged Sword," with Luis Glaser, Joyce Schuld, and David Wilson, with Asma Uddin moderating, March 2.

Goodman K, Making sense of consent: Readability, comprehension and the consent process. Office of Research IRB human subject protection/IRB series, March 26.

Goodman K, Evidence-based practice and human subjects research: Oh, great: More stuff for IRBs to have to worry about. Office of Research IRB human subject protection/IRB series, April 9.

Goodman K. Death and dying. Department of Surgery, Division of Trauma/Surgical Critical Care, April 26.

Goodman K. Discussant, "Local growth coalitions, environmental groups and air pollution," by George Gonzalez, American Politics Research Workshop, UM Political Science Department, May 15.

Goodman K. Ethics-schmethics – or practical strategies for IRB review? UM IRB "A," June 17; "B," Aug. 5.

Goodman K. Intro to ethics. Research in Ecology 2002, a UM-Miami-Dade County Public Schools program, under a Howard Hughes Medical Institute grant, Aug. 1.

Goodman K. Death, dying and ethics in pediatrics, UM/JMH Pediatric Noon Conference, Aug. 5.

Goodman K. Questions of ethics, The Audrey R. Finkelstein Experience, Alumni Week, Oct. 11.

Goodman K. What HIPAA will mean for IRBs and researchers. VAMC Miami, Research: Stimulus for Change, Nov. 8.

Sandoval C, Goodman K. Physician-assisted suicide, EPEC Series, UMHC/SCCC, Dec. 17.

2001

Panelist, "En/gendering Sex, Session III: Testing women: Sex and gender in the lab," Solutions student group, April 11.

Goodman KW. Stem cells: Ethical, legal and policy issues. UM Institute for Retired Professionals, Oct. 4.

Goodman KW. End-of-life ethical issues. Jackson Memorial Hospital Clinical Pastoral Education Program, Nov. 13.

CONFIDENTIAL

Goodman KW. Ethical issues in use of animal models in surgical procedures. VAMC Animal Studies Training Workshop, Nov. 29.

Panelist, "Ethical dimensions of the post-September 11 milieu," UMSM Council on Honorable and Professional Conduct, Dec. 11.

Goodman KW. Policy, justice and international studies: Why ethics matters and why you should care, commencement address, UM School of International Studies, Dec. 13.

2000

Goodman K. Ethics: Why it matters, what it's good for and why you should care. Family Weekend 2000, Department of Student Life, Coral Gables, Oct. 6.

Panelist, "Animal Rights," Humans Helping Animals student group, Coral Gables, Nov. 15.

32. Community activities:

2021

Goodman KW. Guardianship in Residential and Social Settings: Ethical Challenges. Florida State Guardianship Program, Annual Ethics Symposium, April 16.

Goodman KW, et al. COVID-19 Vaccine: Issues in Development and Distribution, Women's Healthcare Executive Network of South Florida, Videoconference panel, March 11.

Goodman KW. Interviewer of director and lead actor, *In the Name of the Daughter*, Miami Jewish Film Festival, March 4.

2019

Goodman KW. Pediatric consent for adult-onset genetic malady testing: ethics, education and expertise. South Florida Clinical Genetics Group, Hollywood Memorial Hospital, May 22.

2013

Goodman KW. What would you do? Everyday ethical dilemmas. JFK Medical Center, Challenges for the Hospital Ethics Committee, Atlantis, Florida, October 18.

Goodman KW. DNR vs. AND. Vitas Hospice Corp. Fort Lauderdale, October 18.

2012

Goodman KW. Advance directives and the Florida journey. Integrating Advance Directives, Mercy Hospital, Miami, October 27.

Goodman KW. Dying is not what it used to be: Ethics, technology and the role of the courts. Dade County Bar Association Probate and Guardianship Committee, December 6, Miami.

2010

Goodman KW. Moderator, ethics discussion following screening of *For My Father* at Miami Jewish Film Festival, Coral Gables, Fla., Jan. 17.

Goodman KW. Professionalism and the law for psychologists. Miami Area Geriatric Education Center, Miami, April 16.

Goodman KW. Ethics, science and society: New challenges for the 21st century. Miami Science Museum, Senior Summer Science Series, July 21.

CONFIDENTIAL

Giles GJ, Goodman KW, Heberer P. Bioethical Responsibilities in the 21st Century, Deadly Medicine in the Nazi Era, U.S. Holocaust Memorial Museum, Boca Raton Regional Hospital, November 4.

2009

Goodman KW. Ponencia: Posibilidades de desarrollo de la bioética en el Estado de la Florida. New Professions Technical Institute, Miami, February 13. (Venezuelan community activity)

Goodman KW. Democracy, Taxes and Government Integrity: Why this Ethics Stuff Really Matters, City of Coral Gables, Boards and Committees Seminar, October 2.

2008

Goodman KW, Participant, Career Day, Feb. 13, and Contemporary Issues in Science, MAST Academy, Miami-Dade County Public Schools, Feb. 20.

Centorino J, Goodman KW, Myers R. Ethics, civility and effective penalties (panel discussion). League of Women Voters, Miami, March 26.

Goodman KW. Eugenics. Baptist Health South Florida, Baptist Hospital, Miami, August 27.

Goodman KW. Practical ethics, vulnerable populations and public policy: Opportunities and obligations. Guardian Association of Pinellas County, St. Petersburg, September 19.

Goodman KW. Access, justice and moral responsibility: Ethical challenges in health care reform. Public Field Hearings on the Health Care Crisis, Rep. John Conyers, chair, Miami, September 20.

2007

Goodman KW. Speaker, Riviera Ladies Day Luncheon, Riviera Country Club, Coral Gables, March 15.

Goodman KW. Scholar in Residence, Temple Beth Ahm Israel, Cooper City, March 16-17.

Goodman KW. Ethics, boundaries and mental health social work. Miami-Dade Area Health Education Center, Miami, March 21.

Goodman KW. Facilitator, "Guardianship Ethics" and "Sex in Nursing Homes: Managing Questionable Capacity and the Desire for Physical Intimacy," Academy of Florida Elder Law Attorneys "Elder Concert," Ft. Lauderdale, March 23.

Goodman KW. Ethics and employee assistance programs. Employee Assistance Association Professionals, Annual Conference, South Florida Chapter, Fort Lauderdale, March 30.

Goodman KW. Who owns life? Genetic research: Ethical perspectives. Broward Region of Hadassah and U.S. Department of Energy, Fort Lauderdale, June 7.

2006

Goodman KW. Keynote presentation, Science National Honor Society Induction Ceremony, Miami-Dade Chapter, Barbara Goleman Senior High, Feb. 3.

Goodman KW. Ethical considerations in human subjects research. South Florida Human Subject Research Benchmarking Network, Hollywood, March 8.

Goodman KW. Ethics and evidence-based practice. "Conversations in Ethics," Baptist Health South Florida, South Miami Hospital, June 28.

CONFIDENTIAL

Goodman KW, moderator, Miami-Dade County Commission District 8 candidates' debate, sponsored by the Urban Environment League, August 7.

Goodman KW, de Velasco R. Ethics and pandemic preparedness. Temple Judea Yom Kippur Seminar, Coral Gables, Oct. 2.

2005

Goodman KW. Enough already with the death and dying: New challenges in elder care. Keynote presentation, 15th Annual Board of Directors Installation & Awards Luncheon, Alliance for Aging, Inc., Miami, January 13.

Goodman KW. Bioethics: Foundations and fundamentals. Baptist Health System, Homestead Hospital, March 18.

Goodman KW. Panelist, What would I have done? The obligation to save a life. Miami Jewish Film Festival, March 20.

Goodman KW. Presenter, Exemplary Participation in the Science Symposium, MAST Academy, Miami-Dade County Public Schools, March 30.

Goodman KW. Ethical considerations in education. Barry University School of Nursing, "Nursing Education Leadership" class, April 5.

Goodman KW et al. "Patients in the crossfire: MDs v JDs and the malpractice reform fiasco. St. Luke Society of South Florida Annual Spring Bioethics Symposium at Holy Cross Hospital, Fort Lauderdale, May 5.

Goodman KW. Bioethics in a persistent legislative state. "Hot Issues in Healthcare," Palm Beach Medical Society, VA Medical Center and Legal Aid Society of Palm Beach County, West Palm Beach, May 6.

Goodman KW. Ethical and legal issues. Caregiver Workshop, UMSylvester Comprehensive Cancer Center and National Brain Tumor Foundation, Fort Lauderdale, June 4.

Callahan K, Goodman KW. Ethics and homelessness. Institute of Homeless Studies, Camillus House, Research, roles and resources: The Rx for ending chronic homelessness, Miami, September 26.

Goodman KW. When enough is enough: Making end-of-life decisions. Fawcett Memorial Hospital Medical Staff, Port Charlotte, Florida, October 6.

Goodman KW. Bioethics. Center for Humanism, Unitarian Universalist Congregation, South Miami, Nov. 30.

Goodman KW. Stem cell research and therapy: Political confusion, religious diversity and ethical principles. Brandeis University National Women's Committee, South Dade Chapter, Dec. 8.

2004

Goodman KW. Ethics: A secular perspective. Temple Kol Tikvah, Parkland, Fla., March 23.

Goodman KW, panelist. Getting Beyond Getting Along: Facing the Diversity of Miami-Dade's Ethical Traditions. UM Community Forum, Spring 2004 Series: Democracy in Miami: A Work in Progress, Coral Gables, Fla., April 14.

Goodman KW. Civic responsibility: The balance of ethics and quality of life. Greater Naples Chamber of Commerce leadership seminar. Naples, Fla., April 21.

CONFIDENTIAL

Goodman KW. Business ethics and corporate governance in a post-Enron environment. Progress Club of Miami, July 14.

Goodman KW. Science and policy in Florida. MiamiIntelligence community forum, July 14, 2004.

Goodman KW. Moderator, Miami-Dade mayoral candidates ethics forum, League of Women Voters and Miami-Dade Commission on Ethics, Coral Gables, Aug. 12.

Goodman KW. Living well, dying well: Conversations and conflicts. Christ the King Lutheran Church, Pinecrest, Fla., Oct. 13.

Goodman KW. Ethics and guardianship. Broward County Guardianship Association, Pompano Beach, Oct. 20.

Goodman KW. Ethics and medical decision making. Broward County guardianship training program, Fort Lauderdale, Oct. 23.

2003

Member, Advisory Committee, Clergy End-of-Life Education Project, Hospice Foundation of America.

Reisner A, Goodman KW. Are we pushing the limits? Defining ethical boundaries of biotechnology research. Second Annual Wilstein Institute Forum at Beth David Congregation, Miami, Feb. 10 (Wilstein Institute of Jewish Policy Studies).

Goodman KW. Ethics, health and guardianship. Florida State Guardianship Association, Gulf Coast Chapter Winter Conference, Sarasota, Feb. 20.

Goodman KW. Ethical implications of HIPAA. Naples Community Healthcare System, Naples, Florida, Feb. 21.

Goodman KW. Data sharing and secrecy in science. Baptist Health South Florida, Third Annual IRB Educational Retreat, Duck Key, Fla., Sept. 20.

Goodman KW. Ethics and guardianship. South Florida Guardianship Association, Miami, Oct. 1.

Goodman KW. How to speak with your physician about end-of-life wishes. Indian River Memorial Hospital/Indian River County Main Library, Vero Beach, Fla., Oct. 17.

Goodman KW. Ethics in cancer care. Cascades Chapter, Papanicolaou Corps for Cancer Research, Boynton Beach, Oct. 22.

2002

Goodman K. Moderator, Symposium on stem cell research. With Prof. Mary Jo Iozzio, Barry University, Rabbi Joshua Kreindler, Jewish Federation of Broward County, Maulala Shafayat Mohamed, Darul Uloom Islamic Institute, Ani Karma Chotso, Kagyu Shedrup Choling Center. Temple Beth El, Hollywood, March 3.

Goodman K. Interviewee, South Florida Radio Broadcasters Association "ascertainment Interviews," June 19, 2002.

Goodman K. Session chair, Legal and Social Issues, Caring for the Elderly; sponsors: Jewish Federation of Broward County, Archdiocese of Miami, Holy Cross Hospital, Fort Lauderdale, Oct. 9.

Goodman K. Between the futile and the miraculous: Ethical, spiritual and social responses to new technology. South Florida Clergy Seminar, JMH Clinical Pastoral Education program, Oct. 23.

CONFIDENTIAL

Iozzio MJ, Goodman KW. Stem cell research: The possibilities and perils. Tower Forum debate, Fort Lauderdale, Dec. 5.

2001

Goodman K. Religion and bioethics. South Florida Chaplains Association, Holy Cross Hospital, Fort Lauderdale, March 12.

Goodman K. Bioethics committees and end-of-life care. South Florida Guardianship Association, Miami, April 4.

Goodman K. Palliative and end-of-life care: Issues in respiratory therapy. Ninth Annual Harry Kapp Symposium, South Miami Hospital, Oct. 23.

Goodman K. NICU ethics: Challenges and solutions. South Miami Hospital NICU Update, Nov. 2.

2000

Goodman K. Medical ethics. Medical and Health Care Division, Greater Miami Jewish Federation, Miami, Jan. 12.

Goodman K. What is politics? And panel moderator, Business and politics in Miami-Dade. Greater Miami Chamber of Commerce, Leadership Miami program, Hialeah, March 4.

Goodman K. "Patient Rights," Post Polio Association of South Florida, Miami, April 16.

Goodman K. Business, Government and Professional Ethics, Concerned Matrimonial Lawyers of Dade County, Inc., Miami, Sept. 27.

Caralas P, Goodman K. Panelists, topics in health ethics, The Changing Face of America's Health Care, Miami Fellows Initiative, Dade Community Foundation, Oct. 27.

1999

Goodman, K., panelist, Facing the Challenge of Aging Parents: Legal, Moral and Social Issues. Temple Judea, Coral Gables, Fla., Jan. 12.

Goodman, K., keynote speaker, Alliance for Aging awards luncheon, "Real-World Good News: Bioethics in the Next Century," Miami, Jan. 21.

Goodman, K., Business Ethics in Health Care, Greater Miami Chamber of Commerce Health Industry Group, Miami, March 2.

Goodman, K, Medical Ethics, Adult Education Program, Temple Solel, April 16, Hollywood, Fla.,

Goodman, K. Banquet Address, Alpha Epsilon Delta, National Pre-Medical Honor Society, University of Miami chapter, Initiation Banquet, April 23.

Goodman, K. (et al.), Facilitator, "Choices When Values Collide," Palm Beach Area Agency on Aging, May 14, 1999, West Palm Beach, Fla.

Goodman K. Advance directives and living wills" Post Polio Association of South Florida, Sept. 18, Miami.

1998

Goodman, K. Difficult Cases for Ethics Committees, Doctors Hospital, Coral Gables, Fla., Jan. 17.

1997

Goodman K. Jewish Medical Ethics, Central Agency for Jewish Education, Fort Lauderdale, Feb. 26.

CONFIDENTIAL

Goodman, K. Treatment Refusal by Incompetent Patients, South Florida Evaluation and Treatment Center, Miami, March 14.

Goodman, K. Ethics and Epidemiology, Florida International University Department of Public Health, Bioethics in Public Health course, April 9.

Panel moderator, When Enough is Enough: A Discussion on End of Life Issues, Health Council of South Florida, Miami, April 29.

Panelist, Medical Challenges to Religious Values, Meyer Baskin and Florence Baskin-Gordon Memorial Temple Judea/Technion Annual Lecture, Temple Judea, Coral Gables, Fla., May 7.

Goodman, K. Intensive Ethics Seminar, Florida Council of Operating Room Nurses, Aventura, Fla., July 19.

Panelist, "Religious and Ethical Perspectives on the Embargo, Cuban Health and Nutrition and the U.S. Embargo, Cuban Committee for Democracy and Olof Palme International Center, Miami, Sept. 13.

1996

Goodman, K. Rationing Health Care by Age. Huntington Lakes Condominium Association, Delray Beach, Florida, Feb. 9.

Goodman, K. "Role and Function of Ethics Committees," Epworth Village Retirement Community, April 10.

1995

Goodman K, Eisenstat MB. Gene therapy. Temple Judea, Coral Gables, Fla., Dec. 6, 1995.

Goodman, K. Panelist, Science, Technology and Humanity: Shaping a New Creation, Phi Theta Kappa national honor society, Broward Community College, Pembroke Pines, June 10, 1995.

Goodman, K. Patient Rights, Risk Management Seminar for Physicians, South Shore Hospital, Miami Beach, May 1, 1995

Goodman, K. Ethics at the End of Life, South Florida Association of Phi Beta Kappa, Miami, March 19, 1995.

Goodman, K. Progress in Ethics, Leadership Broward Health Day, Hollywood, Fla., March 10, 1995.

Goodman, K., Needell, M. Bioethics and Risk Management, Parkway General Medical Center Medical Staff, North Miami Beach, March 2, 1995.

Goodman, K. Ethics and Health Care Reform, Martin Memorial Medical Center, Stuart, Fla. "Ethics and Health Care Reform: A Workshop on Biomedical Ethics", May 4, 1994.

Goodman, K. Privacy, presented to Pittsburgh Professional Chapter of Women in Communications, March 19, 1991.

Goodman K, et al. Business & ethics. Greater Miami Chamber of Commerce, Miami, Jan. 20.

1994

CONFIDENTIAL

- a. Goodman K. Role of the ethics committee. North Broward Hospital District, “Update for Ethics Committees and Healthcare Workers,” Fort Lauderdale, Nov. 5.**

Goodman K. Coping with ethical dilemmas in health care reform, “Business Strategies for the Advanced Health Care Professional,” Fort Lauderdale, Oct. 14.

Goodman K, panelist, Animal rights in education and research, “Human Values and the Environment,” Dade Environmental Action Council, Miami, Oct. 22.

1993

Goodman K. Different cultures/different ethics? South Miami Hospital Cardiology Conference CME program, July 9.

31a. Other Community/Professional Service

1995-2016	Health Council of South Florida Ethics Committee
2009-2014	Member, Advisory Board, Victor Center for the Prevention of Jewish Genetic Diseases
2010	Member, Conflict of Interest Task Force, American Medical Informatics Association
2003-2010	Member, Board of Directors, Guardianship Program of Miami-Dade County
2004-2010	Chair, Academic Advisory Board, Youth Ethics Initiative
2005-2007	Member Florida PTA Child Protection Committee
2007-2008	Member, Miami-Dade County Commission on Ethics and Public Trust Ethics, Integrity and Accountability Task Force

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION

CASE NO. 4:23-cv-00114-RH-MAF

JANE DOE, individually and on
behalf of her minor daughter,
SUSAN DOE, et al.,

Plaintiffs,

vs.

JOSEPH A. LADAPO, in his
official capacity as Florida's
Surgeon General of the Florida
Department of Health, et al.,

Defendants.

REMOTE DEPOSITION OF

KENNETH W. GOODMAN, Ph.D., FACMI, FACE

Friday, September 15, 2023

8:30 a.m. - 10:43 a.m.

LOCATION OF WITNESS:

Via Zoom

Miami, Florida

STENOGRAPHICALLY REPORTED BY:

SANDRA L. NARGIZ
RPR, CM, CRR, CRC, CCR-GA

1 APPEARANCES: (All appearing via Zoom.)

2

3 ON BEHALF OF THE PLAINTIFFS:

4

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22 ALSO PRESENT:

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Sharon Minter, Observer

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I N D E X

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(STENOGRAPHER'S NOTE: All documents were sent to Stenographer electronically. A digital exhibit sticker was placed on the documents which were marked during the proceeding.)

INDEX OF EXHIBITS

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1 The following Zoom proceedings began at 8:30 a.m.

2 THE STENOGRAPHER: Do you swear or affirm
3 that the testimony you are about to give will
4 be the truth, the whole truth, and nothing but
5 the truth?

6 THE WITNESS: I do.

7 **THE STENOGRAPHER:** Thank you.

8 Thereupon,

9 KENNETH W. GOODMAN, Ph.D., FACMI, FACE
10 having been first remotely duly sworn or affirmed,
11 as hereinafter certified, testified as follows:

12 DIRECT EXAMINATION

13 BY MR. PERKO:

14 Q Can you please state your full name for
15 the record.

16 A Kenneth Wayne Goodman.

17 Q Dr. Goodman, my name is Gary Perko. I
18 represent the medical defendants in this case.

19 Have you ever been deposed before?

20 A Yes, sir, I have.

21 Q Okay. How many times?

22 A Fewer than half a dozen, three or four.

23 Q Okay. So you know the drill. I'll be
24 asking you questions about -- primarily about your
25 expert report, but possibly other knowledge you

1 might have that's relevant to this lawsuit.

2 If you don't understand my questions at
3 any time, please let me know and I will try to
4 rephrase it. Otherwise, if you do go ahead and
5 answer, we'll assume that you understood the
6 question. Is that fair?

7 A It is.

8 Q I don't expect this deposition to be too
9 long, but if you ever need a break to get some
10 water, go to the restroom, just let me know, we'll
11 accommodate you.

12 A Okay.

13 Q Dr. Goodman, let's just start off with a
14 document on the screen here.

15 **MR. PERKO:** Excuse me, I'm not technically
16 proficient here.

17 There we go.

18 BY MR. PERKO:

19 Q And do you see a document on the screen,
20 at the top, it's in blue writing, it says "Case
21 4:23-cv-00114-RH-MAF, document 58-1."

22 Do you see that?

23 A Yes, sir.

24 Q This is entitled "Expert Declaration of
25 Kenneth W. Goodman, Ph.D, FACMI, and FACE."

1 And I'll scroll down to the bottom, show
2 you your signature here. Do you see your signature?

3 There we go.

4 A Yes, I do.

5 Q And does this appear to be a true and
6 correct copy of the expert declaration that you
7 submitted in this case?

8 A It appears to be.

9 Q Okay. In paragraph 12 you state that you
10 previously testified as an expert or at trial or by
11 deposition in several cases. The first one is Adams
12 & Boyle, P.C., et al. versus Herbert H. Slatery.

13 When did that case occur; was it 2015?

14 A It's been 8, 7 to 10 years, yes.

15 Q Can you tell me what that case was about?

16 A That was a case involving termination of
17 pregnancies, and if I'm not mistaken, involving
18 mandatory waiting periods between -- for abortion,
19 unless I am conflating with another similar one.

20 Q Did you testify as an expert?

21 A I did.

22 Q Do you recall what subject matter you
23 testified about?

24 A Consent and the process for the
25 termination of pregnancies.

1 Q Then the other case that you list here is
2 Gainesville Woman Care, LLC, et al. versus State of
3 Florida, et al. Circuit Court, Leon County.

4 Do you recall when that case occurred?

5 A It's more recent, and so it's not -- it's
6 not styled -- more recent than that and on the same
7 issue.

8 Q I'm sorry?

9 A I say it's more recent than that.

10 Q Okay. And what was that case about?

11 A The same issue, although a different
12 waiting period, but a requirement that patients be
13 required to go away and return to receive medical
14 intervention.

15 Q And what did you testify about, what were
16 your expert opinions?

17 A With the role of informed consent in that
18 process and to the point that it was unusual that
19 such a requirement would be made or imposed in that
20 kind of case and not many other medical cases.

21 Q Are there other medical cases where that
22 type of informed consent is required?

23 A To the best of my knowledge, no.

24 Q Now, Dr. Goodman, we're going to talk a
25 little bit about your background, your professional

1 background and education. Do you recall submitting
2 an expert declaration back in May, May 18th in this
3 case?

4 A I do.

5 Q Okay. And you have a CV attached to that
6 document. Would you have any additions or
7 corrections to the CV that you submitted at that
8 time?

9 A I've had some publications since then.

10 Q Okay. Can you tell me what those
11 publications were about?

12 A One of them -- for example, one of them
13 has to do with ethical challenges surrounding
14 wastewater sampling to detect COVID.

15 Another one has to do -- CVs in academia
16 are rather dynamic, but that's an example of two
17 recent papers. One of them is -- several of them,
18 rather, have to do with scientific projects
19 surrounding the detection of COVID and other
20 diseases in wastewater.

21 Q And I see from the CV that you received a
22 BS degree with high honors from the University of
23 Florida from the Department of Journalism and
24 Communication. Can you tell me a little bit more
25 about that degree, what it entailed?

1 A Are you asking for the content of the
2 curriculum or --

3 Q Yeah.

4 A So journalism and communication,
5 well-established at the University of Florida, was
6 what I sought a degree in. We learned about theory
7 and practice of the news media, with internships
8 with actual newspapers, for example.

9 Q Okay. And it says here that you received
10 an MA in 1982 from the University of Essex,
11 Colchester, United Kingdom, from the Department of
12 Language and Linguistics, and your program was in
13 theoretical linguistics.

14 What is theoretical linguistics?

15 A In brief, it's the study of the structure
16 of human language and similarities between and among
17 different languages, having to do with their
18 evolution, their origin, and what it is that makes
19 utterance -- what -- the reason we're able to
20 understand each other now is actually quite
21 interesting when one comes to think of it.

22 And that has to do with the syntax that we
23 understand, the semantic force of our utterances,
24 what makes an utterance well formed or grammatical,
25 if you will, and how it is the human brain is able

1 to do that.

2 Q And have you ever practiced in the area of
3 theoretical linguistics?

4 A No, but some in the area of applied or
5 practical linguistics. This was a theory-based
6 program that does not -- is not associated with any
7 form of practice.

8 Q Okay. And then you received a doctor -- a
9 Ph.D. from the University of Miami from the
10 Department of Philosophy in 1991; is that correct?

11 A Yes.

12 Q It says here that your dissertation was
13 entitled, *Progress and Truth in Science*.

14 Can you tell me a little bit more about
15 that?

16 A About the dissertation and its contents,
17 you mean?

18 Q Yes, sir.

19 A There has been a debate probably for
20 several thousand years now about what it is we do
21 when we do science, and whether, for example, we
22 learn truths about the world or, for example, to the
23 contrary, whether we solve -- merely solve problems.

24 This is a great question in epistemology
25 of the study of knowledge. Are we learning truths

1 about the world, is there a uniquely true
2 description of the world and the way the world
3 works, or do scientists solve problems such that,
4 come a scientific revolution, everything that we
5 believed before needs to be challenged.

6 A good example of that, for instance, is
7 the Copernican revolution. For most of the history
8 of the world people believed the world -- the earth
9 was at the center of it. After Copernicus, we
10 realized that the earth was no longer the center.
11 That undermined quite literally ancient beliefs
12 about what was up or down.

13 Newtonian revolution was another
14 revolution in relativity theory and quantum theory.
15 Science is revising itself on a regular basis, and
16 that produces very interesting challenges about what
17 we know, how we come to find it out, and how we can
18 make assertions about the way the world works.

19 Q When you were getting your Ph.D., did you
20 take any classes in the sciences?

21 A No.

22 Q On your list of publications you have a
23 publication with Birnbach, D.J., entitled, "Ethics
24 and Plastic Surgery" -- I'm sorry, "Plastic -- "and
25 Plastic Surgery Practice," that's in, I guess, a

1 book entitled *The Unfavorable Result in Plastic*
2 *Surgery: Avoidance and Management*. Can you tell me
3 a little bit more about that? I guess it's a book
4 chapter?

5 A It is. It's a survey of ethical issues in
6 plastic surgery, so --

7 Q What -- go ahead.

8 A And there are many such issues, ranging
9 from patient accommodations to the consent process
10 to what happens when something goes wrong.

11 Q Can you give me some examples of the
12 ethical issues you're talking about?

13 A In many areas of medical practice, one can
14 arrange ethical issues under different headings.
15 One of them is going to be privacy. And I think
16 we're all familiar with that: Are you adequately
17 protecting your patient's privacy while you're busy
18 doing other things that require the sharing of
19 information? Is your consent process adequate?

20 So many patients have expectations about
21 plastic surgery that are sometimes shaped or
22 reshaped by the consent process. Those, as I
23 recall, are -- actually the second one was the major
24 one that the article addressed -- as well as
25 accommodating patient preferences. In the course of

1 preparing the article, I changed my mind about
2 something.

3 Q I'm sorry, Doctor. You're breaking up.

4 **MR. PERKO:** Sandi, were you able to take
5 that down?

6 **THE STENOGRAPHER:** Yes.

7 **MR. PERKO:** You were? Okay. Is he
8 breaking up on you?

9 **THE STENOGRAPHER:** No.

10 **MR. PERKO:** Okay.

11 BY MR. PERKO:

12 Q Well, I have an understanding of what you
13 said, Doctor, but you were breaking up there on my
14 system for some reason.

15 A Should I -- should I try and repeat what I
16 said?

17 **MR. PERKO:** Sandi -- if -- Sandi, you were
18 able to get that down on the transcript?

19 **THE STENOGRAPHER:** Correct. Correct, yes.

20 BY MR. PERKO:

21 Q Then you don't need to repeat it, Doctor.
22 There is another book chapter attributed
23 to you on your CV entitled, "Ethical and Legal
24 Issues in Decision Support," and that was in a book
25 entitled *Clinical Decision Support Systems: Theory*

1 *and Practice.*

2 Can you tell me a little bit more about
3 that book chapter?

4 A That chapter addresses challenges that
5 arise when clinicians use computers to help them
6 make decisions. For example, diagnoses and
7 prognoses is a whole issue, although it's very much
8 of the moment. Some of us have been writing about
9 it for quite some time.

10 If you are a physician, should you use a
11 computer to help you render a diagnosis for me? And
12 the literature on that is actually quite extensive.

13 One of the legal issues is obviously our
14 colleagues in the practice of medicine are always
15 concerned about liability, and it's been suggested
16 that failure to use a new technology might itself be
17 blameworthy.

18 Q Those were the legal issues you addressed
19 in your chapter?

20 A Yes.

21 Q And so --

22 A And others.

23 Q What were the others?

24 A If, for example, you were my physician and
25 you used a computer to diagnose my condition, or to

1 help you diagnose one, and it turns out it was a
2 mistake, would that be your fault, would that be the
3 manufacturer's fault, the software writer's fault?

4 It's quite an interesting question, both in terms of
5 moral responsibility and in liability.

6 On the other hand, these programs are
7 improving to the point where if one failed to use
8 one, and no reason to believe that it might have
9 rendered an accurate diagnosis that you missed, then
10 that also would be blameworthy.

11 Q Okay. This says that that chapter was
12 fully revised from second edition in 2000. How was
13 it revised?

14 A To the best of my memory, Counselor, it
15 would have been about updating references and
16 clarifying arguments as necessary. That's -- I'd
17 have to -- I'd have to compare the two versions
18 after 20 years.

19 Q Okay. Later down in your CV, under your
20 list of publications, you had listed a paper that
21 you did with Rosenfeld, P.J., entitled, "When is
22 Off-label Drug Use in the Patient's Best Interest?"

23 Can you tell me a little bit more about
24 that paper?

25 A It was a paper about drugs and

1 ophthalmology where -- where one in particular was
2 found by ophthalmologists to be really quite useful
3 and quite helpful and where, for a number of
4 reasons, some of them, financial or legal, they were
5 not able to do some of the studies they wanted to do
6 and therefore this particular drug was really quite
7 helpful in the management of the eye condition. And
8 so it was essential that ophthalmologists be able to
9 use that drug off label.

10 Q I'm sorry, Doctor, you broke up on my end.
11 Could you -- could you repeat that?

12 A The article made clear that there are
13 circumstances in which off-label use of drugs is
14 sometimes essential for proper patient care.

15 Q Okay. Thank you. And how would you
16 determine whether off-label use of a drug is
17 essential for patient care?

18 A I would not, but people in the practice of
19 ophthalmology who are familiar with the drug and its
20 effects on their patients in communication with
21 others would be able to do that.

22 Q Do you know how they would go about doing
23 that?

24 A How physicians communicate with each
25 other, is that what you're asking?

1 Q How they determine when off-label drug use
2 is appropriate?

3 A When the -- well, there's several ways.
4 It's appropriate, this is a function of its safety
5 and efficacy and so people with extensive experience
6 with it will be able to make a judgment based on
7 that. When people who are familiar with each
8 other's practice communicate, they will be able to
9 communicate with each other the literature about
10 off-label use. So you have publications, you have
11 scientific conferences, and so forth.

12 Q Doctor, you are currently -- sorry.
13 What's your current position at the
14 University of Miami?

15 A I'm a faculty member, I'm a professor of
16 medicine, and I direct the Institute for Bioethics
17 and Health Policy.

18 Q And what do you teach in the School of
19 Medicine?

20 A I teach ethics, professional ethics,
21 biomedical ethics, related topics. We're struggling
22 now with the appropriate use of computers in
23 medicine.

24 Q Can you describe for me some of the
25 ethical issues that you address in your classes?

1 A The ethics curriculum for medical students
2 tends to have -- I beg your pardon -- tends to have
3 several key components.

4 One of them is privacy and how protecting
5 and ensuring that the patients are able to trust
6 their physicians who need to know sometimes very
7 intimate things about their patients, privacy is
8 crucially important.

9 Another component is valid consent,
10 circumstances under which a patient can
11 appropriately be treated or participate in a
12 research project.

13 Third component, we spend some time on
14 end-of-life care, which is related to valid consent
15 in many ways.

16 Fourth component has to do with social
17 medicine or access to care, where we teach
18 physicians that once they've learned how to help
19 people, they have an obligation to continue to do
20 so.

21 It is, in some fields -- I'm sorry -- is
22 uncontroversial to some of us that people have a
23 right to healthcare and therefore up to physicians
24 and nurses to help them enjoy that right.

25 Q Can you tell me a little bit more about

1 what you teach in the area of valid consent?

2 A I can.

3 **MR. PERKO:** I'm sorry, Doctor, you're
4 breaking up. You might want to get closer to
5 the microphone.

6 **THE WITNESS:** Or -- how's that? Seem to
7 help?

8 **MR. PERKO:** Much better. Thank you.

9 **THE WITNESS:** Now you understand why
10 professors need elbow patches for their --

11 A As a result of work by people in ethics,
12 and for that matter also the law, we are clear now
13 about the components of valid consent.

14 So if I'm going to be your patient -- I
15 beg your pardon -- if I'm going to be a patient,
16 then my physician or my nurse is going to be
17 duty-bound to make sure that three things are the
18 case.

19 One of them is that I'm adequately
20 informed. That's where the phrase "informed
21 consent" originates from; adequately informed about
22 risks, benefits, and alternatives.

23 There may be other kinds of information
24 and how that information is communicated and how
25 it's made accessible based on everything from an

1 educational level to language, that's the informed
2 part.

3 It's also important that if I'm going to
4 be a patient, that I have capacity, namely that I
5 can understand and appreciate all that information
6 in coming to a decision; or that my guardian,
7 surrogate, or proxy is thus informed and
8 capacitated.

9 And then, thirdly, that my choice is a
10 free one, that it is -- that I'm not coerced into
11 agreeing to go forward with a treatment or a
12 procedure or risk.

13 Q Is there a specific valid consent process
14 for adolescents?

15 A In general, you mean?

16 Q Yes, sir. Is there a difference between
17 obtaining informed or valid consent from adolescents
18 as compared to adults?

19 A Well, if they're under the age of
20 majority, then the consent process includes their
21 parents or guardians. In other words, under --
22 under -- under -- under well-agreed standards, I
23 guess, if you were 17 or younger, then you are
24 officially regarded as unable to consent to your own
25 medical treatment.

1 There are a number of debates about that,
2 one might note, and in which case the valid consent
3 process includes the legally authorized
4 representative of the patient, and that would be a
5 guardian or a parent.

6 Q Doctor, going back to your education, can
7 you -- did you take any courses in scientific
8 fields?

9 A In -- since when?

10 Q Well, let's just say when you were
11 obtaining your Ph.D. at the University of Miami.

12 A So my duty at the University of Miami
13 was -- it didn't involve science courses, although I
14 have over the years attended a number of science
15 courses. But as an undergraduate, linguistics is a
16 science and so in some respects, some of those
17 courses were science courses.

18 Q You mentioned that you had over the years
19 taken other science courses. Was that in your
20 undergraduate degree, or have you since -- since you
21 obtained your Ph.D., have you taken scientific
22 courses?

23 A Could I ask you to clarify, by a "course,"
24 are you -- well, what exactly are you referring to?
25 Because many people are exposed to scientific

1 education without taking a course at a university.

2 Q Okay. Well, what type of scientific
3 education have you obtained outside the university?

4 A Well, that would take a while to go
5 through.

6 I attend a lot of scientific conferences,
7 where either I'm asked to participate in one way or
8 another; so in the practice of medicine, the
9 practice of nursing, public policy; I've enjoyed
10 collaborating with the Florida Bar over the years.

11 Q How have you collaborated with the Florida
12 Bar?

13 A By giving presentations at Bar conferences
14 and supporting projects related to trying to improve
15 statute as it relates to end-of-life care, for
16 instance.

17 Q How did you improve that statute? What
18 was your work related to?

19 A Oh, I -- please do not infer that I have
20 implied that I improved any statute.

21 Q Maybe I misunderstood you. What was your
22 involvement with that statute?

23 A So that statute in Florida is Chapter 765,
24 which addresses -- it's entitled "Advanced
25 Directives," but it addresses many issues besides

1 This -- this work -- working group by the Florida
2 legislature is much earlier in the century.

3 Q Fair enough. Have you had any other
4 involvement with the Florida Bar?

5 A I've given a number of presentations at
6 Bar programs over the years. The community of
7 lawyers who deal in health law, sometimes elder law,
8 overlaps in many ways. But people who do what I do
9 is healthcare organizations, namely trying to manage
10 the consent and refusal process for people who are
11 dying.

12 Q You list your professional affiliations in
13 your CV, but I was curious, are you a member of the
14 World Professional Association for Transgender
15 Health, or WPATH?

16 A I am not.

17 Q I'm sorry?

18 A No.

19 Q I'm going to go back to your expert report
20 here, if I can bring it up.

21 Do you see your expert declaration on the
22 screen, Doctor?

23 A Yes.

24 **MR. PERKO:** Sandi, can we mark this as
25 Exhibit Number 1, please?

1 (Exhibit 1 was marked for identification.)

2 (Exhibit 2 was marked for identification.)

3 (Discussion off record.)

4 BY MR. PERKO:

5 Q And, Dr. Goodman, in paragraph 8 of your
6 expert declaration, you state that in addition to
7 your research and publication as outlined in your
8 curriculum vitae, you are "responsible for providing
9 clinical" consultive serv- -- "consultative services
10 to providers across the Jackson and UH Health
11 Systems and on a consulting basis to other
12 institutions. The purpose of these consultations is
13 to help clinicians make decisions concerning patient
14 care in cases that present unique or challenging
15 ethical issues."

16 Can you tell me, give me some examples of
17 the consultations you have undertaken that you're
18 referring to here?

19 A Sure. They're -- they're -- most of them
20 are in the hospital, at least, and it will be
21 similar to what my colleagues do elsewhere.

22 The most common source of consult requests
23 will be from, for example, colleagues and
24 institutions -- in a hospital where a patient has
25 lost capacity, an elderly, sick patient lacks

1 capacity and spouses or children or siblings are
2 insisting on a level of treatment that the team in
3 its professional judgment believes is inappropriate.

4 It's a very common phenomenon in U.S.
5 hospitals, the idea that it's a hospital and that's
6 where you stop people from dying. Unfortunately,
7 some people die no matter what, and the challenge
8 then is to what extent should a physician and/or a
9 nurse be compelled to render treatment against their
10 clinical judgment or to withhold treatment based on
11 their clinical judgment.

12 Q Have any of these consultations involved
13 gender dysphoria?

14 A No.

15 Q Do you have any experience with patients
16 or physicians regarding treatment of gender
17 dysphoria?

18 A I am aware of cases and have communicated
19 with my colleagues who used to do this, although
20 those cases were largely shaped by the fact that
21 their practice had been altered by -- by -- by
22 regulation. Their concerns were continuity of care,
23 for example.

24 Q In the context of gender dysphoria?

25 A Yes.

1 Q Approximately how many of those
2 consultations involved gender dysphoria?

3 A How many --

4 Q I'm sorry, you answered that question.
5 None of your consultations have involved --

6 A No formal consultations have been about
7 gender dysphoria.

8 Q Thank you. And in paragraph, beginning in
9 paragraph 13, you talked about "clinical practice
10 guidelines established" --

11 Sorry, something's beeping in here.

12 You talk about "clinical practice
13 guidelines established by the Endocrine Society that
14 were developed using the Grading of Recommendations,
15 Assessment, Development, and Evaluations or GRADE
16 guidelines."

17 Tell me about your experience with use of
18 those GRADE guidelines.

19 A I do not use the GRADE guidelines. The
20 GRADE guidelines are intended obviously to try and
21 support clinicians who are grappling with a great
22 deal of evidence in biomedicine and the
23 evidence-based medicine movement over the past half
24 century has tried to support physicians and nurses
25 and other clinicians in trying to capture, to

1 understand, to incorporate, to metabolize, if you
2 will, evidence that -- that can be used to guide
3 their practice. But I, for example, don't use them
4 because I don't practice medicine or nursing.

5 Q Okay. Have you ever undertaken a
6 systematic review using the GRADE guidelines?

7 A No, but --

8 Q The next sentence -- I'm sorry.

9 A Strictly speaking, no. No, I have not.

10 Q In the next sentence, you talk about "In
11 this process," and I believe you're talking about
12 the Endocrine Society's development of clinical
13 practice guidelines; is that correct?

14 A Yes.

15 Q You say, "The guidelines and
16 recommendations are subjected to rigorous internal
17 and external review, including public comment, and
18 undergo peer review prior to publication."

19 Can you tell me about the "rigorous
20 internal review" that the Endocrine Society
21 conducts?

22 A I don't have -- I don't have direct
23 acquaintance with what the Endocrine Society did,
24 other than what I've read and what's available at
25 public sources.

1 Q So you don't know what internal review the
2 Endocrine Society undertook?

3 A I've read some of the reports that I see
4 are admitted as documents in the case, but I don't
5 have direct acquaintance of -- with -- I'm not a
6 member of it and I wasn't involved in the
7 guidelines, so I do not know with detail that would
8 be adequate to the task how they -- how they did
9 that.

10 Q So how --

11 A It's not my practice to try and do it that
12 way, though.

13 Q How do you know that the Endocrine Society
14 undertook -- or the internal review process was
15 rigorous?

16 A Because it is suggested in the literature,
17 and absent any -- I can't believe that they --
18 because it has been reported publicly as such.

19 Q Okay.

20 A As, for example, are many guidelines, the
21 GRADE system itself, while it's an attempt to help
22 physicians and nurses and others guide policy,
23 itself, for example, has not been reviewed or
24 externally evaluated. The debate about
25 evidence-based practice basically is really quite

1 far reaching and it would be -- it would be inapt
2 for anybody to say of any particular guideline --
3 parenthetically, there are now guidelines for
4 guidelines -- or any particular requirements for
5 reporting of clinical trials.

6 The GRADE is about trying to synthesize
7 recommendations, but there now -- there are
8 guidelines for how the trials that they use should
9 have been reported in the first place.

10 So the idea that there is an easy or a
11 straightforward mapping between GRADE guidelines and
12 any professional organization's practice guidelines
13 is going to be very, very difficult to draw. It's
14 not that simple.

15 Q Well, getting back to my original
16 question, what's your basis for saying that the
17 Endocrine Society's internal review was rigorous?

18 A That it is reported trustworthily to be a
19 bit rigorous.

20 One second, Counselor. May I read this?

21 Q Sure.

22 A (Examining document.)

23 I think -- I think one of us has
24 misunderstood something. If -- what I intended to
25 be communicating here is not the Endocrine Society

1 was the case or not. My comments here are about how
2 these guidelines are -- how it should be used by
3 anybody seeking to develop practice guidelines.

4 Q In paragraph 14, you state that "the
5 framework," and I believe you're talking about the
6 GRADE guidelines, is that correct, when you refer to
7 framework?

8 A Yes, the GRADE -- the GRADE framework for
9 summarizing medical evidence.

10 Q Okay. You say "The GRADE framework
11 considers the population in question, here
12 transgender adolescents experiencing gender
13 dysphoria and the outcomes of the desired" clinical
14 -- "from clinical intervention and the alleviation
15 of clinically significant distress associated with
16 gender dysphoria."

17 I'd like to go to another document here,
18 if you'll give me a --

19 I'll represent for the record that this
20 was an exhibit that was submitted in the trial in
21 the Dekker case. It was Exhibit DX24.

22 Doctor, if you could take a look at this.
23 Are these the Endocrine Society guidelines that you
24 referred to in your expert report?

25 A They appear to be.

1 Q On page 3872 of this paper, under the
2 heading "Method of Development of Evidence:
3 Clinical Practice Guidelines," it states that -- it
4 states that "In terms of the strength of
5 recommendations, strong recommendations use the
6 phrase 'we recommend' in number 1, and weak
7 recommendations use the phrase 'we suggest' in the
8 number 2. Cross-filed circles indicate the quality
9 of evidence, such that one out of four circles
10 indicates" -- or "denotes very low-quality evidence;
11 two out of four, low-quality; three out of four,
12 moderate-quality; and four out of four,
13 high-quality."

14 Do you see that?

15 A I do.

16 Q Now, going back up to the prior page,
17 there are some recommendations and suggestions for
18 the treatment of adolescents. Do you see that?

19 A Yes.

20 Q And it's Section 2.0. Now, there appears
21 to be -- there are six recommendations and
22 suggestions here in Section 2.0. And would you
23 agree with me that three of them are suggestions
24 based on low-quality evidence?

25 A I would need to read them. You're talking

1 about 2.1 through 2.6?

2 Q Yes, sir.

3 A Yes, apparently so.

4 Q Okay. And the recommendations here, 2.3,
5 2.4, are based on low-quality evidence as well; is
6 that correct?

7 A Given those labels, apparently so.

8 Q And then there's 2.5. At the last
9 sentence, it says, "As with the care of adolescents,
10 greater or equal to 16 years of age, we recommend
11 that an expert" admissible -- "multidisciplinary
12 team of medical and MHPs manage this treatment."

13 And that's a recommendation, correct?

14 A Apparently, yes.

15 **THE WITNESS:** I beg your pardon.

16 **MR. PERKO:** No problem. Would you like to
17 take a break, Doctor?

18 **THE WITNESS:** No, I'm good. I'm just
19 getting over a cold, and so thank you all for
20 your indulgence.

21 **MR. PERKO:** All right.

22 **THE WITNESS:** We're coming up on the hour,
23 so maybe at 9:30 you'll let me refresh my tea.

24 **MR. PERKO:** Sure.

25 I'm sorry, Sandi, can we mark this as

1 Exhibit Number 2 (sic), please.

2 **THE STENOGRAPHER:** Yes.

3 (Exhibit 3 was marked for identification.)

4 BY MR. PERKO:

5 Q And, Doctor -- well, first of all, let me
6 go back. I apologize, getting ahead of myself here.

7 Going back to your expert report, or
8 expert declaration, there's a sentence here that
9 these rankings -- and you're talking about quality
10 of evidence: High, moderate, low, and very low --
11 "these rankings reflect the extent of confidence
12 that the estimates of an effect are adequate to
13 support a particular clinical decision or
14 recommendation."

15 Then you have a footnote 5 after that
16 sentence and you cite to a paper by Balshem,
17 Helfand, Schunemann, et al., entitled, "GRADE
18 Guidelines: 3. Rating the Quality of Evidence." It
19 was in the *Journal of Clinical Epidemiology*.

20 Are you familiar -- and this is one of the
21 series of papers discussing the GRADE guidelines; is
22 that correct, this number 3?

23 A It's the ... there's many papers about the
24 GRADE guidelines. This is among them, yes.

25 Q And they're developed by what's called the

1 "GRADE working group"; is that correct?

2 A To the best of my recollection, yes.

3 Q And you would consider these to be
4 reputable and scientific papers that could be --
5 should be or can be relied upon?

6 A There's several questions there. Are they
7 reputable? To the best of my ability to judge that,
8 yes.

9 Whether any particular paper or scientific
10 report can be relied on is actually another and a
11 very large question, and I don't think -- in fact,
12 it goes to the nature of our case here: What can be
13 relied on to guide practice?

14 So -- but the idea that there's a
15 particular publication and it alone is dispositive
16 is -- is rarely the case in science, especially
17 biomedical science.

18 Q Fair enough. I'm going to pull up another
19 paper here. It's entitled, "GRADE Guidelines:"
20 Number "15. Going from Evidence to Recommendation"
21 slash, "Determinants of a Recommendation's Direction
22 and Strength."

23 Are you familiar with this paper?

24 A Yes, I am.

25 Q Okay. Going down to page 731 of this

1 paper, under the heading 2.3.1, "Low Confidence in
2 Effect Estimates May Rarely be Tied to Strong
3 Recommendations."

4 Do you see that?

5 A I do.

6 Q And right after that, it states, "In
7 general, we discourage guideline panels from making
8 strong recommendations when their confidence in
9 estimates of effect for critical outcomes is" very
10 low -- "is low or very low."

11 Is that your understanding, that the GRADE
12 working group discourages guideline panels from
13 making strong recommendations when their confidence
14 and estimates of effect for critical outcomes is low
15 or very low?

16 A That seems to be the case.

17 Q Now, going back to your expert report, at
18 the bottom of page 6, paragraph 16, you state, "Put
19 another way, technically, low-quality evidence can
20 and often does support strong clinical
21 recommendations."

22 What's your basis for saying that
23 low-quality evidence often does support strong
24 clinical recommendations?

25 A In the case especially of pediatrics and

1 especially the case of rare diseases, there's not
2 going to be a very easy mapping between the body of
3 research that's available and a recommendation that
4 a clinician is going to value to guide her practice.

5 And so the challenge is -- and it's not
6 just with the interventions we're talking about
7 here, but across the medical spectrum -- you'd need
8 to be able to, if you will, play with the cards
9 you're dealt.

10 And so sometimes it's not so much that we
11 wish -- we wish we had better evidence for all
12 medical interventions, but for those that for
13 various reasons are not as extensive, not as large,
14 or not as good as we want it, that's not a license
15 to not proceed.

16 And so you -- sometimes you find yourself
17 in a situation -- I beg your pardon -- in a
18 situation where you'd need to act as a matter of
19 your professional duty to take care of your patients
20 with imperfect evidence. And so in circumstances
21 like that, conceptually one could argue it would be
22 irresponsible to say I'm not going to go something
23 because the last randomized trial wasn't good enough
24 or the cohort wasn't large enough.

25 The challenges here have to do with how to

1 make clinical decisions under some measure of
2 uncertainty. And therefore you can get a strong
3 guideline or strong practice guideline in other
4 contexts, obviously, even though the GRADE system,
5 which is not to say the only possible one, in itself
6 is open to criticism, says would be low.

7 That's the basis of my -- of my statement
8 that you can make a strong clinical recom- -- one
9 could make a credible, strong recommendation even
10 though under the GRADE scale, the evidence was
11 regarded as moderate or low, because there was no
12 alternative and you had patients who needed
13 treatment.

14 Q Now, you don't make clinical
15 recommendations for patients, correct? You're not a
16 physician?

17 A Correct.

18 Q So when you're talking about "you," you're
19 talking about physicians generally or the medical
20 health professionals?

21 A Correct. I'm talking about people with
22 prescribing authority who have patients, yes. That
23 might include nurses in some jurisdictions.

24 Q Fair enough. My question really relates
25 to your statement that low-quality evidence often

1 does support strong clinical recommendations.

2 Given that the GRADE working group
3 discourages using low-quality evidence to support
4 strong recommendations, what's your basis for saying
5 that low-quality evidence often does support strong
6 clinical recommendations?

7 **MR. STARR:** Objection.

8 BY MR. PERKO:

9 Q You can answer the question, Doctor.

10 A I'm trying -- I'm trying to -- if you look
11 at the spectrum of rare diseases, in oncology, for
12 example, or transplant science or neurology or
13 cardiology, especially in pediatrics, you will see
14 that there's -- there's either inadequate or
15 low-quality evidence in a situation where physicians
16 need to act, and that's what I'm trying to say
17 there.

18 Strong clinical recommendations, by the
19 way, is ambiguous about who's making them, right?
20 The fact of the matter is, different professional
21 organizations, including the American Academy of
22 Pediatrics, have different ways of recommend- --
23 making recommendations. Some make strong
24 recommendations, some make recommendations.

25 And that's the distinction that the

1 American Academy of Pediatrics uses. So we've
2 got -- we need to, like, maybe -- so we'll have to
3 be careful about whose recommendation, what
4 recommendations are made, by whom, in what context,
5 or what audience against what it would -- with what
6 evidence.

7 So I'm speaking generally here, not about
8 the GRADE guidelines, or -- but about -- about
9 evidence that's regarded as low or weak being the
10 best that's available, but which could still
11 conceptually and without controversy -- otherwise we
12 wouldn't be able to treat kids for cancer -- be able
13 to guide a clinician in her practice.

14 Q But in this paragraph 16 you're talking in
15 the context of the GRADE framework, are you not?

16 A I'm -- well, I'm not -- I'm talking
17 about -- could you scroll to the next page, please?

18 Q Sure.

19 A The GRADE recommend- -- the GRADE
20 estimation of evidence quality could be used by any
21 number of professional organizations. So while,
22 yes, I'm talking about the GRADE criteria, those
23 GRADE criteria could be used in many different
24 science -- in various specialties, rather, to guide
25 clinical practice and to produce a recommendation

1 that -- that could be regarded as.

2 Strong. What you've shared and what I've
3 tried to give examples of is how different
4 professional organizations try and convey their --
5 the confidence that they have in their
6 recommendation.

7 And so, for example, you have strong, not
8 so strong, sort of strong, strongly recommend, or
9 just recommend.

10 By the way, a physician will be forgiven
11 for not knowing how to make that distinction when
12 you have a patient in front of you who needs medical
13 treatment.

14 So the point is I'm talking about the
15 GRADE guidelines as they could be applied to any
16 recommendation by any organization.

17 Q So are you saying that the GRADE
18 guidelines are not uniformly applied in determining
19 clinical guidelines?

20 A Oh, I think that they're not uni- --
21 that's a question I'm not sure if I know the answer
22 to. I hypothesize they're not.

23 Q Why did you discuss the GRADE guidelines
24 in your expert declaration?

25 A Because they were used. Because, for

1 example, the Endocrine Society used them, and it
2 seemed to be salient.

3 Q Seemed to be what, I'm sorry?

4 A Salient.

5 Q Thank you. Now, at the beginning of
6 paragraph 17, you talk about the GAPMS report. I
7 believe that's referring to the Generally Accepted
8 Professional Medical Standards report that was
9 prepared by the Florida Agency for Health Care
10 Manage- -- or Agency for Health Care Administration;
11 is that correct?

12 A I believe so, yes.

13 Q You say that the report "mysteriously
14 departs from the GRADE framework."

15 Are you familiar with an attachment to
16 that report that's a review of the evidence prepared
17 by Doctors Brignardello-Petersen and Wiercioch?

18 A I would ask you to help refresh my memory
19 by showing it to me, if that's not impermissible.

20 Q I'll have to come back to that.

21 **MR. PERKO:** Did you want to take a break
22 now, Doctor?

23 **THE WITNESS:** Yes, could we do that for
24 just a hundred seconds or so?

25 **MR. PERKO:** We could do five minutes or

1 10 minutes, whatever is good for you.

2 **THE WITNESS:** Five minutes would be
3 lovely, 9:35.

4 **MR. PERKO:** I'll see you in five minutes?

5 **THE WITNESS:** Yes, please.

6 **MR. PERKO:** Thank you.

7 **THE WITNESS:** Thank you.

8 (A recess took place from 9:30 a.m. to
9 9:35 a.m.)

10 BY MR. PERKO:

11 Q Dr. Goodman, I'm going to try to bring up
12 that document that I was referring to. Do you see a
13 document on the screen that's labeled Attachment C?

14 A I see a page, I see Attachment C, the
15 document --

16 (Overlapping speech.)

17 BY MR. PERKO:

18 Q I'm sorry.

19 The next page starts a paper entitled,
20 "Effects of Gender-affirming Therapies in People

21 with Gender Dysphoria: Evaluation of the Best

22 Available Evidence," by Romina

23 Brignardello-Petersen, DDS, MSc, Ph.D., and Wojtek

24 Wiercioch, MSc, Ph.D.

25 And I'll state for the record this is

1 Attachment C to the GAPMS report. My question is:
2 Did you review this document as part of your
3 analysis for this case?

4 A Yes.

5 Q Okay. And this presents review of the
6 evidence using the GRADE guidelines; is that
7 correct?

8 A Yes.

9 Q Did you take this into account when you
10 prepared your expert report?

11 A Yes.

12 Q How so?

13 A In the context of the evolution of
14 evidence-based practice, and -- and the -- and
15 the -- and the -- how shall I say -- some of the
16 controversies surrounding it.

17 There are precious few guidelines that are
18 immune from criticism, so I -- and in fact, I think
19 criticism of -- from the study design through
20 practice guidelines based on concatenation of many
21 different studies is itself a field in ferment. And
22 so I took it into an account as an example of a
23 review of a review of a review that comes to a
24 different conclusion than the review did.

25 Q I'm trying to understand what you mean by

1 "a review of a review of a review." What are you
2 saying there?

3 A So this is a document that is commenting
4 on practice guidelines, that's one review.

5 The practice guidelines are a review of
6 other reviews, namely the biomedical research that
7 led to the practice guidelines. So it's three --
8 it's three levels out, if you will, from the actual
9 studies, which themselves are open to criticism, if
10 you will.

11 Q Can you tell me where this document refers
12 to "guidelines" and is a review of guidelines?

13 A It in itself is an -- so for example, it
14 says right there under Methods, "an overview of
15 systematic reviews."

16 So basically what they're saying is that
17 they used -- whether it's reproducible or not, I'm
18 not able to assess -- "to serve, select, prioritize,
19 appraise, and synthesize available evidence."

20 But a systematic review is itself a review
21 of the evidence. And what we've learned is
22 systematic reviews and meta-analyses sometimes
23 contradict each other, which is why it is actually
24 not incoherent to -- for some people who call for
25 guidelines for guidelines. None of these documents

1 is dispositive, is what -- is -- is what I'm trying
2 to say.

3 Q Fair enough.

4 **MR. PERKO:** Sandi, can mark that as the
5 next exhibit, please?

6 **THE STENOGRAPHER:** That'll be number 3.

7 **MR. PERKO:** Okay. Did we get the paper
8 that I referenced? Did we get that marked?

9 **THE STENOGRAPHER:** No, you didn't, the
10 last one. So that -- you want to mark that one
11 as 4 and this one as 5?

12 **MR. PERKO:** Yes, please.

13 **THE STENOGRAPHER:** Okay. Will do.

14 **MR. PERKO:** Thank you.

15 (Exhibit 4 was marked for identification.)

16 (Exhibit 5 was marked for identification.)

17 BY MR. PERKO:

18 Q Doctor, paragraph 17 of your expert
19 declaration you say that "The GAPMS report
20 mysteriously departs from the GRADE framework by
21 excluding available evidence as of low quality.

22 This appears to be a calumny more than a reason to
23 critique."

24 What are you suggesting when you say "this
25 appears to be a calumny"?

1 A In this and many other cases, especially
2 those of high public interest and controversy, there
3 is a great deal of -- of -- of effort to try and
4 ensure that -- that the -- that a conclusion
5 comports with a position independent of other
6 considerations. We -- I suppose it's part of the
7 human condition, Counselor, but what's happening, on
8 would -- would make the observation that here and
9 elsewhere, there are -- there are -- there are --
10 how shall we say it? -- conflicting advocates on
11 different positions, and that sometimes what
12 conclusions are drawn are drawn in part from the
13 evidence or the available evidence as selected that
14 supports a particular position.

15 As I say, this is not a criticism of any
16 particular group. I think this is very common,
17 unfortunately, in the sciences. We see it in many
18 sciences. In fact, we see it -- we see it here, we
19 see it -- sometimes see it in climate change. We
20 sometimes see it in gun violence. We sometimes see
21 it in other areas of great public controversy and
22 interest that -- that -- that -- that reasoned
23 critique is hard to come by, and that's why it
24 appears to be an insult more than that; that we
25 are -- that there is partisans trying to move

1 forward a position and that sometimes leaves science
2 as -- as less -- as less -- on the side of a
3 contentious debate. That's all.

4 Q Would you agree with me that there are
5 partisans on both sides of the issue in this case?

6 **MR. STARR:** Objection.

7 A I think there are many sides to these
8 issues and that there are partisans at all in this
9 case is unusual in medicine.

10 Well, you sometimes will see quote/unquote
11 partisans in cardiology or of hepatology.

12 What seems to be occurring here is
13 somewhat different in kind. In cardiology,
14 different scientists might have different approaches
15 or theories or beliefs based on their work about
16 what works and what doesn't work.

17 In this case, we have the evolving
18 practice, which unusually has led to efforts to
19 regulate it, which you do not see elsewhere in
20 medicine.

21 (Exhibit 6 was marked for identification.)

22 BY MR. PERKO:

23 Q And here, Doctor, can you see a document
24 entitled, "Can We Trust Strong Recommendations Based
25 on Low Quality"?

1 A Yes.

2 Q And one of the authors is Gordon H.
3 Guyatt. Are you familiar with Dr. Guyatt?

4 A I'm familiar with his work.

5 Q I'm sorry?

6 A Yes, I am.

7 Q Okay. If you could read the first two
8 paragraphs, I'd like to ask you some questions about
9 them.

10 A Yes.

11 Q And then the third paragraph states that
12 "Basing treatment decisions or clinical guidelines
13 on low-quality evidence means that the true effects
14 of treatment or clinical decision might differ
15 considerably from best estimates. This discrepancy
16 could result in launching campaigns such as those
17 designed to persuade women to use hormone
18 replacement therapy, that are based on unjustified
19 faith in net benefit instead of transparently
20 sharing the uncertainties in the quality of evidence
21 on which the recommendations were based."

22 Do you agree with that statement?

23 A I might point out that in key places,
24 treatment or clinical decisions might differ
25 considerably from best estimates, that and also they

1 might not. This represents it could result, which
2 means that it could -- it also might not. It's
3 framed as -- this is by a scientist who's made great
4 contributions in the world of evidenced-based
5 practice who is trying to -- who appears to be
6 trying in this article -- I do not know more, I
7 don't know anything about the background of this
8 article other than it's a very brief article.

9 And what it's saying is that there's --
10 he's alleging that there's a gap between -- basing
11 guidelines on low-quality evidence produces a
12 tension. And as a general proposition, one could
13 say, as is rough and ready advice, that would seem
14 to be okay; that we have a history of biomedical
15 science, we -- and this would be editorial and
16 empirical "we" -- I'm not a scientist, but as a
17 citizen who understands a fair bit of it, I'm keen
18 that more and better science will lead to more and
19 better healthcare.

20 And there are, as a matter of fact,
21 especially in the context of rare diseases --
22 osteoporosis is not a rare disease, by the way, for
23 which one might receive hormone replacement
24 therapy -- that is really quite difficult to draw
25 mapping rules between evidence which may be -- which

1 is not nearly as voluminous as in other fields, but
2 for which there's a patient population that is
3 expecting, requiring, hoping ardently for treatment.

4 So it's not so much that one would agree
5 or disagree with this, as you need to frame it in
6 the context of a much larger debate, a debate we've
7 been having for a half a century about what evidence
8 ought we to have and how ought it to guide clinical
9 practice.

10 That is an extraordinary large, and
11 complex problem, which I think is, as obviously in
12 the page and a half here, not being comprehensively
13 reviewed; not that it was the intent to do so, mind
14 you. But this is basically making a garden-variety
15 observation that the better the evidence, the better
16 the recommendations, which I think is
17 uncontroversial.

18 **MR. PERKO:** Sandi, were you able to get
19 that down? It broke up for me at parts.

20 **THE STENOGRAPHER:** Yes.

21 **MR. PERKO:** Doctor, if I could get you to
22 get closer to the microphone. You're breaking
23 up on me.

24 BY MR. PERKO

25 Q Well, let's talk about the sentence that

1 says "This discrepancy." And I believe they're
2 talking about basing clinical guidelines on
3 low-quality evidence, right, when they refer to
4 "this discrepancy"?

5 A Yes.

6 Q And it says that "This discrepancy could
7 result in launching campaigns such as those designed
8 to persuade women to use hormone replacement therapy
9 that are based on an unjustified faith in net
10 benefit instead of transparently sharing the
11 uncertainties in the quality of evidence on which
12 the recommendations were based."

13 Do you disagree with that statement?

14 A This discrepancy could also not result in
15 launching campaigns. This discrepancy could result
16 in launching campaigns that actually are
17 transparently sharing uncertainties.

18 This is -- this is -- this is an -- this
19 is well-argued advocacy, but I think that I would
20 want to parse it with far finer granularity than we
21 likely are going to be able to today.

22 The history, for example, of hormone
23 replacement therapy and other -- or for that matter,
24 it doesn't matter, there are many examples of people
25 advocating for patients based on the best available

1 evidence. Whether or not, as it is implied here,
2 they're being intellectually dishonest, which I'd be
3 disappointed if that's what Professor Guyatt is
4 doing -- is an entirely different question, when --
5 when you -- if you care about the health of patient
6 populations, it is possible to be too -- too -- too
7 quick to judge or too slow to judge. We just don't
8 know until we've done it for a while.

9 And as I say, in the case where there are
10 patients in front of you who have a malady that's
11 been identified and they are demanding treatment for
12 it, then the advocacy is not for any particular form
13 of treatment necessarily, but simply that there
14 needs to be some treatment in the best available,
15 however imperfect it might be, is an opportunity for
16 physicians and nurses to discharge their duty to
17 their patients and provide it.

18 That we -- that any individual criticism
19 of individual studies or practice guidelines are
20 important for future fine-tuning of them and
21 improvement of them. So I would need more research
22 for all of this. But I -- but this is not a
23 dispositive criticism of, for example, the Endocrine
24 Society's guidelines, which I'm sure are open to
25 criticism by people more competent to criticize them

1 than I am.

2 But in the absence of anything else with a
3 patient population that one could argue deserves
4 treatment, it puts clinicians in a tight spot if
5 there are no guidelines. If the guidelines are
6 imperfect, it's not a justification for them not
7 treating their patient.

8 Q Do you see a document on the screen
9 entitled "BMJ Investigation: Gender dysphoria in
10 young people is rising, slash, and so is
11 professional disagreement."

12 Do you see that?

13 A Yes.

14 Q I'm going to go down to the second page of
15 this document at the very end, actually the third
16 page -- yeah, second page.

17 At the very end it states that Guyatt --
18 and I believe they're talking about Dr. Gordon
19 Guyatt -- Guyatt, who co-developed the GRADE, found,
20 "serious problems with the Endocrine Society
21 guidelines, noting that the systematic reviews
22 didn't look at the effect of intervention on gender
23 dysphoria itself, arguably the most important
24 outcome. He also noted that the Endocrine Society
25 had at times paired strong recommendations --

1 phrased as 'we recommend' -- 'we recommend' with
2 weak evidence."

3 If you -- if Dr. Guyatt actually made
4 those observations, would that give you pause for
5 concern for relying on the Endocrine Society
6 guidelines?

7 A On themselves -- on itself, I told you,
8 I'm not in a position to rely on any kind of
9 practice guidelines, given what I do. But I have
10 been studying for many years the way in which the
11 literature around this has evolved, and how
12 controversies ebb and flow and go back and forth.

13 Such criticism I think is important as we
14 get clearer about how best to take care of patients.

15 That a particular scholar has found fault
16 with a particular document is good and it's
17 something that we all need to scrutinize, but I
18 don't know what the counterarguments by an expert
19 who disagrees with them consist in, for example.
20 And I -- and I can tell you this is also parallel to
21 that -- disputes in areas that are not quite as
22 contentious, where there's not a social or an
23 advocacy component as much as there is a scientific
24 one. And people -- scientists are famous for
25 disagreeing.

1 The previous document used the word
2 "reproducible." Reproducibility is one of the
3 greatest challenges we face now in biomedical
4 research. When one team does a study, the other
5 team can't reproduce it for one reason or another.
6 And yet at the end of the day, in all of these
7 cases, there are doctors and nurses saying we've got
8 patients in our waiting room and we need to take
9 care of them.

10 And I'm not in a position, any individual
11 clinician could say, to become a philosopher of
12 evidence. I need my society to give me guidelines.

13 Are they going to be perfect? Of course
14 not.

15 But are they going to be the best
16 available evidence, given that my patients -- that
17 there is treatment available and my patients are --
18 are asking for it, then I'm going to have to play
19 with the cards that I've been dealt.

20 Dr. Guyatt is a well-established scientist
21 and I take his criticisms to be important data, if
22 you will, in the assessment of all of these
23 guidelines. But no particular quote in what
24 basically The BMJ publishes -- this is journalism,
25 you'll notice, and The BMJ is not a scientific

1 article. And I don't know what someone might say to
2 disagree with him.

3 Due diligence on all our parts would
4 require that we seek that out.

5 Q Well, you disagree -- assuming Dr. Guyatt
6 said that, do you disagree with him, with regard to
7 the Endocrine Society guidelines?

8 A With regard to what -- you said several
9 things here.

10 Q I'm sorry, assuming that Dr. Guyatt had
11 these criticisms of the Endocrine Society
12 guidelines, do you disagree with him?

13 A For example, bottom of page 2, found,
14 quote, serious problems, quote.

15 Do I agree that there are serious
16 problems? I don't think that I am competent to
17 assess that as much as somebody who is Dr. Guyatt's
18 counterpart.

19 Is it true that, that gender dysphoria
20 itself, arguably the most important outcome? Well,
21 it is arguable, right? And so I -- I -- I find
22 myself saying: I would really like to learn a whole
23 lot more about all of this before I would agree.

24 "Pairing strong recommendations -- phrased
25 as 'we recommend' -- with weak evidence."

1 Well, that's what -- we've been discussing
2 that for a while. Sometimes when -- when you have a
3 patient population that has a malady that is
4 identified, where a professional society has
5 provided guidelines, however flawed they might be,
6 then the option is not, well, we're going to not
7 treat our patients and wait for the wheels to turn
8 to produce more and better biomedical evidence.

9 Dr. Guyatt's reasoned criticism is not
10 something that I'm prepared to agree with or
11 disagree with. I don't -- I would have to spend a
12 lot more time reviewing the literature and the
13 foundational literature and all of that. And even
14 then, it's possible that I'd be incompetent to agree
15 or disagree with him.

16 The point is that agreeing with him or
17 disagreeing with him is not something that I think
18 any individual clinician needs to be prepared to do
19 either.

20 Q Going back to your expert declaration,
21 Dr. Goodman, on page 9, you state, carrying over to
22 page 10, "Similarly in Florida, minors frequently
23 receive cosmetic procedures, including breast
24 augmentation, ear surgery, liposuction, and
25 rhinoplasty with less than optimal evidence."

1 What's your basis for saying that minors
2 frequently receive those treatments?

3 A That in my experience, and you may recall
4 the article about plastic surgery, I have spent some
5 time looking at cosmetic surgery in minors to be
6 able to communicate with residents and others in my
7 department. And it is according to my learned
8 colleagues on whom I rely that, in fact, minors
9 receive cosmetic surgery with some frequency,
10 especially in Florida.

11 Q And these procedures are intended to treat
12 no malady or they cure no disease; is that correct?

13 A Generally speaking, yes. It does raise
14 the difficult question between trait and malady,
15 which is a very large and important and difficult
16 question in medical histomology that need not delay
17 us. But if someone -- but somebody who's seeking,
18 for example, breast augmentation, I think would not
19 be regarded as having a malady or a disease,
20 especially as a minor; it is a trait.

21 **MR. PERKO:** I apologize. I'm having
22 technical difficulties here.

23 **THE WITNESS:** No worries.

24 BY MR. PERKO:

25 Q Do you see your expert report on the

1 screen?

2 A I see my report, yes.

3 Q Beginning on page 11, you talk about "The
4 board's informed consent requirements depart from
5 well-established principles of medical ethics."

6 What experience do you have with
7 developing informed consent requirements?

8 A Over the years I have participated, for
9 example, in the context of human subjects research
10 on institutional review boards. And so I have been
11 in a position of reviewing and approving consent
12 documents. Otherwise, I -- that's my best
13 experience.

14 Q When you say "consent documents," what are
15 you referring to?

16 A It is very often important that not only
17 do our colleagues in medicine and nursing need to
18 obtain consent, they need to document that they have
19 obtained consent. And that has led to the
20 preparation of documents. And there are many -- for
21 example, every study that's being conducted will
22 have a distinctive consent document based on the
23 goals and the risks of the study.

24 And so I've contributed to that process.

25 Q I guess I'm a little bit confused about

1 your answer. You say that there are consent
2 documents for studies?

3 A My experience, which you asked about, with
4 consent documents consists in serving on an
5 institutional review board, which duties include,
6 among other things, reviewing the adequacy of the
7 consent documents.

8 Q Okay. So you're -- if you can get closer
9 to the microphone, Doctor. I apologize.

10 So I understand it, you're talking about
11 consent documents for patients who intend to
12 participate in a study?

13 A Who are -- who are -- whether they intend
14 to or not, who are -- these documents will be
15 available, will be made available to people who are
16 recruiting subjects in the study to participate in
17 the study, or the research project, if you prefer.

18 Q Are you familiar with instances where,
19 let's say, the UHealth, University of Miami Hospital
20 or Jackson Memorial Health System use informed
21 consent documents for specific -- for patients
22 undergoing specific procedures?

23 A Well, any hospital, depending on the
24 proced- -- so we're moving from research to clinical
25 practice; is that your intent?

1 Q Yes, sir.

2 A So it's not unique to my institutions,
3 from which I like to -- my -- my -- my service here
4 is -- my identification with those institutions is
5 for identification only, and nothing I say should be
6 taken to bear on any process or practice at my
7 institutions, which doesn't matter for our purposes
8 because it's pretty standard across all hospitals;
9 namely, that there's usually a standard consent
10 form.

11 And then certain other procedures will
12 sometimes have additional consent documents, which
13 will describe sometimes in more detail as
14 appropriate the risks that arise, given the
15 procedures.

16 So, for example, the general consent form
17 might be adequate for hospital admission, but if
18 you're going to be getting a liver transplant,
19 there's going to be a separate set of documents that
20 will describe the liver transplant.

21 Q Have you been involved in developing those
22 types of consent documents?

23 A Episodically. I mean, not so much to
24 develop them as to review them, I think would be
25 more appropriate.

1 Q What do you mean by "review them"?

2 A Well, so, for example, all forms in all
3 hospitals are -- you don't simply write it and start
4 giving it to patients. There's a process by which
5 forms are vetted. And sometimes I find myself being
6 asked: What's your opinion about this form or this
7 document? And then I will share my opinion about
8 it.

9 Q At the end of paragraph 21 of your report,
10 or your expert declaration, you state, "Permitting
11 these boards to bar healthcare providers from
12 following clinical practice guidelines or standard
13 of care that are based on less than high-quality
14 evidence would subject many pediatric patients to
15 serious harm."

16 Now, to be clear, you're not a physician,
17 correct?

18 A No. I mean, correct. It is correct, I'm
19 not a physician.

20 Q What's your basis for saying that the
21 Florida boards' "bar of healthcare providers from
22 following clinical practice guidelines or standards
23 of care that are based on" high-quality -- "less
24 than high-quality evidence"?

25 Is it your understanding that the Florida

1 boards have barred treatments based on less than
2 high-quality evidence?

3 That's inartfully stated. Let's strike
4 that.

5 What's your basis for saying that barring
6 such treatments would subject many pediatric
7 patients to serious harm?

8 A The point is made in a plenary way about
9 the nature of pediatric evidence, which in many
10 cases would not enjoy a high -- a high mark under
11 the GRADE standards. That's because the patient
12 populations are few, the studies are hard to design,
13 the statistical significance is not as good as they
14 would want it, as, for example, is the case in
15 oncology or in neurology, or any other areas of
16 pediatric practice.

17 The pediatricians have traditionally
18 enjoyed both great responsibility and great
19 privilege in being able to use their clinical
20 judgment to take care of their patients even though
21 they do not have perfect or dispositive evidence.

22 And so -- and because of their excellence
23 and their knowledge of medicine, and responses to
24 medicine and interventions, they have done a good
25 job in taking care of children and preventing them

1 from harm.

2 The overarching remark is if the Board of
3 Medicine were to basically say: In ophthalmology or
4 in neurology or in cardiology or oncology, we are
5 going to take the same stance with those that we
6 have taken with managing gender dysphoria, then a
7 lot of children would come to grief.

8 Q So are you saying that what the boards of
9 medicine have done here would subject many pediatric
10 patients to serious harm?

11 A I'm -- well, that's not clear yet. All
12 I'm saying is in a broader sense, any -- any -- any
13 legislatively imposed restriction of a physician's
14 ability to use her clinical judgment to take care of
15 her patients would, if broadly applied, undermine a
16 great deal of pediatric practice; because the nature
17 of the population, the nature of the research, the
18 nature of the small number of subjects that you get
19 in the studies are rarely going to lead to the kind
20 of high-quality evidence that we would prefer.

21 But to say that because you don't have
22 high-quality evidence, therefore you should not
23 treat your cancer patient would, I think, strike
24 most people as wholly inappropriate.

25 Q What other -- what pediatric clinical

1 guidelines have you reviewed in connection with this
2 report?

3 A In one way or another I have looked at a
4 number of them. I'm quite interested, for example,
5 in otitis media, very, very common pediatric malady,
6 and if -- the American Academy of Pediatrics, they
7 list two kinds of recommendations.

8 This is basically -- sorry, that's a fancy
9 word for ear infection. And when you have an ear
10 infection, there are a number of things you can do.

11 One is you can do nothing. Another is you
12 can treat it with an antibiotic. And another, if
13 you can -- if you're familiar with the tubes they
14 sometimes put in kids' ears, that's actually a
15 source of great -- it's a really quite common
16 pediatric malady, for which there is a lot more
17 evidence, still does not have a standard treatment
18 that you would impose on every patient.

19 And the American Academy of Pediatrics
20 has -- the recommend- -- if I recall correctly,
21 Counselor, I was -- but we could perhaps get that in
22 front of us. If I'm not mistaken, they make both
23 what they call a "strong recommendation" and a
24 "recommendation."

25 I don't know the quality of the evidence;

1 I haven't reviewed it. I don't know how -- what I'm
2 saying is there are a lot of practice guidelines in
3 pediatrics and, so one is ear infections, obesity,
4 forms of injury, I can't remember all of them.
5 There are a fair number of them.

6 Q But you haven't evaluated the evidence in
7 association with those clinical guidelines?

8 A Evaluate the evidence in association
9 with --

10 Q Those clinical guidelines that you were
11 talking about?

12 A No, I have not evaluated the evidence.
13 You asked me if I was familiar with the guidelines.
14 And I am familiar with the guidelines and the -- and
15 the -- and the number -- and that there are many of
16 them, and they are varied.

17 **MR. PERKO:** I'm sorry, Doctor, could you
18 get closer to the microphone?

19 (Discussion off record.)

20 BY MR. PERKO:

21 A So in the context of this report, I have
22 not reviewed the evidence basis for other pediatric
23 guidelines.

24 Q And beginning on page 11 you talk about
25 the boards' informed consent requirements and their

1 forms. The bottom of -- the last sentence in
2 paragraph 26, you state, "There are critical reasons
3 why the informed consent requirements run afoul of
4 these standards."

5 And in 27 you say, "First, valid consent
6 is context-specific."

7 Are the consent forms that you're familiar
8 with, that patients sign before they can undergo
9 certain treatments, are they individualized?

10 A The documentation of consent, recall there
11 are two components to this. One of them is ethical;
12 the other is medical legal.

13 In a physician or nurse's communication
14 with her patient, it will be enough for me to answer
15 questions, and one might or might not document that
16 somebody asked a question and it was answered.

17 But consent process, properly speaking, is
18 an ongoing -- well -- process.

19 The document is a way of making clear for
20 a number of reasons, some of which are medical
21 legal, that that process or at least a component of
22 that process has occurred. And so you thereby have
23 a signature on a consent form which documents that,
24 in fact, some element of that process has been
25 successfully completed.

1 And so rarely do you have hyper-granular
2 consent forms because you have to change every one
3 for every patient. And so, therefore, there's some
4 reliance on communication between team members and
5 patients to be sure that patients or their legally
6 authorized representatives have had adequate time to
7 ask questions and have them answered to their
8 satisfaction.

9 There's no way a document can do that.

10 Q Are there standard consent forms for
11 various treatments?

12 A There are in many cases standard consent
13 forms where the risks are well-known and agreed to
14 and -- standards is not the right word because
15 obviously every institution is going to be
16 responsible for its own consent process and its
17 documentation. But there's a lot of overlap among
18 institutions who tend to rely on each other to try
19 to frame this in a way which is shaped at least --
20 is shaped at least as much by a desire to get it
21 right and ensure a good consent process as to be --
22 as well as to be mindful of the fact that that
23 documentation serves important medical legal goals.

24 So the context-specific component of the
25 consent process is crucial. Whether that's in a

1 form or not may be immaterial. When it's in a form,
2 and it's very fine-grained, then it might be there's
3 something in the form that applies for one patient
4 but not another. And so framing that carefully will
5 be a great challenge.

6 Q In paragraph 28 you state, "To be sure,
7 many specialized procedures and surgeries do employ
8 procedure-specific consent forms, but these are
9 crafted by experts in the procedure or surgery who
10 are not trying to discourage their patients."

11 When you -- you're talking about
12 "procedure-specific consent forms," are you talking
13 about consent forms that are given -- the same
14 consent forms are given to patients undergoing the
15 specialized procedures and surgeries?

16 A I'm sorry, make sure I understand. Could
17 you reframe that, please?

18 Q Sure.

19 When you talk about these
20 procedure-specific consent forms in paragraph 28,
21 I'm trying to understand whether those consent forms
22 differ for each patient or are they the same for
23 each patient?

24 A The forms are generally, to the best of my
25 understanding, the same for each patient. But

1 that's why it's very important that the other
2 components of the consent process be completed,
3 namely that there be questions that can be answered.

4 Q Where you state there, "but these are
5 crafted by experts in the procedure or surgery who
6 are not trying to discourage their patients," do you
7 know who develops the consent forms for the Boards
8 of Medicine?

9 A The Board of Medicine and people who it
10 turns to to develop the consent forms. I don't know
11 who -- the authors are not --no, I -- just what I
12 read in the lay media, they're the forms that were
13 developed.

14 What you were asking about originally was
15 so, for example, if someone's going to get a kidney
16 transplant, then the forms are going to be crafted
17 in part by people who are familiar with
18 transplanting kidneys. And therefore they have
19 great experience doing this, or more or less
20 experience, depending on how early we are in the
21 days of kidney transplantation.

22 I don't know the case here, but I
23 hypothesize that the Board of Medicine forms were
24 not written by people who provide gender-affirming
25 therapy, rather those that oppose the very idea of

1 it.

2 Q So in order to develop an appropriate
3 consent form, you say that the author must be
4 someone who provides gender-affirming care?

5 A No, I wouldn't say that, Counselor.
6 What -- the knowledge of a procedure, not --
7 basically how to frame risks, benefits, and
8 alternatives, I think would -- the proper
9 development of a consent form is really quite a
10 diverse process, and a number of people with
11 different kinds of expertise should be involved.

12 But I think it would be uncontroversial to
13 observe that if you're going to have a consent form
14 for a kidney transplant, that somebody who does
15 kidney transplants is involved in that process
16 somewhere along the line.

17 Q But you don't provide any consultations to
18 patients with gender dysphoria; is that correct?

19 A Correct.

20 Q You say here, "these are crafted by
21 experts in the procedure or surgery who are not
22 trying to discourage their patients."

23 Are you suggesting here that the forms at
24 issue in this case are intended to discourage
25 patients?

1 A They struck me very much to be trying to
2 do so. To somebody who is familiar with different
3 kinds of consent forms, I know -- and I'd love to be
4 corrected on this, but I know of no antecedent or
5 precedent of regulatory consent forms in this
6 granularity for something -- for any other malady or
7 treatment.

8 And so I've inferred that the intent of
9 the forms is to dissuade people from receiving
10 therapy. There may be another explanation. I'd
11 be -- I'd like to know what it is.

12 Q I'm sorry, you broke up at the end there,
13 Doctor. Could you repeat that?

14 A If there's another explanation, I would
15 be -- devoutly love to hear it. If you read the
16 forms, it is clear that these are forms that are
17 negative, that frame the procedures as -- in ways
18 that are not agreed to by the people who provide
19 this treatment.

20 Q Are you familiar with the consent forms
21 required for medical marijuana in Florida?

22 A I'm not.

23 Q Have you done -- when you say that there
24 are no other consent forms like these, what research
25 have you done to see what consent forms are used in

1 the medical field?

2 A Actually, I -- I believe -- at least I
3 hope I said to the best of my knowledge. And having
4 spent more than 30 years working in academic medical
5 centers, I and my colleagues tend not to see consent
6 forms issued by regulatory agencies that are this
7 numerous, this detailed, and framed in this way.

8 I have not conducted any research at all
9 on the topic. These leap out as unusual.

10 Q You talked about "legislative interference
11 with the consent process."

12 Are you suggesting that the legislature
13 has no role in regulating the informed consent
14 process at all?

15 A In fact, statute requires that patients
16 provide valid consent for treatment. So no, one
17 couldn't suggest that there's no legislative role.
18 But it is not -- but the role is that -- follow --
19 you need to follow your professional standards in
20 obtaining consent. This is the case for -- well,
21 for most things that happen in the hospital.

22 So the legislature clearly has a role in
23 requiring consent, but rarely does the legislature
24 say what the consent process should contain for
25 heart transplants or neurosurgery or hip

1 replacement, for instance. That -- it would be
2 highly unusual for the legislature or any regulatory
3 agency to specify with this granularity what the
4 consent process ought to consist of.

5 Q Are you suggesting that the legislature
6 prescribe what the consent forms should say in terms
7 of granularity?

8 A No, on the contrary, I was suggesting that
9 it shouldn't.

10 Q I'm asking in this case, are you saying
11 that the legislature prescribed too much granularity
12 in developing the consent forms?

13 A That it prescribes any granularity at all
14 is -- is -- is putting physicians and nurses in a
15 real tight spot, because they need to be able to
16 manage, to titrate their communication to their
17 patients based on their individual patients. And
18 risks and benefits and alternatives are going to be
19 quite diverse. And that applies to any particular
20 drug.

21 If you take ear infections, for example,
22 you can agree, okay, there are three things to do.
23 Antibiotics are recommended; now the further
24 question is which antibiotic. There are many
25 antibiotics available, but -- I'm possibly mistaken

1 here, but the idea that the Florida -- or any
2 legislature, Board of Medicine would say we want --
3 that the consent form for treating otitis media
4 needs to include the variable risks of every
5 antibiotic you might choose to use would be -- would
6 be really quite peculiar.

7 There -- there'd be -- the idea that of
8 all the drugs that are prescribed, that there needs
9 to be a legislative or regulatory description of
10 that drug and its risks in this population would --
11 would -- medicine would grind to a halt by noon.

12 Q I'm sorry, what was that last statement?

13 A Medicine -- the practice of medicine would
14 grind to a halt; that there are thousands of drugs,
15 thousands of interventions, and heretofore
16 legislators and regulatory boards have not seen it
17 necessary to compel physicians to in stat- -- in
18 language they must use to describe drug risks, for
19 example, in a certain way. I -- there may be some
20 precedent. I don't know of it.

21 Q Okay. What if a procedure or treatment is
22 experimental? Would that necessitate some degree of
23 granularity in the consent forms?

24 A The word "experimental" is -- is relative
25 in our context. So if you're referring to an

1 experiment in which someone is studying the
2 comparative utility of two drugs, or of one drug
3 against a placebo, then in that experiment, yes, you
4 would -- you would -- that would be the consent form
5 for the patients to sign.

6 And some of these are very high-risk
7 studies, you understand. But I know of no case in
8 which the government has required language for those
9 forms. That's based on learned scholars and
10 colleagues who basically are trying to do due
11 diligence to make sure their patients understand
12 risks, benefits, and alternatives.

13 If you were studying, for example a --
14 well, take a drug, an antibiotic that was being
15 studied, you're comparing -- there's no antibiotic
16 being compared to a previous one. It would be
17 highly unusual for the Florida legislature or Boards
18 of Medicine to say: Here in your experiment are the
19 ways in which you must describe the risks of these
20 two drugs.

21 Q Switching gears a little bit, Doctor.
22 When did you become involved in this lawsuit?

23 A When I was approached by plaintiffs'
24 counsel.

25 Q Do you know when that was?

1 A I beg your pardon?

2 I -- in the last year. I'd have to check
3 my calendar. A year ago.

4 Q Okay. A year ago?

5 You submitted your -- I'm sorry.

6 A Go ahead. I don't recall exactly. I'd
7 have to look.

8 Q Okay. You submitted your expert
9 declaration in May of 2023. How much time did you
10 spend in preparing that expert declaration?

11 A Several -- several hours. You know, when
12 you're not billing, you don't keep track of it.
13 I -- oh, you asked me the number of hours, number of
14 days I worked on it. I worked on it for more than a
15 week, at least.

16 Q So 40 --

17 A I did not keep track of the amount of time
18 I spent on individual documents, I'm afraid.

19 **MR. PERKO:** So if we could just take a
20 five-minute break, I'm close to being finished
21 here. I just want to read my notes.

22 (A recess took place from 10:31 a.m. to
23 10:37 a.m.)

24 BY MR. PERKO:

25 Q Just a few more questions, Dr. Goodman.

1 In paragraph 8, at the bottom of
2 paragraph 8 of your expert declaration, you talked
3 about your consultations that you make with
4 clinicians concerning patient care in cases that
5 present unique or challenging ethical issues.

6 I may have asked you this previously, but
7 those consultations that you're referring to there,
8 have you done any that have involved gender
9 dysphoria?

10 A No.

11 Q You talk a little in your expert report
12 about the GAPMS report. In page 9 you state that
13 "The GAPMS report would similarly enjoin the use of
14 most, if not all off-label medical prescriptions."

15 What do you mean by that statement?

16 A That off-label use of medications is very
17 common and has evolved as part of the standard of
18 care for many maladies. And -- and -- if you were
19 to require certain levels of evidence for use of a
20 medication in a particular case, then you would say
21 well, we're not allowed to use it for this because
22 there's inadequate published evidence of this sort
23 that you get from a randomized trial or a
24 meta-analysis or a systematic review or a
25 case-control study or an observational study because

1 they -- because it's been used off label. In other
2 words, it's being used without FDA approval.

3 And yet, such approval is customary and
4 permissible. We all wish we had more of that, but
5 you would not want to constrain a physician and say
6 you may not use this drug off label because it
7 doesn't enjoy that high-quality evidence.

8 Q Would you agree that the appropriateness
9 of using off-label medication prescriptions is an
10 individualized consideration that should take into
11 account the risks and benefits of the off-label use?

12 A All medications, all prescriptions,
13 whether off label or not, ought to take that into
14 account, yes.

15 Q Dr. Goodman, do you intend to provide any
16 testimony or opinions beyond what you stated in your
17 expert report, Exhibit Number 1?

18 A I don't know that I have any intentions as
19 regards to my future contributions. If I'm asked to
20 provide an opinion, I will be honored to do so.

21 Do I understand your question correctly?

22 Q Yes, sir. I was just wondering at this
23 time -- or do you know if there are any opinions
24 that you would provide beyond what's stated in your
25 expert report?

1 A If I am asked and it's appropriate in the
2 context, then I will. I don't -- I understand there
3 may be additional components to this process where I
4 might be asked to contribute and I will be -- I will
5 be privileged to do so.

6 Q What additional -- sorry. What phrase did
7 you use there: There may be some additional --

8 A Components to the process that we're --
9 taking place that we are engaged in now, that there
10 may be other hearings or trial settings that
11 might -- that might entail an opportunity for me to
12 contribute again.

13 Q Outside of this case?

14 A In this or any case. If I were asked
15 again in a future context to share and to answer
16 more questions, I would be -- I would be willing to
17 do so.

18 I'm not sure I understand really. I don't
19 intend to, but I am prepared to.

20 Q Okay. At this time you don't intend to?

21 A I don't have any intentions beyond our --
22 our -- our session here this morning. I believe
23 that there may be a need in the future for
24 additional components to this process, and if that's
25 realized, then I will participate if I am asked.

1 Q I'm still just trying to understand what
2 you mean by "additional components of this process."
3 Are you talking about this lawsuit or something
4 outside of this lawsuit?

5 A No, this -- this -- no, this lawsuit. I'm
6 talking about this lawsuit. If this lawsuit were to
7 go to trial and I were asked to testify at the
8 trial, then I would testify at the trial.

9 MR. PERKO: Okay. I have nothing further,
10 Counsel.

11 MR. STARR: Nothing from my end.

12 MR. PERKO: Okay. Are you going to read,
13 Jason?

14 MR. STARR: Yeah. Read and sign.

15 THE STENOGRAPHER: Okay.

16 MR. PERKO: And, Sandi, we'd like a
17 copy -- a copy of the transcript.

18 THE STENOGRAPHER: Okay. And you need a
19 copy, Mr. Starr?

20 MR. STARR: Yes.

21 THE STENOGRAPHER: Okay. Very good.

22 (Proceedings concluded at 10:43 a.m.)
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CERTIFICATE OF OATH

STATE OF FLORIDA)

COUNTY OF LEON)

I, the undersigned authority, certify that
KENNETH W. GOODMAN, Ph.D., FACMI, FACE remotely
appeared before me on September 15, 2023, and was
duly sworn.

SIGNED AND SEALED on September 19, 2023.

IDENTIFICATION: Driver's license.

SANDRA L. NARGIZ
RPR, RMR, CRR, CRC, CCR-GA
snargiz@comcast.net
Commission #HH239213
EXPIRES: APRIL 18TH, 2026

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CERTIFICATE OF REPORTER

STATE OF FLORIDA)
COUNTY OF LEON)

I, SANDRA L. NARGIZ, Registered Professional Reporter, certify that I was authorized to and did stenographically report the remote deposition of KENNETH W. GOODMAN, Ph.D., FACMI, FACE; that a review of the transcript was requested, and that the foregoing transcript, pages 1 through 83, is a true record of my stenographic notes.

I further certify that I am not a relative, employee, attorney or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the action.

DATED on September 19, 2023.

SANDRA L. NARGIZ
RPR, RMR, CRR, CRC, CCR-GA
Notary Public in Florida
snargiz@comcast.net

1 September 19, 2023

2 JASON STARR, ESQUIRE
3 Jason.Starr@hrc.org

4 RE: Doe, et al. vs. Joseph A. Lapado, et al.
5 Case No. 4:23-cv-00114-RH-MAF
6 Deposition of KENNETH W. GOODMAN, PhD, FACMI,
7 on September 15, 2023

8 Dear Counsel:

9 The transcript of the above proceeding is now
10 available and requires signature by the witness.
11 Please have your witness read your copy of the
12 transcript, noting any corrections/changes on the
13 Errata sheet. Once completed, please print, sign,
14 and return to the email address listed below for
15 distribution to all parties.

16 If the witness does not read and sign the transcript
17 within a reasonable amount of time (or 30 days if
18 Federal), the original transcript may be
19 filed with the Clerk of the court. If the witness
20 wishes to waive his/her signature now, please have
21 the witness sign in the blank at the bottom of this
22 letter and return to the email address listed below.

23 Very truly yours,

24 Sandra L. Nargiz, RPR, RMR, CRR, CRC, CCR-GA
25 snargiz@comcast.net

I do hereby waive my signature.

KENNETH W. GOODMAN, PhD, FACMI, FACE

