

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION**

DYLAN BRANDT, et al.,

Plaintiffs,

v.

LESLIE RUTLEDGE, et al.,

Defendants.

CIVIL ACTION

Case No. 4:21CV450-JM

**EXPERT DECLARATION OF
ARMAND H. MATHENY
ANTOMMARIA, MD, PhD, FAAP, HEC-C**

I, ARMAND H. MATHENY AN TOMMARIA, MD, PhD, FAAP, HEC-C, have been retained by counsel for Plaintiffs as an expert in connection with the above-captioned litigation.

1. This declaration provides the following expert opinions, which are explained in further detail below:

2. 2021 Arkansas House Bill 1570 (HB 1570) singles out gender transition procedures, which I will refer to as gender-affirming medical care, for anomalous treatment, prohibiting healthcare professionals from providing gender-affirming medical care to minors or referring minors for such care. I am unaware of any instances—apart from HB 1570—in which the government categorically prohibits minors and their parents or guardians from accessing a treatment supported by evidence of efficacy, let alone treatment that is widely endorsed by medical professional organizations.

3. The legislative findings in HB 1570 cite a lack of “long-term longitudinal studies” and “randomized clinical trials” to support prohibiting gender-affirming medical care. This characterization, even if it were accurate, which it is not, holds gender-affirming medical care for



adolescents with gender dysphoria to an inappropriately high standard, a standard that many accepted medical treatments do not attain.

4. The legislative findings also mischaracterize the potential benefits and risks of gender-affirming medical care to treat gender dysphoria and fail to demonstrate why the decision to undergo such treatment should uniquely be removed from adolescents, their parents or guardians, and their healthcare professionals. The legislation again establishes a double standard between permitted and prohibited treatment.

5. As a result, HB 1570 puts clinicians in the untenable position of either following state law and not providing essential treatment, or facing professional discipline, including permanent revocation of their licenses. Either outcome results in harm to patients.

6. I have actual knowledge of the matters stated in this declaration. In preparing this declaration, I reviewed the materials listed in the attached Bibliography (Exhibit B) as well as the relevant legislation. I may rely on those documents as additional support for my opinions. I have also relied on my years of research and other experience, as set out in my curriculum vitae (Exhibit A), and on the materials listed therein. The materials I have relied upon in preparing this declaration are the same types of materials that experts in medicine and bioethics regularly rely upon when forming opinions on the subject. I may wish to supplement these opinions or the bases for them as a result of new scientific research or publications, or in response to statements and issues that may arise in my area of expertise.

BACKGROUND AND QUALIFICATIONS

7. I am the Director of the Ethics Center, the Lee Ault Carter Chair of Pediatric Ethics, and an Attending Physician in the Division of Hospital Medicine at Cincinnati Children's

Hospital Medical Center (“Cincinnati Children’s”). I am also a Professor in the Departments of Pediatrics and Surgery at the University of Cincinnati College of Medicine.

8. I received my medical degree from Washington University School of Medicine in St. Louis, Missouri in 2000. I received my PhD in Religious Ethics from The University of Chicago Divinity School in 2000. I completed my Pediatrics residency at the University of Utah in 2003.

9. I have been licensed to practice medicine since 2001 and am currently licensed to practice medicine in Ohio. I have been Board Certified in General Pediatrics since 2004 and in Pediatric Hospital Medicine since the inception of this certification in 2019. I have been certified as a Healthcare Ethics Consultant since the inception of this certification in 2019.

10. I have extensive experience as a pediatrician and as a bioethicist. I have been in clinical practice since 2003 and 30% of my current effort is dedicated to caring for hospitalized patients. I was Chair of the Ethics Committee at Primary Children’s Medical Center in Salt Lake City, Utah from 2005 to 2012 and have been Director of the Ethics Center at Cincinnati Children’s since 2012. I regularly consult on cases at the Transgender Health Clinic at Cincinnati Children’s and participate in the Clinic’s monthly multidisciplinary team meetings. I am also part of Cincinnati Children’s team that cares for patients born with intersex traits, also known as differences or disorders of sex development (DSD). I am also the Chair of Cincinnati Children’s Fetal Care Center’s Oversight Committee which provides the Center recommendations on the use of innovative treatments and experimental interventions.

11. I am a member of the American Academy of Pediatrics, the American Society for Bioethics and Humanities, the Association of Bioethics Program Directors, and the Society for Pediatric Research. I was a member of the American Academy of Pediatrics Committee on

Bioethics from 2005 to 2011 and am currently the Associate Editor of the Ethics Rounds section of the Academy's lead journal *Pediatrics*. I have also served as a member of the American Society for Bioethics and Humanities' Clinical Ethics Consultation Affairs Committee from 2009 to 2014 and currently serve on its Healthcare Ethics Consultant Certification Commission.

12. I am the author of 37 peer-reviewed journal articles, 11 non-peer-reviewed journal articles, 6 book chapters, and 25 commentaries. My peer-reviewed journal articles have been published in high-impact journals including the *Journal of the American Medical Association* and *Annals of Internal Medicine*. I am also an author of 17 policy statements and technical reports, including 4 as lead author, by the American Academy of Pediatrics.

13. I have not previously testified as an expert in either deposition or at trial. I am being compensated at an hourly rate of \$250 per hour for preparation of expert declarations and reports, and \$400 per hour for time spent preparing for or giving deposition or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I provide.

BACKGROUND ON MEDICAL DECISION-MAKING IN PEDIATRICS

Research and evidence

14. Clinical practice and research or experimentation are distinguished by their goals and methods. Clinical practice's goal is to benefit individual patients and its method is individualized decision-making. Research's goal is to contribute to generalizable knowledge and research is conducted using formal protocols that describe its objective and procedures. New or innovative medical interventions are not research or experimentation by virtue of being innovative. They should, however, eventually be the object of research to evaluate their safety and efficacy. See National Commission for the Protection of Human Subjects of Biomedical and

Behavioral Research. *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. [Bethesda, MD]: The Commission; 1978.

15. The method of evaluation of new or innovative medical interventions depends in part on the nature of the intervention; new medications have a different evaluation process than new surgical techniques. See U.S. Food and & Administration. Development & approval process | Drugs. October 28, 2019. Available at <https://www.fda.gov/drugs/development-approval-process-drugs>. Accessed June 7, 2021 and Hirst A, Philippou Y, Blazeby J, et al. No surgical innovation without evaluation: Evolution and further development of the IDEAL Framework and recommendations. *Ann Surg*. 2019;269(2):211-220.

16. A variety of study designs are used to evaluate innovations. They include observational studies, which include cross-sectional and longitudinal studies, and randomized trials. In cross-sectional studies, investigators collect data at a single point in time. Cross-sectional design permits investigators to examine potential associations between factors, but it cannot prove one factor caused the other. In longitudinal studies, researchers follow particular individuals over time, making continuous or repeated measures. In a randomized trial, participants are randomly assigned to a treatment or a comparison group. The major benefit of a randomized trial is that it decreases the likelihood that any differences in the outcomes between the groups is the result of baseline differences between the groups rather than the result of the intervention. Each of these study designs have their strengths and weaknesses and selecting among them depends on a variety of factors including the study question, ethical considerations, feasibility, and cost. See Guyatt G, Rennie D, Meade MO, et al., eds. *Users' Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice*. 3rd ed. McGraw Hill

Education; 2015 and Perry-Parrish C, Dodge R. Research and statistics: validity hierarchy for study design and study type. *Pediatr Rev.* 2010;31(1):27-29.

17. The diffusion of innovation in health care is a complex process. Many innovations fail to diffuse and are not widely adopted. Factors that influence diffusion include competing or complementary innovations, the innovation's benefits and detriments, influential members of the social system's behavior, and potential adopters' innovativeness. See Dearing JW, Cox JG. Diffusion of innovations theory, principles, and practice. *Health Aff (Millwood)*. 2018;37(2):183-190. Some have described adoption as occurring in waves or phases: clinical study, leading practice, majority adoption, and general access. Following clinical study, the practice may spread to and then beyond a limited group of pioneering institutions. It may eventually reach underserved communities. See Balas EA, Chapman WW. Road map for diffusion of innovation in health care. *Health Aff (Millwood)*. 2018;37(2):198-204.

18. Given the increasing size of the medical literature, finding useful information to inform decision-making may be difficult. The optimal resource, if it is available, is a summary or guideline. See Guyatt G, Rennie D, Meade MO, et al., eds. *Users' Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice*. 3rd ed. McGraw Hill Education; 2015. Guidelines, often published by professional associations, are developed using systematic processes to select and review scientific evidence. Guidelines typically rate the quality of the evidence and grade the strength of recommendations. See American Academy of Pediatrics Steering Committee on Quality Improvement and Management. Classifying recommendations for clinical practice guidelines. *Pediatrics*. 2004;114(3):874-877 and Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490.

Guidelines can facilitate the majority adoption of a practice. See Balas EA, Chapman WW. Road map for diffusion of innovation in health care. *Health Aff* (Millwood). 2018;37(2):198-204.

19. The quality of evidence is “the extent to which one can be confident that an estimate of effect is correct (Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490).” The quality of evidence is based on four factors: study design, study quality, consistency, and directness. With respect to study design, randomized trials generally provide “high” quality evidence and observational studies, in comparison, “low.” There are, however, times when randomized trials are not feasible and instances in which observational studies provide higher quality evidence than randomized trials. Furthermore, the quality of studies’ methods and execution, consistency in outcomes across studies, and similarity between the people, interventions, and outcomes in the study and in clinical practice—also called directness—should be considered. Limitations in quality, consistency, and directness may result in randomized trials moving from “high” to “moderate” or “low” levels of evidence. See Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490.

20. When making recommendations, the authors of guidelines consider whether the intervention in question does more good than harm. The quality of the evidence is only one factor considered in making recommendations. Other considerations include the baseline risk in the population, the trade-offs between the benefits and harms, and differences between the research and actual practice. “Moderate” or “low” quality evidence may be sufficient to make a recommendation. See Atkins D, Best D, Briss PA, et al. Grading quality of evidence and strength of recommendations. *BMJ*. 2004;328(7454):1490.

21. In the field of pediatrics, parents or guardians and their children must often make decisions about medical care without the benefit of randomized trials. Clinical research focusing on children is less likely to use randomized trials than is clinical research for adults. Potential reasons for this disparity include the low prevalence of childhood disease, small market share for therapeutic agents in children, low level of National Institutes of Health funding, and difficulty enrolling children in research. See Martinez-Castaldi C, Silverstein M, Baucher H. Child versus adult research: The gap in high-quality study design. *Pediatrics*. 2008;122(1):52-57.

22. In addition, it may, at times, be unethical to conduct randomized trials. For randomized trials to be ethical, clinical equipoise must exist; there must be uncertainty about whether the efficacy of the intervention or the control is greater. Otherwise, it would be unethical to knowingly expose trial participants to an inferior intervention or control. Trials must also be feasible; it would also be unethical to expose individuals to the risks of trial participation without the benefit of the trial generating generalizable knowledge. A randomized trial that is unlikely to find enough people to participate because they believe they might be randomized to an inferior intervention would be unethical because it could not produce generalizable knowledge due to an inadequate sample size. See Emanuel EJ, Wendler D, Grady C. What makes clinical research ethical? *JAMA*. 2000;283(20):2701-2711.

Principles of informed consent and shared decision-making in pediatric medicine

23. As a general matter, when deciding on a particular course of treatment, patients and their healthcare providers should participate in a shared decision-making process, in which they discuss scientific evidence, and the patient's own values, goals, and preferences. See Kon AA, Morrison W. Shared decision-making in pediatric practice: A broad view. *Pediatrics*. 2018;142(Suppl 3):S129-S132. Within this framework, healthcare providers should recommend

treatments when their potential benefits outweigh their risks and they are likely to promote the patient's values, preferences, and goals, and they should recommend against treatments when their potential risks outweigh their benefits and they are likely to frustrate achieving the patient's values, preferences, and goals. In cases in which the risks and benefits are relatively balanced or the evaluation of the risks and benefits is highly contingent on individual's preferences, the provider may describe the benefits, risks, and alternatives without making a recommendation. The decision ultimately rests with the patient.

24. Shared decision-making in pediatrics is more complex than in adult medicine because it involves both minor patients and their parents or guardians. Parents and guardians are afforded substantial, but not unlimited, discretion in making medical decisions for their minor children based on their assessment of the individual child's best interest. They, for example, generally care about their children and best understand their children's unique needs. See Diekema DS. Parental refusals of medical treatment: the harm principle as threshold for state intervention. *Theor Med Bioeth.* 2004;25(4):243-264.

25. Healthcare providers also have an ethical obligation to include children in medical decision-making to the extent that it is developmentally appropriate. For example, a provider examining a toddler for a possible ear infection should not ask a toddler for permission to look in the child's ear, but the provider could ask the toddler which ear the child would like to have looked in first. As a minor becomes older, the minor should participate more actively in shared decision-making. In early adolescence, individuals typically have developed a sense of identity, individual values and preferences, and are developing medical decision-making capacity. Capacity entails the ability to (i) understand the indications and the potential benefits, risks, and alternatives to a treatment, including declining treatment; (ii) appreciate the implications of a

treatment decision for their own lives; (iii) evaluate the potential benefits and risks; and (iv) express a preference. See Katz AL, Webb SA, Committee on Bioethics. Informed consent in decision-making in pediatric practice. *Pediatrics*. 2016;138(2) and Kon AA, Morrison W. Shared decision-making in pediatric practice: A broad view. *Pediatrics*. 2018;142(Suppl 3):S129-S132.

26. I am unaware of any instances—apart from the Arkansas statute at issue in this case—in which the government categorically prohibits minors and their parents or guardians from accessing treatment supported by evidence of efficacy.

27. State action in medical decision-making for minors is usually a positive intervention to provide medical care to a minor following a parent’s refusal to consent to recommended treatment and, even then, such decisions are exceptional and highly individualized. For example, a court may order a blood transfusion for a child over parental objections if the child would die or be seriously disabled without a transfusion or another intervention that a transfusion would enable. See Jenny C, Committee on Child Abuse and Neglect, American Academy of Pediatrics. Recognizing and responding to medical neglect. *Pediatrics*. 2007;120(6):1385-1389.

ARKANSAS’S STATED REASONS FOR PROHIBITING TREATMENT RELATED TO GENDER TRANSITION FOR MINORS

28. The legislative findings in HB 1570 do not provide a sound medical or ethical basis for outlawing the provision of gender-affirming medical care for adolescents with gender dysphoria. The state’s criticisms of gender-affirming medical care for minors mischaracterize the evidence base for gender-affirming medical treatment, are contrary to generally accepted principles of medical ethics, and would also apply to many other well-accepted medical treatments.

Asserted lack of adequate medical research supporting the banned medical care

29. Although the act is entitled the “Arkansas Save Adolescents from Experimentation (SAFE) Act,” adolescents with gender dysphoria are not being subject to research or experimentation; they are being provided clinical care directed toward their best interests and based on individualized decision-making.

30. The General Assembly’s findings in HB 1570 suggest that there is inadequate evidence to support the prevailing paradigm for the treatment of adolescents with gender dysphoria. They specifically cite a lack of “long-term longitudinal studies” on puberty blocking drugs and a lack of “randomized clinical trials” of cross-sex hormone therapy. As discussed above, study design is not the sole factor to be considered in rating the quality of evidence or grading the strength of recommendations. Therefore, even if the legislature’s assertions were correct, they would not provide a sound justification for a blanket ban on the prevailing medical protocols for the treatment of adolescents with gender dysphoria. In any case, the legislature mischaracterizes the evidence.

31. The Endocrine Society, an international medical organization of over 18,000 endocrinology researchers and clinicians, has published a clinical practice guideline for the treatment of gender-dysphoric/gender-incongruent persons including pubertal suppression, sex hormone treatment, and surgery for gender confirmation. The guideline both rates the quality of the evidence and grades the strength of its recommendations. See Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3869-3903. See also World Professional Association for Transgender Health. *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People.* 7th Version. 2012.

32. The Endocrine Society “suggest[s] that adolescents who meet diagnostic criteria for GD [gender dysphoria]/gender incongruence, fulfill criteria for treatment, and are requesting treatment should initially undergo treatment to suppress pubertal development (Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3871).” The evidence for this recommendation includes a longitudinal study of a cohort of 70 transgender adolescents who were evaluated using objective measures prior to both pubertal suppression and sex hormone treatment. The mean length of time between the start of pubertal suppression and sex hormone treatment was 1.88 years and ranged from 0.42 to 5.06 years. The study showed statistically significant decreases in behavioral and emotional problems and depressive symptoms, and increases in general functioning. See de Vries AL, Steensma TD, Doreleijers TA, Cohen-Kettenis PT. Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study. *J Sex Med.* 2011;8(8):2276-2283.

33. Cohen-Kettenis and colleagues have also published longitudinal studies on the physical effects of pubertal suppression. See Delemarre-van de Waal HA, Cohen-Kettenis PT. Clinical management of gender identity disorder in adolescents: a protocol on psychological and paediatric endocrinology aspects. *Eur J Endocrinol.* 2006;155(suppl 1):S131–S137 and Schagen SE, Cohen-Kettenis PT, Delemarre-van de Waal HA, Hannema SE. Efficacy and safety of gonadotropin-releasing hormone agonist treatment to suppress puberty in gender dysphoric adolescents. *J Sex Med.* 2016;13(7):1125-1132.

34. Additional longitudinal studies of the psychosocial effects of pubertal suppression to treat gender dysphoria include Costa R, Dunsford M, Skagerberg E, Holt V, Carmichael P, Colizzi M. Psychological support, puberty suppression, and psychosocial functioning in

adolescents with gender dysphoria. *J Sex Med.* 2015;12(11):2206-2214 and Carmichael P, Butler G, Masic U, et al. Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. *PLoS One.* 2021;16(2):e0243894.

35. There are, therefore, longitudinal studies evaluating the risks and benefits of pubertal suppression for the treatment of gender dysphoria. The cited studies are of appropriate duration given puberty suppression is only intended to occur between the first physical changes of puberty, and confirmation of the persistence of gender dysphoria/gender incongruence and development of the individual's capacity to give informed consent to hormone therapy. See Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3871. Cohen-Kettenis and colleagues have conducted longer-term follow-up of individuals through sex hormone and gender-affirming surgical treatment. Participants' mean age at their initial assessment was 13.6 year and their mean age at their final assessment was 20.7 years. See de Vries AL, McGuire JK, Steensma TD, Wagenaar EC, Doreleijers TA, Cohen-Kettenis PT. Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics.* 2014;134(4):696-704.

36. In addition, contrary to the General Assembly's findings in HB 1570, there are randomized clinical trials to evaluate the efficacy and safety of sex hormone treatment for gender dysphoria. Pelusi and colleagues randomized transgender men (individuals assigned female at birth who identify as male) to one of 3 different testosterone formulations. They evaluated anthropometric, metabolic, bone, hematological, and biochemical parameters at baseline and after 12 months of treatment. See Pelusi C, Costantino A, Martelli V, et al. Effects of three

different testosterone formulations in female-to-male transsexual persons. *J Sex Med.* 2014;11(12):3002-3011.

37. While such comparative effectiveness trials (trials comparing different, established pharmacological treatments to one another) should continue, randomized, placebo-controlled trials (trials that compare pharmacological treatment to no pharmacological treatment) in gender dysphoria are currently unethical. Potential investigators do not have equipoise between pharmacological treatment and no pharmacological treatment; they believe that pharmacological treatment is superior. It is also highly unlikely that a sufficient number of participants would enroll in randomized controlled trials for them to be informative. See Chew D, Anderson J, Williams K, May T, Pang K. Hormonal treatment in young people with gender dysphoria: A systematic review. *Pediatrics.* 2018;141(4) and Reisner SL, Deutsch MB, Bhasin S, et al. Advancing methods for US transgender health research. *Curr Opin Endocrinol Diabetes Obes.* 2016;23(2):198-207.

38. Even if such studies could be conducted ethically, they would provide a lower quality of evidence because of intrinsic limitations in their design. For example, it would be impossible to blind the investigators or the participants to whether the participants were receiving the active treatment or a placebo. They would know if they were in the intervention or other control arm of the study due to the physical changes in their bodies, or the lack thereof, over time.

39. While attempting to support HB1570 by asserting a lack of randomized controlled trials, the law permits other treatments that also lack such evidence. The law permits the use of gonadotropin-releasing hormone (GnRH) agonists, colloquially called puberty blockers, to treat central precocious puberty because the treatment is not performed for the purpose of affirming a

gender identity different from a minor's sex assigned at birth. Central precocious puberty is the premature initiation of puberty, before 8 years of age in people assigned female at birth and before 9 in people assigned male, by the central nervous system. Its negative effects include impairment of final adult height as well as antisocial behavior and lower academic achievement.

40. There are no randomized trials evaluating the adult height of treated and untreated individuals. Most studies are observational and compare pretreatment predicted final height with actual final height. These studies have additional limitations including small sample sizes. This "low quality" evidence nonetheless is sufficiently strong to support the use of GnRH agonists as treatment for central precocious puberty. See Mul D, Hughes IA. The use of GnRH agonists in precocious puberty. *Eur J Endocrinol.* 2008;159 Suppl 1:S3-8.

41. HB 1570's therefore subjects the use of puberty blockers to a double standard. There are no randomized clinical trials for the use of puberty blockers to treat precocious puberty or gender dysphoria, but the evidence is deemed sufficient for the former but not the latter.

Asserted interest in protecting "vulnerable children" from the risks of gender-affirming medical care

42. The legislative findings of HB 1570 indicate that it is intended to protect the health and safety of "vulnerable" children and that "the risks of gender transition procedures far outweigh any benefit at this stage of clinical study on these procedures." The legislative findings neglect the risks of inadequately treated gender dysphoria, and the benefits of gender-affirming medical care. They also fail to provide evidence for why, for just this one type of medical care, the legislature's evaluation of the potential benefits and risks is to be preferred to that of adolescents, their parents or guardians, and healthcare professionals.

43. Transgender individuals experience significant risks to their well-being. They have higher rates of depression, anxiety, suicidal ideation, and suicide attempts. See, for

example, Haas AP, Eliason M, Mays VM, et al. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *J Homosex*. 2011;58(1):10-51.

Contributing factors include conflict between one's appearance and identity, stigma, and rejection. See Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. *BMC Public Health*. 2015;15:525.

44. The potential benefits of gender-affirming medical care include improved physical and psychological outcomes. Starting pubertal suppression in early puberty prevents the development of undesirable secondary sex characteristic which may be difficult, if not impossible, to eliminate. Sex hormone therapy permits the development of secondary sex characteristics consistent with individuals' gender identity. Potential psychological benefits include increased quality of life and decreased depression, suicidal ideation and suicide attempts, and anxiety. See, for example, Baker KE, Wilson LM, Sharma R, Dukhanin V, McArthur K, Robinson KA. Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review. *J Endocr Soc*. 2021;5(4):bvab011. For some transgender adolescents, gender-affirming medical care is lifesaving.

45. For many transgender individuals, the potential benefits of gender-affirming medical care substantially outweigh the risks. In addition to the Endocrine Society's and World Professional Association for Transgender Health's guidelines, see Rafferty J, Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, et al. Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*. 2018;142(4) and American Psychiatric Association. Position statement on treatment of transgender (trans) and gender diverse youth. 2020. Weighing the potential benefits and risks

of the treatment for gender dysphoria is a prudential judgment similar to other judgments made by adolescent patients and their parents or guardians as part of general ethical principles of shared decision-making. Indeed, adolescent patients and their parents or guardians often make decisions about treatments with less evidence and/or greater risks than gender-affirming care.

46. The current treatment paradigm for treating gender dysphoria in minors is consistent with general ethical principles instantiated in the practices of informed consent and shared decision-making. The Endocrine Society clinical practice guideline extensively discusses the potential benefits, risks, and alternatives to treatment, and its recommendations regarding the timing of interventions are based in part on the treatment's potential risks and the adolescent's decision-making capacity. The guidelines recommend that informed consent for pubertal blockers and sex hormones include a discussion of the implications for fertility and options for fertility preservation. The Endocrine Society clinical guideline also advises delaying gender-affirming hormone treatment, which results in partly irreversible physical changes, until an adolescent is capable of consenting. While the guideline suggests delaying gender-affirming genital surgery involving removal of the testes, ovaries, and/or uterus until the patient is at least 18 years old, it states clinicians should individualize decision-making for breast or chest surgery in transgender males (individuals assigned female at birth who identify as male) and that chest surgery may be considered in individuals under 18 years old. See Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2017;102(11):3869-3903.

47. While HB 1570 would prohibit chest surgery to treat transgender males, minors are permitted to undergo many comparable surgeries, such as those for gynecomastia, pectus

excavatum or carinatum, and breast reconstruction. Gynecomastia is the proliferation of ductal or glandular breast tissue, as opposed to adipose tissue or fat, in individuals assigned male at birth. Pectus excavatum and carinatum are chest wall anomalies in which the sternum is depressed or protrudes, respectively. While surgeries to treat these conditions, as well as breast reduction and augmentation for individuals assigned female at birth who identify as female, may at times be performed to lessen physical symptoms, such as pain or exercise intolerance, they are commonly performed to reduce psychosocial distress. Risks include bleeding, infection, scarring and poor cosmetic outcome, loss of sensation, and impaired breast/chest feeding. Some surgeries have unique risks such as catastrophic perforations of the heart or lungs in some forms of pectus repair, or capsule formation around a breast implant causing hardening and pain. See Buziashvili D, Gopman JM, Weissler H, et al. An evidence-based approach to management of pectus excavatum and carinatum. *Ann Plast Surg.* 2019;82(3):352-358, Nordt CA, DiVasta AD. Gynecomastia in adolescents. *Curr Opin Pediatr.* 2008;20(4):375-382, and Zuckerman D, Abraham A. Teenagers and cosmetic surgery: Focus on breast augmentation and liposuction. *J Adolesc Health.* 2008;43(4):318-324.

48. As these examples of chest surgeries in adolescence illustrate, surgeries for minors can require weighing short- and long-term effects and benefits and risks in the face of uncertainty. Individuals' values and beliefs shape these evaluations and, therefore, the adolescents' participation is essential. There is nothing unique about chest surgery for gender dysphoria that justifies singling out this and similar procedures for prohibition based on the risk-benefit ratio, or concern for adolescents' inability to assent or parents or guardians' inability to consent. Medical decisions regarding treatment for gender dysphoria should continue to be left to

the discretion of transgender adolescents, their parents or guardians, and their healthcare professionals.

49. Ironically, at the same time that HB 1570 prohibits gender-affirming medical care for minors in the name of protecting vulnerable children, the statute expressly allows doctors to perform irreversible genital surgeries on infants and children with intersex conditions or differences or disorders in sexual development (DSD) at ages when they are unable to meaningfully participate in medical decision-making. The evidence base for these surgeries is poor and they are highly controversial when performed at such an early age. See Jesus LE. Feminizing genioplasties: Where are we now? *J Pediatr Urol.* 2018;14(5):407-415 and Frader J, Alderson P, Asch A, et al. Health care professionals and intersex conditions. *Arch Pediatr Adolesc Med.* 2004;158(5):426-428. This double standard is difficult to explain.

CONCLUSION

50. Treating adolescents with gender dysphoria with pubertal suppression, sex hormones, and chest surgery under clinical practice guidelines, like the Endocrine Society's, is sufficiently evidence-based and its benefits and risks are well within the range of other medical decisions that adolescents and their parents or guardians have the discretion to make in consultation with their healthcare professionals.

51. Based on my research and experience as a pediatrician and bioethicist, there is no sound medical or ethical basis to prohibit healthcare professionals from providing gender-affirming medical care to minors or referring their patients to other doctors to receive this care. Doing so puts clinicians in the untenable position of having to either follow state law or risk losing their licenses; either outcome harms their patients.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on JUNE 11, 2021



ARMAND H. MATHENY ANTOMMARIA, MD, PhD

EXHIBIT A
Curriculum Vitae

Last Updated: June 11, 2021

PERSONAL DATA

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Birth Place: Pittsburgh, Pennsylvania
Citizenship: United States of America

CONTACT INFORMATION

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EDUCATION

1983-1987	BSEE	Valparaiso University, with High Distinction Valparaiso, IN
1983-1987	BS	Valparaiso University (Chemistry), with High Distinction Valparaiso, IN
1987-1989	MD	Washington University School of Medicine Saint Louis, MO
1989-2000	PhD	The University of Chicago Divinity School (Religious Ethics) Chicago, IL
2000-2003	Resident	University of Utah (Pediatrics) Salt Lake City, UT
2005-2006	Certificate	Conflict Resolution Certificate Program, University of Utah Salt Lake City, UT

BOARD CERTIFICATION

2019	Pediatric Hospital Medicine, American Board of Pediatrics
2019	Healthcare Ethics Consultant-Certified, Healthcare Ethics Consultation Certification Commission
2004	General Pediatrics, American Board of Pediatrics

PROFESSIONAL LICENSES

2012-Present	Doctor of Medicine, Ohio
2006-2010	Alternative Dispute Resolution Provider—Mediator, Utah
2001-2014	Physician and Surgeon, Utah
2001-2014	Physician and Surgeon Controlled Substance, Utah

PROFESSIONAL EXPERIENCE

Full Time Positions

2019-Present	<i>Professor</i> Cincinnati Children's Hospital Medical Center, Cincinnati, OH Department of Surgery
2019-Present	<i>Professor of Clinical-Affiliated</i> University of Cincinnati, Cincinnati, OH Department of Surgery
2017-Present	<i>Professor</i> Cincinnati Children's Hospital Medical Center, Cincinnati, OH Division of Pediatric Hospital Medicine

2017-Present *Professor of Clinical-Affiliated*
 University of Cincinnati, Cincinnati, OH
 Department of Pediatrics

2016-2017 *Associate Professor of Clinical-Affiliated*
 University of Cincinnati, Cincinnati, OH
 Department of Pediatrics

2012-2017 *Associate Professor*
 Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
 Division of Pediatric Hospital Medicine

2012-Present *Lee Ault Carter Chair in Pediatric Ethics*
 Cincinnati Children’s Hospital Medical Center

2012-2016 *Associate Professor-Affiliated*
 University of Cincinnati, Cincinnati, OH
 Department of Pediatrics

2010-2012 *Associate Professor of Pediatrics (with Tenure)*
 University of Utah School of Medicine, Salt Lake City, UT
 Divisions of Inpatient Medicine and Medical Ethics

2010-2012 *Adjunct Associate Professor of Medicine*
 University of Utah School of Medicine, Salt Lake City, UT
 Division of Medical Ethics and Humanities

2004-2010 *Assistant Professor of Pediatrics (Tenure Track)*
 University of Utah School of Medicine, Salt Lake City, UT
 Divisions of Inpatient Medicine and Medical Ethics

2004-2010 *Adjunct Assistant Professor of Medicine*
 University of Utah School of Medicine, Salt Lake City, UT
 Division of Medical Ethics and Humanities

2003-2004 *Instructor of Pediatrics (Clinical Track)*
 University of Utah School of Medicine, Salt Lake City, UT
 Divisions of Inpatient Medicine and Medical Ethics

2003-2004 *Adjunct Instructor of Medicine*
 University of Utah School of Medicine, Salt Lake City, UT
 Division of Medical Ethics

Part Time Positions

2021 *Expert Witness*
 Dylan Brandt, et al., v. Leslie Rutledge, et al., Civil Action Case No. 4:21CV450-JM

2019 *Consultant*
 Sanofi Genzyme, Cambridge, MA

2018-Present *Consultant*
 Center for Conflict Resolution in Healthcare, Memphis, TN

2017-2020 *Consultant*
 Amicus Therapeutics, Cranbury, NJ

2017 *Expert Witness*
 Robert J. Klickovich, MD, PLLC v. Tristate Arthritis & Rheumatology, PSC, et al.,
 Commonwealth of Kentucky, Boone Circuit Court, Division III, Civil Action No. 16-CI-
 01690

2017 *Consultant*
 Sarepta Therapeutics, Cambridge, MA

2014 *Consultant*
 Genzyme, A Sanofi Company, Cambridge, MA

Editorial Experience

Editorial Board

- 2020-Present *Pediatrics*, Associate Editor for Ethics Rounds and Member of the Executive Editorial Board
- 2015-2020 *Journal of Clinical Ethics*
- 2009-2020 *Journal of Medical Humanities*

Guest Academic Editor

- 2017 *PLOS/ONE*

Ad Hoc Reviewer: *Academic Medicine, Academic Pediatrics, AJOB Primary Research, American Journal of Bioethics, American Journal of Medical Genetics, American Journal of Transplantation, BMC Medical Ethics, BMJ Open, Canadian Journal of Bioethics, Clinical Transplantation, European Journal of Human Genetics, Frontiers in Genetics, Hospital Medicine, International Journal of Health Policy and Management, International Journal of Nursing Studies, Journal of Adolescent and Young Adult Oncology, Journal of Clinical Ethics, Journal of Empirical Research on Human Research Ethics, Journal of General Internal Medicine, Journal of Healthcare Leadership, Journal of Hospital Medicine, Journal of the Kennedy Institute of Ethics, Journal of Law, Medicine & Ethics, Journal of Medical Ethics, Journal of Medical Humanities, Journal of Medicine and Life, Journal of Palliative Care, Journal of Pediatrics, Journal of Pediatric Surgery, Mayo Clinic Proceedings, Medicine, Healthcare and Philosophy, Molecular Diagnosis & Therapy, New England Journal of Medicine, Patient Preference and Adherence, Pediatrics, Pediatrics in Review, Personalized Medicine, PLOS/ONE, Risk Management and Healthcare Policy, Saudi Medical Journal, and Theoretical Medicine and Bioethics*

SCHOLASTIC AND PROFESSIONAL HONORS

- 2021 *Hidden Gem Award*, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
- 2019 *Presidential Citation*, American Society for Bioethics and Humanities, Chicago, IL
- 2016 *Laura Mirkinson, MD, FAAP Lecturer*, Section on Hospital Medicine, American Academy of Pediatrics, Elk Grove Village, IL
- 2016, 2018 *Certificate of Excellence*, American Society for Bioethics and Humanities, Glenview, IL
- 2013, 2016 *Senior Resident Division Teaching Award*, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
- 2012 *Role Model*, Quality Review Committee, Primary Children's Medical Center, Salt Lake City, UT
- 2011 *Member*, Society for Pediatric Research, The Woodlands, TX
- 2011, 2020 *Presidential Citation Award*, American Society for Bioethics and Humanities, Glenview, IL
- 2009 *Role Model*, Quality Review Committee, Primary Children's Medical Center, Salt Lake City, UT
- 2008 *Nominee*, Physician of the Year, Primary Children's Medical Center, Salt Lake City, UT
- 2005-2006 *Fellow*, Medical Scholars Program, University of Utah School of Medicine, Salt Lake City, UT
- 1995-1997 *Doctoral Scholar*, Crossroads, A Program of Evangelicals for Social Action, Philadelphia PA
- 1989-1992 *Fellow*, The Pew Program in Medicine, Arts, and the Social Sciences, University of Chicago, Chicago, IL

ADMINISTRATIVE EXPERIENCE**Administrative Duties**

2019-Present *Chair*, Oversight Committee, Cincinnati Fetal Center, Cincinnati, OH
 2014-Present *Chair*, Ethics Committee, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
 2012-Present *Director*, Ethics Center, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
 2012-Present *Chair*, Ethics Consultation Subcommittee, Cincinnati Children's Hospital Medical Center, Cincinnati, OH
 2010 *Co-Chair*, Ethics Subcommittee, Work Group for Emergency Mass Critical Care in Pediatrics, Centers for Disease Control and Prevention, Atlanta, GA
 2009 *Chair*, Ethics Working Group, H1N1 and Winter Surge, Primary Children's Medical Center, Salt Lake City, UT
 2005-2012 *Chair*, Ethics Committee, Primary Children's Medical Center, Salt Lake City, UT
 2005-2012 *Chair*, Ethics Consultation Subcommittee, Primary Children's Medical Center, Salt Lake City, UT
 2003-4 *Chair*, Clinical Pertinence Committee, Primary Children's Medical Center, Salt Lake City, UT

Professional & Scientific Committees

Committees

2021 *Member*, EMCO Capacity Collaboration, Ohio Hospital Association, Columbus, OH
 2020-2021 *Member*, Allocation of Scarce Resources Work Group, Ohio Hospital Association, Columbus, OH
 2020-Present *Member*, Literature Selection Technical Review Committee, National Library of Medicine, Bethesda, MD
 2020 *Member*, Crisis Standards of Care Workgroup, The Health Collaborative, Cincinnati, OH
 2019-Present *Member*, Healthcare Ethics Consultant Certification Commission, Oak Park, IL
 2019 *Member*, Expert Panel, Pediatric Oncology End-of-Life Care Quality Markers, Institute for Cancer Outcomes & Survivorship, University of Alabama at Birmingham, Birmingham, AL
 2018 *Member*, Resource Planning and Allocation Team Implementation Task Force, Ohio Department of Health, Columbus, OH
 2012-Present *Member*, Gaucher Initiative Medical Expert Committee, Project HOPE, Millwood, VA
 2009-2014 *Member*, Clinical Ethics Consultation Affairs Committee, American Society for Bioethics and Humanities, Glenview, IL
 2005-2011 *Member*, Committee on Bioethics, American Academy of Pediatrics, Oak Park, IL

Data Safety and Monitoring Boards

2019-Present *Member*, Data and Safety Monitoring Board, Sickle Cell Domestic Trials, National Heart, Lung, and Blood Institute, Bethesda, MD
 2018-Present *Member*, Standing Safety Committee for P-188-NF (Carmeseal-MD™) in Duchenne Muscular Dystrophy, Phrixus Pharmaceuticals, Inc., Ann Arbor, MI
 2017-Present *Member*, Observational Study Monitoring Board, Sickle Cell Disease Observational Monitoring Board, National Heart, Lung, and Blood Institute, Bethesda, MD
 2016-2018 *Member*, Observational Study Monitoring Board, Long Term Effects of Hydroxyurea in Children with Sickle Cell Anemia, National Heart, Lung, and Blood Institute, Bethesda, MD

Reviewer

2020-Present *Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting
 2020 *Grant Reviewer*, The Croatian Science Foundation, Hrvatska zaklada za znanost (HRZZ)
 2018 *Book Proposal Reviewer*, Elsevier

2018-2019 *Category Leader*, Religion, Culture, and Social Sciences, American Society for Bioethics and Humanities Annual Meeting

2017 *Timekeeper*, American Society for Bioethics and Humanities Annual Meeting

2017-Present *Abstract Reviewer*, Pediatric Academic Societies Annual Meeting

2016-Present *Workshop Reviewer*, Pediatric Academic Societies Annual Meeting

2016 *Grant Reviewer*, Innovation Research Incentives Scheme, The Netherlands Organisation for Health Research and Development

2016-2017 *Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting

2014, 2016 *External Peer Reviewer*, PSI Foundation, Toronto, Ontario, Canada

2014 *Member*, Scientific Committee, International Conference on Clinical Ethics and Consultation

2013 *Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting

2013 *Reviewer*, Open Research Area Plus, Agence Nationale de la Recherche, Deutsche Forschungsgemeinschaft, Economic and Social Research Council, National Science Foundation, and Organization for Scientific Research

2011-2012 *Abstract Reviewer*, Pediatric Academic Societies Annual Meeting

2011-2013 *Workshop Reviewer*, Pediatric Academic Societies Annual Meeting

2011-Present *Abstract Reviewer*, Pediatric Hospital Medicine Annual Meeting

2011-2012 *Religious Studies Subcommittee Leader*, Program Committee, American Society for Bioethics and Humanities Annual Meeting

2010 *Abstract Reviewer*, American Society for Bioethics and Humanities Annual Meeting

Other

2109 *Mentor*, Early Career Advising Program, American Society for Bioethics and Humanities

2018 *Passing Point Determination*, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission

2018 *Member*, Examination Committee, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission

2018 *Item Writer*, Healthcare Ethics Consultant-Certified Examination, Healthcare Ethics Consultant Certification Commission

UNIVERSITY COMMUNITY ACTIVITIES

Cincinnati Children's Hospital Medical Center

2020-Present *Member*, Faculty Diversity and Inclusion Steering Committee

2020-Present *Member*, Caregiver Refusal Team

2020-Present *Member*, COVID-19 Vaccine Allocation Committee

2020-Present *Member*, Medical Management of COVID-19 Committee

2020 *Member*, Personal Protective Equipment Subcommittee of the COVID-19 Steering Committee

2018-2019 *Member*, Planning Committee, Center for Clinical & Translational Science & Training Research Ethics Conference

2017 *Member*, Root Cause Analysis Team

2017-2020 *Member*, Employee Emergency Fund Review Committee

2016-2017 *Member*, Planning Committee, Center for Clinical & Translational Science & Training Research Ethics Conference

2015-2019 *Member*, Destination Excellence Medical Advisory Committee

2015-Present *Member*, Disorders of Sexual Development Case Review Committee

2015-2019 *Member*, Destination Excellence Case Review Committee

2014-2018 *Member*, Genomics Review Group, Institutional Review Board

2014-2017 *Member*, Center for Pediatric Genomics Leadership Committee

2013-2017 *Member*, Genetic Testing Subcommittee, Health Network

2013-2016 *Member*, Schwartz Center Rounds Planning Committee
2013-2014 *Member*, Genomics Ad Hoc Subcommittee, Board of Directors
2012-Present *Member*, Cincinnati Fetal Center Oversight Committee
2012-Present *Member*, Ethics Committee
2012-Present *Member*, G-23
2012-2016 *Member*, Integrated Solid Organ Transplant Steering Committee

University of Utah

2009-2012 *Member*, Consolidated Hearing Committee

University of Utah School of Medicine

2010-2012 *Member*, Medical Ethics, Humanities, and Cultural Competence Thread Committee
2008-2010 *Member*, Fourth Year Curriculum Committee

University of Utah Department of Pediatrics

2010-2011 *Member*, Planning Committee, 25th Annual Biological Basis of Children's Health Conference, "Sex, Gender, and Sexuality"
2009-2012 *Member*, Medical Executive Committee
2005-2012 *Member*, Retention, Promotion, and Tenure Committee
2004-2012 *Interviewer*, Residency Program
2003-2012 *Member*, Education Committee

Intermountain Healthcare

2009-2012 *Member*, System-Wide Bioethics Resource Service
2009-2012 *Member*, Pediatric Guidance Council

Primary Children's Medical Center

2012-2012 *Member*, Shared Accountability Organization Steering Committee
2009 *Member*, H1N1 and Winter Surge Executive Planning Team
2005-2010 *Member*, Continuing Medical Education Committee
2005-2010 *Member*, Grand Rounds Planning Committee
2003-2012 *Member*, Ethics Committee

ACTIVE MEMBERSHIPS IN PROFESSIONAL SOCIETIES

2012-Present Association of Bioethics Program Directors
2011-Present Society for Pediatric Research
2000-Present American Academy of Pediatrics
1999-Present American Society of Bioethics and Humanities

FUNDING

Past Grants

2015-2019 "Better Outcomes for Children: Promoting Excellence in Healthcare Genomics to Inform Policy."
Percent Effort: 9%
National Human Genome Research Institute
Grant Number: 1U01 HG008666-01
Role: Investigator

- 2015-2016 “Ethics of Informed Consent for Youth in Foster Care”
 Direct Costs: \$10,000
 Ethics Grant, Center for Clinical and Translational Science and Training
 University of Cincinnati Academic Health Center
 Role: Co-Investigator
- 2014-2015 “Extreme Personal Exposure Biomarker Levels: Engaging Community Physicians and
 Ethicists for Guidance”
 Direct Costs: \$11,640
 Center for Environmental Genetics
 University of Cincinnati College of Medicine
 Role: Investigator
- 2014-2015 “Child, Adolescent, and Parent Opinions on Disclosure Policies for Incidental Findings in
 Clinical Whole Exome Sequencing”
 Direct Costs: \$4,434
 Ethics Grant, Center for Clinical and Translational Science and Training, University of
 Cincinnati Academic Health Center
 Role: Principal Investigator
- 2013-2014 “Better Outcomes for Children: GWAS & PheWAS in eMERGEII
 Percent Effort: 5%
 National Human Genome Research Institute
 Grant Number: 3U01HG006828-0251
 Role: Investigator
- 2004-2005 "Potential Patients' Knowledge, Attitudes, and Beliefs Regarding Participating in
 Medical Education: Can They be Interpreted in Terms of Presumed Consent?"
 Direct Costs: \$8,000
 Interdisciplinary Research in Applied Ethics and Human Values, University Research
 Committee, University of Utah
 Role: Principal Investigator

TEACHING RESPONSIBILITIES/ASSIGNMENTS

Course and Curriculum Development

- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught
 1 time per year, Taken by medical students, Enrollment 100

Course Lectures

- 2018-Present Biomedical Ethics, “Conscientious Objection in Healthcare” and “Ethical Issues in the
 Care of Transgender Adolescents,” MEDS 4035 & MEDS 4036, University of Cincinnati
 College of Medicine, Taught 1 time per year, Taken by senior undergraduate students,
 Enrollment 52.
- 2016 Foundations of Healthcare Ethics and Law, “Clinical Ethics,” HESA 390, Xavier
 University.
- 2014-Present Physicians and Society, “Transfusion and the Jehovah’s Witness Faith,” “Obesity
 Management: Ethics, Policy, and Physician Implicit Bias,” “Embryos and Ethics: The
 Ethics of Designer Babies,” “Ethics and Genetic Testing,” and “Ethics and Direct to
 Consumer Genetic Testing,” 26950112 and 26950116, University of Cincinnati School of
 Medicine, Taken by first and second year medical students, Enrollment 100.
- 2014-Present Ethical Issues in Health Care, “Ethical Issues in Managing Drug Shortages: The Macro,

- Meso, and Micro Levels,” HESA 583, College of Social Sciences, Health, and Education Health Services Administration, Xavier University, Taken by health services administration students, Enrollment 25.
- 2009 Physical Diagnosis II, Internal Medicine 7160, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100
- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught 1 time per year, Taken by fourth year medical students, Enrollment 100

Small Group Teaching

- 2018-Present Ethics in Research, GNTD 7003-001, University of Cincinnati School of Medicine, Taught 1 time per year, Taken by fellows, MS, and PhD students, Enrollment 110.
- 2007 Physical Diagnosis I, Internal Medicine 7150, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100
- 2003-2012 Medical Ethics, Internal Medicine 7560, University of Utah School of Medicine, Taught 1 time per year, Taken by fourth medical students, Enrollment 100
- 2003 Pediatric Organ System, Pediatrics 7020, University of Utah School of Medicine, Taught 1 time per year, Taken by medical students, Enrollment 100

Graduate Student Committees

- 2018-Present *Chair*, Scholarship Oversight Committee, William Sveen, Pediatric Critical Care Fellowship, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- 2018-2020 *Member*, Scholarship Oversight Committee, Anne Heueman, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2017-2019 *Chair*, Scholarship Oversight Committee, Bryana Rivers, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2013-2015 *Mentor*, Sophia Hufnagel, Combined Pediatrics/Genetics Residency, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
- 2013-2015 *Co-Chair*, Scholarship Oversight Committee, Andrea Murad, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2013-2014 *Member*, Scholarship Oversight Committee, Grace Tran, Genetic Counseling, University of Cincinnati, Cincinnati, OH
- 2011-2012 *Chair*, Scholarship Oversight Committee, Kevin E. Nelson, MD, PhD, Pediatric Inpatient Medicine Fellowship, University of Utah, Salt Lake City, UT

Continuing Education Lectures

- 2008 Choosing Healthplans All Together (CHAT) Exercise Facilitator, 18th Annual Intermountain Medical Ethics Conference, “Setting Priorities for Healthcare in Utah: What Choices are We Ready to Make?,” Salt Lake City, Utah, October 3.
- 2007 *Speaker*, Infant Medical Surgical Unit, Primary Children’s Medical Center, “Withholding and Withdrawing Artificial Nutrition and Hydration: Can It Be Consistent With Care?,” Salt Lake City, Utah, September 6.
- 2007 *Faculty Scholar-in Residence*, Summer Seminar, “The Role of Religion in Bioethics,” Utah Valley State College, Orem, Utah, May 1.
- 2006 *Workshop Leader*, Faculty Education Retreat, “Publications and Publishing in Medical Education,” University of Utah School of Medicine, Salt Lake City, Utah, September 15.
- 2006 *Breakout Session*, 16th Annual Intermountain Medical Ethics Conference, “Donation after Cardiac Death: Evolution of a Policy,” Salt Lake City, Utah, March 28.

Other Educational Activities

- 2008 *Instructor*, Contemporary Ethical Issues in Medicine and Medical Research, Osher Lifelong Learning Institute, University of Utah, “Religion and Bioethics: Religiously Based Demands for and Refusals of Treatment,” Salt Lake City, Utah, February 7.
- 2007 *Speaker*, Biology Seminar, Utah Valley State College, “Is He Dead?: Criteria of the Determination of Death and Their Implications for Withdrawing Treatment and Recovering Organs for Transplant,” Orem, Utah, September 21.

PEER-REVIEWED JOURNAL ARTICLES

1. Armand H. Matheny Antommara and Ndidi I. Unaka. (2021) “Counterpoint: Prioritizing Health Care Workers for Scarce Critical Care Resources is Impractical and Unjust.” *Journal of Hospital Medicine*. 16: 182-3. PMID 33617445.
2. Gregory A. Grabowski, Armand H. Matheny Antommara, Edwin H. Kolodny, and Pramod K. Mistry. (2021) “Gaucher Disease: Basic and Translational Science Needs for More Complete Therapy and Management.” *Molecular Genetics and Metabolism*. 132: 59-75. PMID: 33419694.
3. Armand H. Matheny Antommara, Laura Monhollen, and Joshua K. Schaffzin. (2021) “An Ethical Analysis of Hospital Visitor Restrictions and Masking Requirements During the COVID-19.” *Journal of Clinical Ethics*. 32(1): 35-44. PMID 33416516.
4. Armand H. Matheny Antommara (2020) “The Pediatric Hospital Medicine Core Competencies: 4.05 Ethics.” *Journal of Hospital Medicine*. 15(S1): 120-121.
5. Armand H. Matheny Antommara, Tyler S. Gibb, Amy L. McGuire, Paul Root Wolpe, Matthew K. Wynia, Megan K. Applewhite, Arthur Caplan, Douglas S. Diekema, D. Micah Hester, Lisa Soleymani Lehmann, Renee McLeod-Sordjan, Tamar Schiff, Holly K. Tabor, Sarah E. Wieten, and Jason T. Eberl for a Task Force of the Association of Bioethics Program Directors (2020) “Ventilator Triage Policies During the COVID-19 Pandemic at U.S. Hospitals Associated With Members of the Association of Bioethics Program Directors.” *Annals of Internal Medicine*. 173(3): 188-194. PMID: 32330224.
6. Armand H. Matheny Antommara (2020) “Conflicting Duties and Reciprocal Obligations During a Pandemic.” *Journal of Hospital Medicine*. 5:284-286. PMID: 32379030.
7. Mary V. Greiner, Sarah J. Beal, and Armand H. Matheny Antommara (2020) “Perspectives on Informed Consent Practices for Minimal-Risk Research Involving Foster Youth.” *Pediatrics*. 45:e20192845. PMID: 32156772.
8. Jennifer deSante-Bertkau, Michelle McGowan, and Armand H. Matheny Antommara (2018) “Systematic Review of Typologies Used to Characterize Clinical Ethics Consultations.” *Journal of Clinical Ethics*. 29:291-304. PMID: 30605439.
9. Andrew J. Redmann, Melissa Schopper, Armand H. Matheny Antommara, Judith Ragsdale, Alessandro de Alarcon, Michael J. Jutter, Catherine K. Hart, and Charles M. Myer. (2018) “To Transfuse or Not to Transfuse? Jehovah’s Witnesses and PostOperative Hemorrhage in Pediatric Otolaryngology.” *International Journal of Pediatric Otorhinolaryngology*. 115:188-192. PMID: 30368384.
10. Armand H. Matheny Antommara, Kyle B. Brothers, John A. Myers, Yana B Feygin, Sharon A. Aufox, Murray H. Brilliant, Pat Conway, Stephanie M. Fullerton, Nanibaa’ A. Garrison, Carol R. Horowitz, Gail P. Jarvik, Rongling Li, Evette J. Ludman, Catherine A. McCarty, Jennifer B. McCormick, Nathaniel D. Mercaldo, Melanie F. Myers, Saskia C. Sanderson, Martha J. Shrubsole, Jonathan S. Schildcrout, Janet L. Williams, Maureen E. Smith, Ellen Wright Clayton, Ingrid A. Holm. (2018) “Parents’ Attitudes toward Consent and Data Sharing in Biobanks: A Multi-Site Experimental Survey.” *AJOB Empirical Research*. 21:1-15. PMID: 30240342.
11. Armand H. Matheny Antommara and Cynthia A. Prows. (2018) “Content Analysis of Requests for Religious Exemptions from a Mandatory Influenza Vaccination Program for Healthcare Personnel” *Journal of Medical Ethics*. 44: 389-391. PMID: 29463693.

12. Armand H. Matheny Antommara (2017) “May Medical Centers Give Nonresident Patients Priority in Scheduling Outpatient Follow-Up Appointments?” *Journal of Clinical Ethics*. 28: 217-221. PMID: 28930708.
13. Andrea M. Murad, Melanie F. Myers, Susan D. Thompson, Rachel Fisher, and Armand H. Matheny Antommara (2017) “A Qualitative Study of Adolescents’ Understanding of Biobanks and Their Attitudes Toward Participation, Re-contact, and Data Sharing.” *American Journal of Medical Genetics: Part A*. 173: 930-937. PMID: 28328120.
14. Saskia Sanderson, Kyle Borthers, Nathaniel Mercaldo, Ellen Wright Clayton, Armand Antommara, Sharon Aufox, Murray Brilliant, Diego Campos, David Carrell, John Connolly, Pat Conway, Stephanie Fullerton, Nanibaa Garrison, Carol Horowitz, Gail Jarvik, David Kaufman, Terrie Kitchner, Rongling Li, Evette Ludman, Catherine McCarty, Jennifer McCormick, Valerie McManus, Melanie Myers, Aaron Scrol, Janet Williams, Martha Shrubsole, Jonathan Schildcrout, Maureen Smith, and Ingrid Holm (2017) “Public Attitudes Towards Consent and Data Sharing in Biobank Research: A Large Multisite Experimental Survey in the US.” *The American Journal of Human Genetics*. 100: 414-427. PMID: 28190457.
15. Maureen E. Smith, Saskia C Sanderson, Kyle B Brothers, Melanie F Myers, Jennifer McCormick, Sharon A Aufox, Martha J Shrubsole, Nanibaa’ A Garrison, Nathaniel D Mercaldo, Jonathan S Schildcrout, Ellen Wright Clayton, Armand H. Matheny Antommara, Melissa Basford, Murray Brilliant, John J Connolly, Stephanie M Fullerton, Carol R Horowitz, Gail P Jarvik, Dave Kaufman, Terrie Kitchner, Rongling Li, Evette J Ludman, Catherine McCarty, Valerie McManus, Sarah C Stallings, Janet L Williams, and Ingrid A Holm (2016) “Conducting a Large, Multi-Site Survey about Patients’ Views on Broad Consent: Challenges and Solutions.” *BMC Medical Research Methodology*. 16: 162. PMID: 27881091.
16. Angela Lorts, Thomas D. Ryan, Armand H. Matheny Antommara, Michael Lake, and John Bucuvalas (2016) “Obtaining Consensus Regarding International Transplantation Continues to be Difficult for Pediatric Centers in the United States.” *Pediatric Transplant*. 20: 774-777. PMID: 27477950.
17. Sophia B. Hufnagel, Lisa J. Martin, Amy Cassidy, Robert J. Hopkin, and Armand H. Matheny Antommara (2016) “Adolescents’ Preferences Regarding Disclosure of Incidental Findings in Genomic Sequencing That Are Not Medically Actionable in Childhood.” *American Journal of Medical Genetics Part A*. 170: 2083-2088. PMID: 27149544.
18. Nanibaa’ A. Garrison, Nila A. Sathe, Armand H. Matheny Antommara, Ingrid A. Holm, Saskia Sanderson, Maureen E. Smith, Melissa McPheeters, and Ellen Wright Clayton (2016) “A Systematic Literature Review of Individuals’ Perspectives on Broad Consent and Data Sharing in the United States.” *Genetics in Medicine*. 18: 663-71. PMID: 26583683.
19. Kyle B. Brothers, Ingrid A. Holm Janet E. Childerhose, Armand H. Matheny Antommara, Barbara A. Bernhardt, Ellen Wright Clayton, Bruce D. Gelb, Steven Joffe, John A. Lynch, Jennifer B. McCormick, Laurence B. McCullough, D. William Parsons, Agnes S. Sundaresan, Wendy A. Wolf, Joon-Ho Yu, and Benjamin S. Wilfond (2016) “When Genomic Research Participants Grow Up: Contact and Consent at the Age of Majority.” *The Journal of Pediatrics* 168: 226-31. PMID: 26477867.
20. Erin E. Bennett, Jill Sweney, Cecile Aguayo, Criag Myrick, Armand H. Matheny Antommara, and Susan L. Bratton (2015) “Pediatric Organ Donation Potential at a Children’s Hospital.” *Pediatric Critical Care Medicine*. 16: 814-820. PMID: 26237656.
21. Anita J. Tarzian, Lucia D. Wocial, and the ASBH Clinical Ethics Consultation Affairs Committee (2015) “A Code of Ethics for Health Care Ethics Consultants: Journey to the Present and Implications for the Field.” *American Journal of Bioethics*. 15: 38-51. PMID: 25970392.
22. Armand H. Matheny Antommara, Christopher A. Collura, Ryan M. Antiel, and John D. Lantos (2015) “Two Infants, Same Prognosis, Different Parental Preferences.” *Pediatrics*, 135: 918-923. PMID: 25847802.

23. Stefanie Benoit, Armand H. Matheny Antommara, Norbert Weidner, and Angela Lorts (2015) "Difficult Decision: What should we do when a VAD supported child experiences a severe stroke?" *Pediatric Transplantation* 19: 139-43. PMID: 25557132.
24. Kyle B. Brothers, John A. Lynch, Sharon A. Aufox, John J. Connolly, Bruce D. Gelb, Ingrid A. Holm, Saskia C. Sanderson, Jennifer B. McCormick, Janet L. Williams, Wendy A. Wolf, Armand H. Matheny Antommara, and Ellen W. Clayton (2014) "Practical Guidance on Informed Consent for Pediatric Participants in a Biorepository." *Mayo Clinic Proceedings*, 89: 1471-80. PMID: 25264176.
25. Sophia M. Bous Hufnagel and Armand H. Matheny Antommara (2014) "Laboratory Policies on Reporting Secondary Findings in Clinical Whole Exome Sequencing: Initial Uptake of the ACMG's Recommendations." *American Journal of Medical Genetics Part A*, 164: 1328-31. PMID: 24458369.
26. Wylie Burke, Armand H. Matheny Antommara, Robin Bennett, Jeffrey Botkin, Ellen Wright Clayton, Gail E. Henderson, Ingrid A. Holm, Gail P. Jarvik, Muin J. Khoury, Bartha Maria Knoppers, Nancy A. Press, Lainie Friedman Ross, Mark A. Rothstein, Howard Saal, Wendy R. Uhlmann, Benjamin Wilfond, Susan M. Wold, and Ron Zimmern (2013) "Recommendations for Returning Genomic Incidental Findings? We Need to Talk!" *Genetics in Medicine*, 15: 854-859. PMID: 23907645.
27. Armand H. Matheny Antommara (2013) "An Ethical Analysis of Mandatory Influenza Vaccination of Health Care Personnel: Implementing Fairly and Balancing Benefits and Burdens," *American Journal of Bioethics*, 13: 30-37. PMID: 23952830.
28. Joseph A. Carrese and the Members of the American Society for Bioethics and Humanities Clinical Ethics Consultation Affairs Standing Committee (2012) "HCEC Pearls and Pitfalls: Suggested Do's and Don't's for Healthcare Ethics Consultants," *Journal of Clinical Ethics*, 23: 234-240. PMID: 23256404.
29. Christopher G Maloney, Armand H Matheny Antommara, James F Bale Jr., Jian Ying, Tom Greene and Rajendu Srivastava (2012) "Factors Associated with Intern Noncompliance with the 2003 Accreditation Council for Graduate Medical Education's 30-hour Duty Period Requirement," *BMC Medical Education* 12: 33. PMID: 22621439.
30. Armand H. Matheny Antommara, Jill Sweney, and W. Bradley Poss (2010) "Critical Appraisal of: Triageing Pediatric Critical Care Resources During a Pandemic: Ethical and Medical Considerations," *Pediatric Critical Care Medicine*, 11:396-400. PMID: 20453611.
31. Armand H. Matheny Antommara, Karen Trotochaud, Kathy Kinlaw, Paul N. Hopkins, and Joel Frader (2009) "Policies on Donation After Cardiac Death at Children's Hospitals: A Mixed-Methods Analysis of Variation," *Journal of the American Medical Association*, 301: 1902-8. PMID: 19436017.
32. Kristine M. Pleacher, Elizabeth S. Roach, Willem Van der Werf, Armand H. Matheny Antommara, and Susan L. Bratton (2009) "Impact of a Pediatric Donation after Cardiac Death Program," *Pediatric Critical Care Medicine*, 10: 166-70. PMID: 19188881.
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34. Armand H. Matheny Antommara, Sean D. Firth, and Christopher G. Maloney (2007) "The Evaluation of an Innovative Pediatric Clerkship Structure Using Multiple Outcome Variables including Career Choice" *Journal of Hospital Medicine*, 2: 401-408. PMID: 18081170.
35. Armand H. Matheny Antommara (2006) "'Who Should Survive?: One of the Choices on Our Conscience:' Mental Retardation and the History of Contemporary Bioethics." *Kennedy Institute of Ethics Journal*, 16: 205-224. PMID: 17091558.
36. Armand H. Matheny Antommara (2004) "Do as I Say Not as I Do: Why Bioethicists Should Seek Informed Consent for Some Case Studies." *Hastings Center Report*, 34 (3): 28-34. PMID: 15281724.
37. Armand H. Matheny Antommara (2004) "A Gower Maneuver: The American Society for Bioethics and Humanities' Resolution of the 'Taking Stands' Debate." *American Journal of Bioethics*, 4 (Winter): W24-27. PMID: 15035934.

NON PEER-REVIEWED JOURNAL ARTICLES

1. Katherine Wade and Armand H. Matheny Antommara (2016) "Inducing HIV Remission in Neonates: Children's Rights and Research Ethics." *Journal of Medicine and Biology*, 58(3): 348-54. PMID 27157354.
2. Armand H. Matheny Antommara (2014) "Response to Open Peer Commentaries on 'An Ethical Analysis of Mandatory Influenza.'" *American Journal of Bioethics*, 14(7): W1-4. PMID: 24978422.
3. Armand H. Matheny Antommara and Brent D. Kaziny (2012) "Ethical Issues in Pediatric Emergency Medicine's Preparation for and Response to Disasters." *Virtual Mentor*, 14: 801-4. PMID: 23351860.
4. Armand H. Matheny Antommara, Tia Powell, Jennifer E. Miller, and Michael D. Christian (2011) "Ethical Issues in Pediatric Emergency Mass Critical Care," *Pediatric Critical Care Medicine*, 12(6 Suppl): S163-8. PMID: 22067926.
5. Armand H. Matheny Antommara and Emily A. Thorell (2011) "Non-Pharmaceutical Interventions to Limit Transmission of a Pandemic Virus: The Need for Complementary Programs to Address Children's Diverse Needs." *Journal of Clinical Ethics*, 22: 25-32. PMID: 21595352.
6. Armand H. Matheny Antommara (2010) "Conscientious Objection in Clinical Practice: Notice, Informed Consent, Referral, and Emergency Treatment." *Ave Maria Law Review*, 9: 81-99.
7. Armand H. Matheny Antommara (2008) "Defending Positions or Identifying Interests: The Uses of Ethical Argumentation in the Debate over Conscience in Clinical Practice," *Theoretical Medicine and Bioethics*, 29: 201-12. PMID: 18821078.
8. Armand H. Matheny Antommara (2008) "How can I give her IV antibiotics at home when I have three other children to care for?: Using Dispute System Design to Address Patient-Provider Conflicts in Health Care." *Hamline Journal of Public Law & Policy*, 29: 273-86.
9. Armand H. Matheny Antommara (2007) "Alternative Dispute Resolution and Pediatric Clinical Ethics Consultation: Why the Limits of Ethical Expertise and the Indeterminacy of the Best Interests Standard Favor Mediation." *Ohio State Journal on Dispute Resolution*, 23: 17-59.
10. Armand H. Matheny Antommara (2006) "Jehovah's Witnesses, Roman Catholicism, and Calvinism: Religion and State Intervention in Parental, Medical Decision-Making," *Journal of Law and Family Studies*, 8: 293-316.
11. Armand H. Matheny Antommara and James F. Bale, Jr. (2002) "Ethical Issues in Clinical Practice: Cases and Analyses," *Seminars in Pediatric Neurology* 9: 67-76. PMID: 11931129.

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Armand H. Matheny Antommara (2010) "Conceptual and Ethical Issues in the Declaration of Death: Current Consensus and Controversies." *Pediatrics in Review* 31: 427-430. PMID: 20889737.

BOOKS

Armand H. Matheny Antommara (1998) *A Retrospective, Political and Ethical Analysis of State Intervention into Parental Healthcare Decisions for Infants with Disabilities*. Wynnewood, Pennsylvania: Evangelicals for Social Action.

BOOK CHAPTERS

1. Armand H. Matheny Antommara (2018) "Against Medical Advice Discharges: Pediatric Considerations." In *Against-Medical-Advice Discharges from the Hospital: Optimizing Prevention and Management to Promote High-Quality, Patient-Centered Care*. David Alfandre. New York, Springer: 143-157.
2. Armand H. Matheny Antommara (2016) "Conscientious Objection in Reproductive Medicine." In *The Oxford Handbook of Reproductive Ethics*. Leslie Francis. Oxford, Oxford University Press: 209-225.

3. Armand H. Matheny Antommara (2011) "Patient Participation in Medical Education." In *Clinical Ethics in Pediatrics: A Case-based Approach*. Douglas Diekema, Mark Mercurio, and Mary Beth Adam. Cambridge, Cambridge University Press: 221-225.
4. Armand H. Matheny Antommara (2011) "State Intervention in Parental Decision Making: *Gone Baby Gone*." In *The Picture of Health: Medical Ethics and the Movies*. Henri Colt, Silvia Quadrelli, and Lester Friedman. Oxford, Oxford University Press: 308-12.
5. Armand H. Matheny Antommara (2009) "Managing Conflicts of Interest: A Perspective from a Pediatrician." In *Professionalism in Medicine: The Case-Based Guide for Medical Students*. John Spandorfer, Charles Pohl, Thomas Nasca and Susan Lee Rattner. Cambridge, Cambridge University Press: 376-7.
6. Armand H. Matheny Antommara (2007) "Do-Not-Resuscitate Orders." In *Comprehensive Pediatric Hospital Medicine*. L. B. Zaoutis and V. W. Chiang. Philadelphia, Mosby Elsevier: 1200-4.

OTHER

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1. American Academy of Pediatrics Committee on Bioethics. Armand H. Matheny Antommara Lead Author. (2013) "Conflicts between Religious or Spiritual Beliefs and Pediatric Care: Informed Refusal, Exemptions, and Public Funding." *Pediatrics*. 132: 962-965. PMID: 24167167.
2. American Academy of Pediatrics Committee on Bioethics. Armand H. Matheny Antommara Lead Author. (2013) "Ethical Controversies in Organ Donation After Circulatory Death." *Pediatrics*. 131: 1021-1026. PMID: 23629612.
3. American Academy of Pediatrics Committee on Bioethics and Committee on Genetics and the American College of Medical Genetics and Genomics Social, Ethical, and Legal Issues Committee (2013) "Policy Statement: Ethical and Policy Issues in Genetic Testing and Screening of Children." *Pediatrics*. 131: 620-622. PMID: 23428972.
4. Lainie Friedman Ross, Howard M. Saal, Karen L. David, Rebecca R. Anderson and the American Academy of Pediatrics Committee on Bioethics and Committee on Genetics and the American College of Medical Genetics and Genomics Social, Ethical, and Legal Issues Committee (2013) "Technical Report: Ethical and Policy Issues in Genetic Testing and Screening of Children." *Genetics in Medicine*. 15: 234-245. PMID: 23429433.
5. American Academy of Pediatrics Committee for Pediatric Research and Committee on Bioethics (2012) "Human Embryonic Stem Cell (hESC) and Human Embryo Research." *Pediatrics* 130: 972-977. PMID: 23109685.
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7. American Academy of Pediatrics Committee on Pediatric Emergency Medicine and Committee on Bioethics (2011) "Consent for Emergency Medical Services for Children and Adolescents." *Pediatrics* 128: 427-433. PMID: 21788221.
8. Council on School Health and Committee on Bioethics. Robert Murray and Armand H. Matheny Antommara Lead Authors. (2010) "Honoring –Do-Not-Attempt Resuscitation Requests in Schools." *Pediatrics* 125; 1073-1077. PMID: 20421255.
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10. Committee on Bioethics. (2010) "Children as Hematopoietic Stem Cell Donors," *Pediatrics* 125; 392-40. PMID: 20100753.
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13. Douglas S. Diekema, Jeffrey R. Botkin, and Committee on Bioethics (2009) “Forgoing Medically Provided Nutrition and Hydration in Children.” *Pediatrics* 124; 813-22. PMID: 19651596.
14. Lainie Friedman Ross, J. Richard Thistlethwaite, Jr., and the Committee on Bioethics (2008) “Minors as Living Solid-Organ Donors.” *Pediatrics* 122: 454-61. PMID: 18676567.
15. Mary E. Fallat, John Hutter, and Section on Hematology Oncology and Section on Surgery the Committee on Bioethics (2008) “Preservation of Fertility in Pediatric and Adolescent Patients with Cancer.” *Pediatrics* 121: 1461-9. PMID: 18450888.
16. Marcia Levetown and Bioethics and the Committee on Bioethics (2008) “Communicating With Children and Families: From Everyday Interactions to Skill in Conveying Distressing Information.” *Pediatrics* 121: 1441-60. PMID: 18450887.
17. American Academy of Pediatrics. Committee on Bioethics (2007) “Professionalism in Pediatrics: Statement of Principles.” *Pediatrics* 120:895-7. PMID: 17908776.

Ethics Rounds

1. Natalie Lanocha, Tyler Tate, Erica Salter, Nanette Elster, and Armand H. Matheny Antommara. (2021) “Can Parents Restruct Access to Their Adolescent’s Voice?: Deciding About a Tracheostomy.” *Pediatrics*. 147: e2021050358. PMID 33785636.
2. Timothy Crisci, Zeynep N. Inanc Salih, Ndidi Unaka, Jehanna Peerzada, and Armand H. Matheny Antommara. (2021) “What Should an Intern Do When She Disagrees With the Attending?” *Pediatrics*. 147: e2020049646. PMID 33627371.
3. Liza-Marie Johnson, Erica C. Kaye, Kimberly Sawyer, Alex M. Brenner, Stefan J. Friedrichsdorf, Abby R. Rosenberg, Armand H. Matheny Antommara. (2021) “Opioid Management in the Dying Child With Addiction.” *Pediatrics* 147: e2020046219. PMID 33446508.

Continuing Medical Education

1. Armand H. Matheny Antommara (2014) Authored 4 questions. NEJM Knowledge+ Family Medicine Board Review. NEJM Group.
2. Armand H. Matheny Antommara (2009) “Hot Topics: Ethics and Donation After Cardiac Death [online course]. PediaLink. American Academy of Pediatrics. October 24. <http://ethics.ht.courses.aap.org/>. Accessed December 14. 2009.

Editorials

1. Armand H. Matheny Antommara, Chris Feudtner, Mary Beth Benner, and Felicia Cohn on Behalf of the Healthcare Ethics Consultant-Certified Certification Commission (2020) “The Healthcare Ethics Consultant-Certified Program: Fair, Feasible, and Defensible, But Neither Definite Nor Finished,” *American Journal of Bioethics* 20:1-5. PMID: 32105202.
2. Armand H. Matheny Antommara and Pamela W. Popp (2020) “The Potential Roles of Surrogacy Ladders, Standby Guardians, and Medicolegal Partnerships, in Surrogate Decision Making for Parents of Minor Children,” *Journal of Pediatrics* 220:11-13. PMID 31952849.

Commentaries

1. William Sveen and Armand H. Matheny Antommara. (2020) “Why Healthcare Workers Should Not Be Prioritized in Ventilator Triage.” *American Journal of Bioethics*. 20(7): 133-135. PMID: 32716811.
2. Armand H. Matheny Antommara, William Sveen, and Erika L. Stalets (2020) “Informed Consent Should Not Be Required for Apnea Testing and Arguing It Should Misses the Point,” *American Journal of Bioethics*. 20: 25-27. PMID: 32441602.
3. Armand H. Matheny Antommara (2019) “Relational Potential versus the Parent-Child Relationship,” *Hastings Center Report*. 49(3): 26-27. PMID: 31269255.

4. Armand H. Matheny Antommara, Robert A. Shapiro, and Lee Ann E. Conard (2019) "Psychological Maltreatment and Medical Neglect of Transgender Adolescents: The Need for Recognition and Individualized Assessment." *American Journal of Bioethics*. 19: 72-74. PMID: 31543011.
5. Armand H. Matheny Antommara (2018) "Accepting Things at Face Value: Insurance Coverage for Transgender Healthcare." *American Journal of Bioethics*. 18: 21-23. PMID: 31159689.
6. Armand H. Matheny Antommara and Judith R. Ragsdale (2018) "Shaken, not Stirred: What are Ethicists Licensed to Do?" *American Journal of Bioethics* 18: 56-58. PMID: 29697345.
7. Armand H. Matheny Antommara (2017) "Issues of Fidelity and Trust Are Intrinsic to Uncontrolled Donation after Circulatory Determination of Death and Arise Again with Each New Resuscitation Method," *American Journal of Bioethics* 17: 20-22. PMID: 28430053.
8. Armand H. Matheny Antommara (2016) "Conscientious Objection: Widening the Temporal and Organizational Horizons," *The Journal of Clinical Ethics* 27: 248-250. PMID: 27658282.
9. Armand H. Matheny Antommara and Ron King. (2016) "Moral Hazard and Transparency in Pediatrics: A Different Problem Requiring a Different Solution." *American Journal of Bioethics* 16: 39-40. PMID: 27292846.
10. Armand H. Matheny Antommara and Richard F. Ittenabch (2016) "Quality Attestation's Portfolio Evaluation Is Feasible, But Is It Reliable and Valid?" *American Journal of Bioethics* 16: 35-38. PMID: 26913658.
11. Armand H. Matheny Antommara and Kristin Stanley Bramlage (2015) "Enrolling Research Participants in Private Practice: Conflicts of Interest, Consistency, Therapeutic Misconception, and Informed Consent." *AMA Journal of Ethics*. 17:1122-1126. PMID: 26698585.
12. Armand H. Matheny Antommara (2015) "Characterizing Clinical Ethics Consultations: The Need for a Standardized Typology of Cases." *American Journal of Bioethics* 15: 18-20. PMID: 25970383.
13. Armand H. Matheny Antommara (2015) "Intensified Conflict Instead of Closure: Clinical Ethics Consultants' Recommendations' Potential to Exacerbate Ethical Conflicts." *American Journal of Bioethics* 15: 52-4. PMID: 25562231.
14. Lainie Friedman Ross and Armand H. Matheny Antommara (2014) "The need to promote all pediatric stem cell donors' understanding and interests." *Pediatrics* 133: e1356-e1357. PMID: 24777208.
15. Armand H. Matheny Antommara (2014) "Pubertal Suppression and Professional Obligations: May a Pediatric Endocrinologist Refuse to Treat an Adolescent with Gender Dysphoria." *American Journal of Bioethics* 13: 43-46. PMID: 24422933.
16. Armand H. Matheny Antommara (2012) "Empowering, Teaching, and Occasionally Advocating: Clinical Ethics Consultants' Duties to All of the Participants in the Process." *American Journal of Bioethics* 12 11-3. PMID: 22852533.
17. Armand H. Matheny Antommara (2010) "Dying but not Killing: Donation after Cardiac Death Donors and the Recovery of Organs." *Journal of Clinical Ethics* 21: 229-31. PMID: 21089993.
18. Armand H. Matheny Antommara and Julie Melini (2010) "Is it Reasonable to Refuse to be Seen by a Nurse Practitioner in the Emergency Department?" *American Journal of Bioethics* 10: 15-17. PMID: 20694899.
19. William Meadow, Chris Feudtner, Armand H. Matheny Antommara, Dane Sommer, John Lantos (2010) "A Premature Baby with Necrotizing Enterocolitis Whose Parents Are Jehovah's Witnesses." *Pediatrics*. 216: 151-155. PMID: 20566607.
20. C. C. Weitzman, S. Schlegel, Nancy Murphy, Armand H. Matheny Antommara, J. P. Brosco, Martin T. Stein (2009) "When Clinicians and a Parent Disagree on the Extent of Medical Care." *Journal of Developmental and Behavioral Pediatrics*. 30: 242-3. PMID: 19525718. Reprinted as (2010) *Journal of Developmental and Behavioral Pediatrics*. 31: S92-5. PMID: 20414087
21. Armand H. Matheny Antommara and Susan Bratton (2008) "Nurses' Attitudes toward Donation after Cardiac Death: Implications for Nurses' Roles and Moral Distress." *Pediatric Critical Care Medicine*, 9: 339-40. PMID: 18446100.

22. Armand H. Matheny Antommara and Nannette_C. Dudley (2007) "Should Families Be Present During CPR?" *AAP Grand Rounds*, 17: 4-5.
23. Armand H. Matheny Antommara (2006) "The Proper Scope of Analysis of Conscientious Objection in Healthcare: Individual Rights or Professional Obligations" *Teaching Ethics*, 7: 127-31.
24. Armand H. Matheny Antommara and Rajendu Srivastava (2006) "If Cardiologists Take Care of Patients with Heart Disease, What do Hospitalists Treat?: Hospitalists and the Doctor-Patient Relationship." *American Journal of Bioethics*, 6: 47-9. PMID: 16423793.
25. Armand H. Matheny Antommara (2003) "I Paid Out-of-Pocket for My Son's Circumcision at Happy Valley Tattoo and Piercing: Alternative Framings of the Debate over Routine Neonatal Male Circumcision," *American Journal of Bioethics* 3: 51-3. PMID: 12859817.

Letters

1. Benjamin S. Wilfond, David Magnus, Armand H Matheny Antommara, Paul Appelbaum, Judy Aschner, Keith J. Barrington, Tom Beauchamp, Renee D. Boss, Wylie Burke, Arthur L. Caplan, Alexander M. Capron, Mildred Cho, Ellen Wright Clayton, F. Sessions Cole, Brian A. Darlow, Douglas Diekema, Ruth R. Faden, Chris Feudtner, Joseph J. Fins, Norman C. Fost, Joel Frader, D. Micah Hester, Annie Janvier, Steven Joffe, Jeffrey Kahn, Nancy E. Kass, Eric Kodish, John D. Lantos, Laurence McCullough, Ross McKinney, Jr., William Deadow, P. Pearl O'Rourke, Kathleen E. Powderly, DeWayne M. Pursley, Lainie Friedman Ross, Sadath Sayeed, Richard R. Sharp, Jeremy Sugarman, William O. Tarnow-Mordi, Holly Taylor, Tom Tomlison, Robert D. Truog, Yoram T. Unguru, Kathryn L. Weise, David Woodrum, Stuart Youngner (2013) "The OHRP and SUPPORT," *New England Journal of Medicine*, 368: e36. PMID: 23738513.
2. Lainie Friedman Ross and Armand H. Matheny Antommara (2011) "In Further Defense of the American Academy of Pediatrics Committee on Bioethics 'Children as Hematopoietic Stem Cell Donors' Statement." *Pediatric Blood & Cancer*. 57: 1088-9.
3. Armand H. Matheny Antommara (2011) "Growth Attenuation: Health Outcomes and Social Services." *Hastings Center Report*, 41(5): 4. PMID: 21980886.
4. Susan Bratton and Armand H. Matheny Antommara (2010) "Dead Donor Rule and Organ Procurement: The Authors Reply." *Pediatric Critical Care Medicine*, 11: 314-5.
5. Armand H. Matheny Antommara and Joel Frader (2009) "Policies of Children's Hospitals on Donation After Cardiac Death—Reply." *Journal of the American Medical Association*, 302: 845.

Case Reports

Armand H. Matheny Antommara (2002) "Case 4.9: Inappropriate Access to a Celebrity's Medical Records." In *Ethics and Information Technology: A Case-Based Approach to a Health Care System in Transition*, James G. Anderson and Kenneth W. Goodman, 79-80. New York: Springer-Verlag.

Book Reviews

1. Armand H. Matheny Antommara (2021) Review of *When Harry Became Sally: Responding to the Transgender Moment*, by Ryan T. Anderson. *Journal of Medical Humanities* 42: 195-9. PMID 31808021.
2. Armand H. Matheny Antommara (2012) Review of *The Ethics of Organ Transplantation*, by Steven J. Jensen, ed., *Journal of the American Medical Association* 308: 1482-3.
3. Armand H Matheny Antommara (2012) Review of *The Soul of Medicine: Spiritual Perspectives and Clinical Practice*, by John R. Peteet and Michael N. D'Ambra, ed., *Journal of the American Medical Association* 308: 87.
4. Armand H. Matheny Antommara (2009) Review of *Conflicts of Conscience in Health Care: An Institutional Compromise*, by Holly Fernandez Lynch. *American Journal of Bioethics* 9: 63-4.
5. Armand H. Matheny Antommara (2008) Review of *A Practical Guide to Clinical Ethics Consulting: Expertise, Ethos, and Power*, by Christopher Meyers. *American Journal of Bioethics* 8: 72-3.

6. Armand H. Matheny Antommaria (2004) Review of *Children, Ethics, and Modern Medicine*, by Richard B. Miller. *American Journal of Bioethics* 4: 127-8.
7. Armand H. Matheny Antommaria (2002) Review of *Ward Ethics: Dilemmas for Medical Students and Doctors in Training*, by Thomasine Kushner and David Thomasma, ed. *American Journal of Bioethics* 2: 70-1. PMID: 22494193.
8. Armand H. Matheny Antommaria (1999) Review of *Human Cloning: Religious Responses*, by Ronald Cole-Turner, ed. *Prism* 6 (March/April): 21.
9. Armand H. Matheny Antommaria (1999) Review of *Christian Theology and Medical Ethics: Four Contemporary Approaches*, by James B. Tubbs, Jr. *Journal of Religion* 79 (April): 333-5.
10. Armand H. Matheny Antommaria (1997) Review of *Body, Soul, and Bioethics*, by Gilbert C. Meilaender. *Prism* 4 (May/June): 28.

Newspaper Articles

1. W. Bradley Poss and Armand H. Matheny Antommaria (2010) "Mass casualty planning must incorporate needs of children." *AAP News* 31 (July): 38.
2. Robert Murray and Armand H. Matheny Antommaria (2010) "Pediatricians should work with school nurses to develop action plans for children with DNAR orders." *AAP News* 31 (May): 30..
3. Armand H. Matheny Antommaria (2009) "Addressing physicians' conscientious objections in health care." *AAP News* 30 (December): 32.

UNPUBLISHED POSTER PRESENTATIONS

1. Armand H. Matheny Antommaria. (2018) "Ethical Issues in the Care of International Patients: A Case Study." International Conference on Clinical Ethics and Consultation, Oxford, United Kingdom.
1. Jill S Sweney, Brad Poss, Colin Grissom, Brent Wallace, and Armand H Matheny Antommaria, (2010) "Development of a Statewide Pediatric Pandemic Triage Plan in Utah." Pediatric Academic Societies Annual Meeting, Vancouver, Canada. E-PAS20103713.147.
2. Christopher G. Maloney, Armand H. Matheny Antommaria, James F. Bale, Thomas Greene, Jian Ying, Gena Fletcher, and Rajendu Srivastava (2010) "Why Do Pediatric Interns Violate the 30 Hour Work Rule?" Pediatric Academic Societies Annual Meeting, Vancouver, Canada. E-PAS20101500.596
3. Armand H. Matheny Antommaria and Edward B. Clark (2007) "Resolving Conflict through Bioethics Mediation." 3rd International Conference on Ethics Consultation and Clinical Ethics, Toronto, Canada.
4. Elizabeth Tyson, Tracy Hill, Armand Antommaria, Gena Fletcher, and Flory Nkoy (2007) "Physician Practice Patterns Regarding Nasogastric Feeding Supplementation and Intravenous Fluids in Bronchiolitis Patients." Pediatrics Academic Societies Annual Meeting, Toronto, Canada. E-PAS2007:61300.

ORAL PRESENTATIONS

Keynote/Plenary Lectures

International

1. 2021, *Moderator*, Partnership for Quality Medical Donations, Charitable Access Programming for Rare Diseases, "Ethical Issues," Webinar, April 6.
2. 2017, *Invited Speaker*, Spina Bifida Fetoscopic Repair Study Group and Consortium, "Ethics of Innovation and Research in Fetal Surgery," Cincinnati, Ohio, October 26.
3. 2014, *Invited Speaker*, CIC 2013 CCI: Canadian Immunization Conference, "Condition-of-Service Influenza Prevention in Health Care Settings," Ottawa, Canada, December 2.
4. 2014, *Invited Speaker*, National Conference of the Chinese Pediatric Society, "A Brief Introduction to Pediatric Research and Clinical Ethics," Chongqing, China, September 12.

National

1. 2020, *Panelist*, Children's Mercy Bioethics Center, "Ethical Issues in the COVID Pandemic at Children's Hospitals," Webinar, March 2.
2. 2019, *Invited Speaker*, North American Fetal Therapy Network (NAFTnet), "Ethics of Innovation," Chicago, Illinois, October 12.
3. 2019, *Panelist*, National Society of Genetic Counselors Prenatal Special Interest Group, "Fetal Intervention Ethics," Webinar, September 12.
4. 2017, *Invited Participant*, American College of Epidemiology Annual Meeting, Preconference Workshop, "Extreme Personal Exposure Biomarker Levels: Guidance for Study Investigators," New Orleans, Louisiana, September 24.
5. 2016, *Invited Speaker*, American Academy of Pediatrics National Conference & Exhibition, Joint Program: Section on Hospital Medicine and Section on Bioethics, "Resource Allocation: Do We Spend Money to Save One Patient with Ebola or Over a 1,000?" San Francisco, California, October 23.
6. 2016, *Invited Speaker*, 26th Annual Specialist Education in Extracorporeal Membrane Oxygenation (SEECHMO) Conference, "Ethical Issues in ECMO: The Bridge to Nowhere," Cincinnati, Ohio, June 5.
7. 2015, *Invited Speaker*, Extracorporeal Life Support Organization (ELSO) 26th Annual Conference, "ECMO-Supported Donation after Circulatory Death: An Ethical Analysis," Atlanta, Georgia, September 20.
8. 2014, *Invited Speaker*, Pediatric Evidence-Based Practice 2014 Conference: Evidence Implementation for Changing Models of Pediatric Health Care, "Ethical Issues in Evidence-Based Practice," Cincinnati, Ohio, September 19.
9. 2014, *Invited Speaker*, 6th Annual David Kline Symposium on Public Philosophy: Exploring the Synergy Between Pediatric Bioethics and Child Rights, "Does Predictive Genetic Testing for Adult Onset Conditions that Are Not Medically Actionable in Childhood Violate Children's Rights?" Jacksonville, Florida, March 6.
10. 2010, *Invited Speaker*, Quest for Research Excellence: The Intersection of Standards, Culture and Ethics in Childhood Obesity, "Research Integrity and Religious Issues in Childhood Obesity Research," Denver, Colorado, April 21.
11. 2010, *Invited Speaker*, Symposium on the Future of Rights of Conscience in Health Care: Legal and Ethical Perspectives, J. Reuben Clark Law School at Brigham Young University and the Ave Maria School of Law, "Conscientious Objection in Clinical Practice: Disclosure, Consent, Referral, and Emergency Treatment," Provo, Utah, February 26.
12. 2009, *Invited Speaker*, Pediatric Organ Donation Summit, "Research Findings Regarding Variations in Pediatric Hospital Donation after Cardiac Death Policies," Chicago, Illinois, August 18.
13. 2008, *Meet-the-Experts*, American Academy of Pediatrics National Conference & Exhibition, "Physician Refusal to Provide Treatment: What are the ethical issues?" Boston, Massachusetts, October 11.
14. 2008, *Invited Conference Faculty*, Conscience and Clinical Practice: Medical Ethics in the Face of Moral Controversy, The MacLean Center for Clinical Medical Ethics at the University of Chicago, "Defending Positions or Identifying Interests: The Uses of Ethical Argumentation in the Debate over Conscience in Clinical Practice," Chicago, IL, March 18.
15. 2007, *Symposium Speaker*, Alternative Dispute Resolution Strategies in End-of-Life Decisions, The Ohio State University Mortiz College of Law, "The Representation of Children in Disputes at the End-of-Life," Columbus, Ohio, January 18.
16. 2005, *Keynote Speaker*, Decisions and Families, *Journal of Law and Family Studies* and The University of Utah S.J. Quinney College of Law, "Jehovah's Witnesses, Roman Catholicism, and Calvinism: Religion and State Intervention in Parental, Medical Decision-Making," Salt Lake City, Utah, September 23.

Regional/Local

1. 2020, *Keynote Speaker*, 53rd Annual Clinical Advances in Pediatrics, “Referral to a Fetal Care Center: How You Can Help Patients’ Mothers Address the Ethical Issues,” Kansas City, Kansas, September 16.
2. 2019, *Speaker*, Patient and Family Support Services, Primary Children’s Hospital, “Ethical Issues in the Care of Trans Adolescents,” Salt Lake City, Utah, December 5.
3. 2019, *Speaker*, Evening Ethics, Program in Medical Ethics and Humanities, University of Utah School of Medicine, “Patients, Parents, and Professionals: Ethical Issues in the Treatment of Trans Adolescents,” Salt Lake City, Utah, December 4.
4. 2019, *Speaker*, Pediatric Hospital Medicine Board Review Course, “Ethics, Legal Issues, and Human Rights including Ethics in Research,” Cincinnati, Ohio, September 8.
5. 2019, *Speaker*, Advances in Fetology, “Evolving Attitudes Toward the Treatment of Children with Trisomies,” Cincinnati, Ohio, September 6.
6. 2019, *Speaker*, Half-Day Ethics Training: Ethics Consultation & Ethics Committees, “Navigating the Rapids of Clinical Ethics Consultation: Intake, Recommendations, and Documentation,” Salt Lake City, Utah, June 1.
7. 2019, *Speaker*, Scientific and Ethical Underpinnings of Gene Transfer/Therapy in Vulnerable Populations: Considerations Supporting Novel Treatments, BioNJ, “What Next? An Ethical analysis of Prioritizing Conditions and Populations for Developing Novel Therapies,” Cranbury, New Jersey, March 7.
8. 2018, *Panelist*, Periviability, 17th Annual Regional Perinatal Summit, Cincinnati, Ohio, October 12.
9. 2018, *Speaker*, Regional Advance Practice Registered Nurse (APRN) Conference, “Adults are Not Large Children: Ethical Issues in Caring for Adults in Children’s Hospitals,” Cincinnati, Ohio, April 26.
10. 2018, *Speaker*, Southern Ohio/Northern Kentucky Sigma Theta Tau International Annual Conference, “Between Hope and Hype: Ethical Issues in Precision Medicine,” Sharonville, Ohio, March 2.
11. 2017, *Speaker*, Advances in Fetology 2017, “Ethics of Innovation and Research: Special Considerations in Fetal Therapy Centers,” Cincinnati, Ohio, October 27.
12. 2016, *Speaker*, End-of-Life Pediatric Palliative Care Regional Conference, “Ethical/Legal Issues in Pediatric Palliative Care,” Cincinnati, Ohio, September 15.
13. 2016, *Speaker*, 26th Annual Bioethics Network of Ohio (BENO) Conference, “When Does Parental Refusal of Medical Treatment for Religious Reasons Constitute Neglect?” Dublin, Ohio, May 29.
14. 2014, *Speaker*, Cincinnati Comprehensive Sickle Cell Center Symposium: Research Ethics of Hydroxyurea Therapy for Sickle Cell Disease During Pregnancy and Lactation, “Ethical Issues in Research with Pregnant and Lactating Women,” Cincinnati, Ohio, October 30.
15. 2014, *Speaker*, Advances in Fetology 2014, “The ‘Miracle Baby’ and Other Cases for Discussion,” Cincinnati, Ohio, September 26.
16. 2014, *Speaker*, Advances in Fetology 2014, “‘Can you tell me ...?’: Achieving Informed Consent Given the Prevalence of Low Health Literacy,” Cincinnati, Ohio, September 26.
17. 2014, *Panelist*, Center for Clinical & Translational Science & Training, Secrets of the Dead: The Ethics of Sharing their Data, Cincinnati, Ohio, August 28.
18. 2014, *Speaker*, Office for Human Research Protections Research Community Forum: Clinical Research ... and All That Regulatory Jazz, “Research Results and Incidental Findings: Do Investigators Have a Duty to Return Results to Participants,” Cincinnati, Ohio, May 21.
19. 2013, *Opening Presentation*, Empirical Bioethics: Emerging Trends for the 21st Century, University of Cincinnati Center for Clinical & Translational Science & Training, “Empirical vs. Normative Ethics: A Comparison of Methods,” Cincinnati, Ohio, February 21.
20. 2012, *Videoconference*, New York State Task Force on Life and the Law, “Pediatric Critical Care Triage,” New York, New York, March 1.
21. 2011, *Presenter*, Fall Faculty Development Workshop, College of Social Work, University of Utah, “Teaching Ethics to Students in the Professions,” Salt Lake City, Utah, November 14.

22. 2011, *Speaker*, 15th Annual Conference, Utah Chapter of the National Association of Pediatric Nurse Practitioners, “Ethical Issues in Pediatric Practice,” Salt Lake City, Utah, September 22.
23. 2011, *Speaker*, Code Silver! Active Shooter in the Hospital, Utah Hospitals & Health Systems Association, Salt Lake City, Utah, March 21.
24. 2009, *Speaker*, Medical Staff Leadership Conference, Intermountain Healthcare, “The Ethics of Leadership,” Park City, Utah, October 30.
25. 2008, *Speaker*, The Art and Medicine of Caring: Supporting Hope for Children and Families, Primary Children’s Medical Center, “Medically Provided Hydration and Nutrition: Ethical Considerations,” Salt Lake City, Utah, February 25.
26. 2005, *Speaker*, Utah NAPNAP (National Association of Pediatric Nurse Practitioners) Chapter Pharmacology and Pediatric Conference, “Immunization Update,” Salt Lake City, Utah, August 18.
27. 2005, *Keynote Speaker*, 17th Annual Conference, Utah Society for Social Work Leadership in Health Care, “Brain Death: Accommodation and Consultation,” Salt Lake City, March 18.
28. 2004, *Continuing Education Presentation*, Utah NAPNAP (National Association of Pediatric Nurse Practitioners), “Febrile Seizures,” Salt Lake City, Utah, April 22.
29. 2004, *Speaker*, Advocacy Workshop for Primary Care Providers, “Ethics of Advocacy,” Park City, Utah, April 3.
30. 2002, *Speaker*, 16th Annual Biologic Basis of Pediatric Practice Symposium, “Stem Cells: Religious Perspectives,” Deer Valley, Utah, September 14.

Meeting Presentations

International

1. 2018, *Speaker*, International Conference on Clinical Ethics and Consultation, “A Systematic Review of Typologies Used to Characterize Clinical Ethics Consultations,” Oxford, United Kingdom, June 21.

National

1. 2021, *Panelist*, Pediatric Endocrine Society Annual Meeting, Difference of Sex Development Special Interest Group, Virtual Conference, April 29.
2. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Is This Child Dead? Controversies Regarding the Neurological Criteria for Death,” Virtual Conference, October 17.
3. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Contemporary Ethical Controversy in Fetal Therapy: Innovation, Research, Access, and Justice,” Virtual Conference, October 15.
4. 2020, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “K-12 Schools and Mandatory Public Health Programs During the COVID-19 Pandemic,” Virtual Conference, October 15.
5. 2019, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Ethical Issues in Translating Gene Transfer Studies Involving Children with Neurodegenerative Disorders,” Pittsburgh, Pennsylvania, October 26.
6. 2019, *Moderator*, Pediatric Academic Societies Annual Meeting, Clinical Bioethics, Baltimore, Maryland, April 28.
7. 2018, *Presenter*, American Society for Bioethics and Humanities Annual Meeting, “Looking to the Past, Understanding the Present, and Imaging the Future of Bioethics and Medical Humanities’ Engagement with Transgender Health,” Anaheim, California, October 19.
8. 2018, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Should Vaccination Be a Prerequisite for Sold Organ Transplantation?” Anaheim, California, October 18.
9. 2018, Lindsey Douglas, Armand H. Matheny Antommaria, Derek Williams. *Workshop Presenter*, Pediatric Hospital Medicine Annual Meeting, “IRB Approved! Tips and Tricks to Smooth Sailing through the Institutional Review Board (IRB).” Atlanta, Georgia, July 20.

10. 2018, Alan Schroeder, Armand H. Matheny Antommara, Hannah Bassett, Kevin Chi, Shawn Ralston, Rebecca Blankenburg. *Workshop Speaker*, Pediatric Hospital Medicine Annual Meeting, “When You Don’t Agree with the Plan: Balancing Diplomacy, Value, and Moral Distress,” Atlanta, Georgia, July 20.
11. 2018, Alan Schroeder, Hannah Bassett, Rebecca Blankenburg, Kevin Chi, Shawn Ralston, Armand H. Matheny Antommara. *Workshop Speaker*, Pediatric Academic Societies Annual Meeting, “When You Don’t Agree with the Plan: Balancing Diplomacy, Value, and Moral Distress,” Toronto, Ontario, Canada, May 7.
12. 2017, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Tensions in Informed Consent for Gender Affirming Hormone Therapy and Fertility Preservation in Transgender Adolescents,” Kansas City, Missouri, October 19.
13. Lindsey Douglas, Armand H. Matheny Antommara, and Derek Williams. 2017, *Workshop Leader*, PHM[Pediatric Hospital Medicine]2017, “IRB Approved! Tips and Tricks to Smooth Sailing through the Institutional Review Board (IRB) Process,” Nashville, Tennessee, July 21.
14. 2016, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Ethical Challenges in the Care of International Patients: Organization, Justice, and Cultural Considerations,” Washington, DC, October 9.
15. 2015, *Coauthor*, The American Society of Human Genetics Annual Meeting, “Adolescents’ Opinions on Disclosure of Non-Actionable Secondary Findings in Whole Exome Sequencing,” Baltimore, Maryland, October 9.
16. 2012, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “A Public Health Ethics Analysis of the Mandatory Immunization of Healthcare Personnel: Minimizing Burdens and Increasing Fairness,” Washington, DC, October 21.
17. Armand H. Matheny Antommara, Valerie Gutmann Koch, Susie A. Han, Carrie S. Zoubul. 2012, *Moderator*, American Society for Bioethics and Humanities Annual Meeting, “Representing the Underrepresented in Allocating Scarce Resources in a Public Health Emergency: Ethical and Legal Considerations,” Washington, DC, October 21.
18. 2012, *Platform Presentation*, Pediatric Academic Societies Annual Meeting, “Qualitative Analysis of International Variation in Donation after Circulatory Death Policies and Rates,” Boston, Massachusetts, April 30. Publication 3150.4.
19. 2011, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “The Intersection of Policy, Medicine, and Ethics during a Public Health Disaster: Special Considerations for Children and Families,” Minneapolis, Minnesota, October 13.
20. Armand H. Matheny Antommara and Joel Frader. 2010, *Workshop Leader*, Pediatric Academic Societies Annual Meeting, “Conscientious Objection in Health Care: Respecting Conscience and Providing Access,” Vancouver, British Columbia, Canada. May 1. Session 1710.
21. 2009, *Workshop Leader*, American Society for Bioethics and Humanities Annual Meeting, “Advanced Clinical Ethics Consultation Skills Workshop: Process and Interpersonal Skills,” Washington, DC, October 15.
22. 2009, *Platform Presentation*, Pediatric Academic Societies Annual Meeting, “Qualitative Analysis of Donation after Cardiac Death Policies at Children’s Hospitals,” Baltimore, Maryland, May 2. Publication 2120.6.
23. 2008, *Speaker*, American Society for Bioethics and Humanities Annual Meeting, “Qualitative Analysis of Donation After Cardiac Death (DCD) Policies at Children’s Hospitals,” Cleveland, Ohio, October 26.
24. 2007, *Participant*, Hamline University School of Law Biennial Symposium on Advanced Issues in Dispute Resolution, “An Intentional Conversation About Conflict Resolution in Health Care,” Saint Paul, Minnesota, November 8-10.
25. 2007, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, “Bioethics Consultation and Alternative Dispute Resolution: Opportunities for Collaboration,” Washington, DC, October 21.

26. 2007, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, “DNAR Orders in Schools: Collaborations Beyond the Hospital,” Washington, DC, October 18.
27. Armand H. Matheny Antommaria and Jeannie DePaulis. 2007, *Speaker*, National Association of Children’s Hospitals and Related Institutions Annual Meeting, “Using Mediation to Address Conflict and Form Stronger Therapeutic Alliances,” San Antonio, Texas, October 9.
28. 2006, *Speaker*, American Society of Bioethics and Humanities Annual Meeting, “Bioethics Mediation: A Critique,” Denver, Colorado, October 28.
29. 2005, *Panelist*, American Society of Bioethics and Humanities Annual Meeting, “How I See This Case: ‘He Is Not His Brain,’” Washington, DC, October 20.
30. 2005, *Paper Presentation*, Pediatric Ethics: Setting an Agenda for the Future, The Cleveland Clinic, “‘He Is Not His Brain:’ Accommodating Objections to ‘Brain Death,’” Cleveland, Ohio, September 9.
31. 2004, *Speaker*, American Society for Bioethics and Humanities Spring Meeting, “Verification and Balance: Reporting Within the Constraints of Patient Confidentiality,” San Antonio, Texas, March 13.
32. 2002, *Panelist*, American Society for Bioethics and Humanities Annual Meeting, “‘Who Should Survive?:’ Mental Retardation and the History of Bioethics,” Baltimore, Maryland, October 24.

Invited/Visiting Professor Presentations

1. 2013, Visiting Professor, “How to Listen, Speak and Think Ethically: A Multidisciplinary Approach,” Norton Suburban Hospital and Kosair Children’s Hospital, Louisville, Kentucky, May 22.
2. 2010, Visiting Professor, Program in Bioethics and Humanities and Department of Pediatrics, “What to Do When Parents Want Everything Done: ‘Futility’ and Ethics Facilitation,” University of Iowa Carver College of Medicine, Iowa City, Iowa, September 10.

Grand Round Presentations

1. 2019, David Green Lectureship, “Establishing Goals of Care and Ethically Limiting Treatment,” Primary Children’s Hospital, Salt Lake City, Utah, December 5.
2. 2018, “The Ethics of Medical Intervention for Transgender Youth,” El Rio Health, Tucson, Arizona, September 29.
3. 2018, Pediatrics, “Patient Selection, Justice, and Cultural Difference: Ethical Issues in the Care of International Patients,” Cleveland Clinic, Cleveland, Ohio, April 10.
4. 2018, Bioethics, “Reversibility, Fertility, and Conflict: Ethical Issues in the Care of Transgender and Gender Nonconforming Children and Adolescents,” Cleveland Clinic, Cleveland, Ohio, April 9.
5. 2017, Heart Institute, “‘Have you ever thought about what you would want—if god forbid—you became sicker?’: Talking with adult patients about advance directives,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 16.
6. 2017, Pediatrics, “Respectful, Effective Treatment of Jehovah’s Witnesses,” with Judith R. Ragsdale, PhD, MDiv and David Morales, MD, Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, March 14.
7. 2017, Pediatrics, “Ethical Dilemmas about Discharging Patients When There Are Disagreements Concerning Safety,” Seattle Children’s Hospital, Seattle, Washington, January 19.
8. 2015, Pediatrics, “‘Nonbeneficial’ Treatment: What must providers offer and what can they withhold?,” Greenville Health System, Greenville, South Carolina, May 10.
9. 2014, Advance Practice Providers, “Common Ethical Issues,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, August 13.
10. 2014, Respiratory Therapy, “Do-Not-Resuscitate (DNR) Orders,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, July 15.
11. 2013, Heart Institute, “No Not Months. Twenty-Two Years-Old: Transiting Patients to an Adult Model of Care.” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 21.

12. 2013, Division of Neonatology, “This Premature Infant Has a *BRCA1* Mutation!?: Ethical Issues in Clinical Whole Exome Sequencing for Neonatologists.” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, October 11.
13. 2013, Department of Pediatrics, “Adults are Not Large Children: Ethical Issues in Caring for Adults in Children’s Hospitals,” Cincinnati Children’s Hospital Medical Center, Cincinnati, Ohio, February 26.
14. 2012, “Mandate or Moratorium?: Persisting Ethical Controversies in Donation after Circulatory Death,” Cedars-Sinai Medical Center, Los Angeles, California, May 16.
15. 2011, Division of Pediatric Neurology Friday Lecture Series, “Inducing or Treating ‘Seizures’ with Placebos: Is It Ever Ethical?,” University of Utah, Salt Lake City, Utah, October 7.
16. 2011, Department of Surgery, “DNR Orders in the OR and other Ethical Issues in Pediatric Surgery: Case Discussions,” Primary Children’s Medical Center, Salt Lake City, Utah, October 3.
17. 2009, Department of Pediatrics, “What to Do When Parents Want Everything Done: ‘Futility’ and Bioethical Mediation,” Primary Children’s Medical Center, Salt Lake City, Utah, September 17.
18. 2008, Division of Pulmonology and Critical Care, “Futility: May Clinicians Ever Unilaterally Withhold or Withdraw Medical Treatment?” Utah Valley Regional Medical Center, Provo, Utah, April 17.
19. 2007, Division of Otolaryngology-Head and Neck Surgery, “Advance Directives, Durable Powers of Attorney for Healthcare, and Do Not Attempt Resuscitation Orders: Oh My!,” University of Utah School of Medicine, Salt Lake City, Utah, June 20.

Outreach Presentations

1. 2019, *Panelist*, Cincinnati Edition, WVXU, “The Ethics of Human Gene Editing,” Cincinnati, Ohio, June 13.
2. 2019, *Speaker*, Adult Forum, Indian Hill Church, “Medical Ethics,” Indian Hill, Ohio, March 24.
3. 2016, *Speaker*, Conversations in Bioethics: The Intersection of Biology, Technology, and Faith, Mt. Washington Presbyterian Church, “Genetic Testing,” Cincinnati, Ohio, October 12.
4. 2008, *Speaker*, Science in Society, Co-sponsored by KCPW and the City Library, “Death—Choices,” Salt Lake City, Utah, November 20.
5. 2003, *Panelist*, Utah Symposium in Science and Literature, “The Goodness Switch: What Happens to Ethics if Behavior is All in Our Brains?” Salt Lake City, Utah, October 10.
6. 2002, *Respondent*, H. Tristram Englehardt, Jr. “The Culture Wars in Bioethics,” Salt Lake Community College, Salt Lake City, Utah, March 29.

EXHIBIT B
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