
Exploring Ethical Implications for Acting Faithfully in Professional Relationships

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The obligation to act faithfully poses ethical issues as nurses live nursing from day to day. In this column, the ethics of acting faithfully is explored in relation to four scenarios drawn from different realms of professional nursing. The scenarios illustrate ethical issues that may arise when attempting to uphold personal integrity and fulfill one's duty to act faithfully. The theoretical context of this discussion is the human becoming school of thought.

In an earlier paper in this column, Milton (2002) discussed the notion of *acting faithfully*, arguing that this term is more congruent with nursing than the bioethical principle of *fidelity*. As she asserted there, the ethics of acting faithfully needs to be “explored and articulated through the language and science of the discipline of nursing” (p. 22). In this paper, I will expand upon the notion of acting faithfully in relation to personal integrity. In particular, I will present four scenarios drawn from different realms of professional nursing in order to illustrate ethical issues that may arise when attempting to uphold personal integrity and fulfill one's duty to act faithfully. I will explore the ethical implications of alternative courses of action in each scenario by asking questions, rather than by posing answers. Readers will need to draw upon their own integrity in formulating answers to these questions. The theoretical context of this discussion is the human becoming school of thought (Parse, 1998).

According to Milton (2002), “acting faithfully in the nurse-person relationship implies an obligation of presence, devotion, and dependability whereby professional nurses are true to their word or promises” (p. 22). This description of *acting faithfully* focuses on the nurse-person relationship; however, nurses' obligation to be dependable and true to their word or promises could be said to apply in *all* professional relationships, including those with patients, colleagues, students, and other health professionals. Reflecting upon this sense of obligation to act faithfully led me to question: Where does it come from? In answer, one could cite professional codes of ethics and standards that call for principled conduct. Ultimately, though, unless individuals choose to act in accordance with such codes, values, and standards, they remain only abstract ideas. It is only when they are acted upon that they become meaningful as lived reality. The choice to act faithfully is a personal commitment to live such values and ideals that is made on a day-by-day, moment-by-moment basis. In essence, acting faithfully is being true to self as well

as others, and thus, it reflects personal integrity. The defining qualities of integrity include moral strength, honesty, honor, sincerity, and truthfulness (Editors of the American Heritage® Dictionary, 1995; Mish, 1985).

When considered in light of Parse's (1998) human becoming theory, personal integrity can be viewed as a personal reality that is cocreated with the universe in the process of structuring meaning at multidimensional realms. This cocreated personal reality relates to a commitment to be true to self, while fulfilling obligations to others. By living the commitment to uphold personal integrity, one is shaping the meaning of one's situation through manifesting a cherished value priority. Personal integrity is also a cocreated, paradoxical pattern of relating with the universe. For example, upholding one's integrity by acting faithfully creates both opportunities and limitations with respect to relationships with self and others. And, while upholding personal integrity, one both reveals and conceals who one is, because it is not possible to know all there is to be known about any human (Parse, 1998). Finally, living a commitment to uphold personal integrity is a way of cotranscending with the possibles in the process of becoming (Parse, 1998). It involves affirming and not affirming values while carving out one's uniqueness; the pushing-resisting of powering amid resistance and conflict; and seeing the familiar in a new way, thus changing the meaning of situations and opening up avenues for one's journey.

The following scenarios are provided as a means of exploring the meaning of personal integrity in relation to the obligation to act faithfully in professional nursing. They illustrate ethical issues that may arise when attempting to uphold personal integrity and fulfill one's duty to act faithfully. The scenarios were created from a synthesis of the collective experiences of my colleagues and me. Hopefully, readers will recognize the kind of everyday ethical issues that arise in living nursing. The first scenario relates to nursing research.

Research Scenario

Ms. Smith, a clinical nurse specialist, works in a pediatric setting. In her practice, she often sees adolescents who are being medically followed after being treated for leukemia in their childhood. She has noticed that these patients often speak about their hopes for the future, which she finds intriguing, given that they often face many problems. Based on her interest in this population, she has chosen these persons to be the participant group for her doctoral research project, which will focus on the lived experience of hope.

When Ms. Smith's research proposal underwent ethical review at the medical center, she received feedback asking her to clarify the recruitment process. This query surprised Ms. Smith, because she thought that the process was ethically sound. Her plan was to have staff nurses approach patients on the unit where she worked, in order to inform them about her research. Once permission was obtained from the adolescent patients and their parents, Ms. Smith would meet with them to obtain consent. In considering the feedback from the research ethics board, Ms. Smith and her supervisor, Dr. Adams, realized that the research proposal had not been clear about whether or not Ms. Smith's own patients might be approached in the recruitment process. Recognizing this omission now raised an issue that Ms. Smith and Dr. Adams had to address. In their deliberations, Ms. Smith observed that physicians at the medical center commonly recruited their own patients into research studies in which they were involved.

The ethical issue in this scenario is whether or not Ms. Smith should include her own patients in her sample. Even though she plans to have staff nurses make the initial contact with patients, they will need to know that it is Ms. Smith who is conducting the research. In that case, can their decision about whether to participate be freely taken? Or, will they feel obligated to do so? For instance, individuals may decide to participate in order to maintain good relations with Ms. Smith; or, to obtain better treatment from her and the other nursing staff. If patients were to agree to participate for such reasons, their decision could be construed as coerced. Even if Ms. Smith is right about physicians recruiting their own patients, does that make it ethically acceptable for her to also do so?

Viewing the situation in this light creates an ethical dilemma for Ms. Smith, in light of her obligation to act faithfully in relationships with her patients and potential research participants. If she proceeds with her plan to recruit patients from the unit where she works, how will she honor the trust bestowed on her by patients and families and not take advantage of them to further her research agenda? Is it feasible to eliminate the possibility of approaching a patient with whom she has worked (or might, in the future)? If not, would it be better to recruit participants from a unit other than the one where she works? However, this would be a fairly major revision to her research plan and would delay her progress, which would be personally costly. On the other hand, if she proceeds

with her plan and conducts the study on her own unit, what would it be like for Ms. Smith to live with the knowledge that patients may have felt coerced to participate? Would it be acting faithfully to go ahead and use the data obtained from them?

For Dr. Adams, acting faithfully in this scenario involves her obligation to facilitate Ms. Smith's exploration of the ethics of the situation, so that she is able to decide how best to proceed. While it is Ms. Smith's project, Dr. Adams, as her supervisor, ultimately bears responsibility for the ethical rigor of the study. And so, she has an obligation to act faithfully toward Ms. Smith as well as those who will eventually participate in her research. Acting faithfully means acting on the sincere intention to carefully keep their trust, which her honor requires of her. And so, she, too, must carefully weigh the issue and be prepared to live with the decision that is taken.

This scenario concerned a novice researcher in a practice setting and her academic supervisor. The next scenario is situated in the world of nursing academia. It is about faculty members' relations with a junior colleague who is going through the tenure process.

Educational Administration Scenario

Dr. Jones has held a tenure-stream position in the faculty of nursing at Pleasantville University for the past three years. It is her first academic appointment after completing her PhD. When she was hired, the Dean had promised certain supports to help her get established. However, these supports have not really materialized and Dr. Jones has found it extremely difficult to create a space for scholarship. She is worried about meeting the requirements for tenure, given her heavy service and teaching workload, which make it very difficult to be productive in research and writing for publication. Dr. Jones's research is qualitative in approach and it is grounded in nursing theory. When she has discussed her work with faculty colleagues, she has received the message that they do not appreciate her worldview or her research interests. In fact, the Dean has urged her to put aside her nursing theory in order to be more competitive in seeking research funding.

Over time, Dr. Jones has come to feel isolated from her colleagues, because her worldview and research interests do not fit with theirs. At the same time, she has noticed that some tenured faculty members seem to be shirking their service responsibilities. Meanwhile, she has been asked to chair a committee with a particularly heavy workload and, in several other committees, she has been delegated more than her fair share of the work. It begins to dawn on Dr. Jones that her efforts to obtain tenure are being sabotaged by faculty colleagues who do not want her to succeed. However, she does not know where to turn for help with her concerns. Other junior faculty members in whom she might confide lack the power to intervene on her behalf and senior faculty members seem disinterested or even, openly hostile. Furthermore, she

does not feel safe going to the Dean, who has been very cool toward her, ever since she realized that Dr. Jones was not going to take her advice about leaving the nursing theory out of her research.

This scenario raises the question of whether or not Deans and faculty members of schools of nursing have the obligation to support junior colleagues in their efforts to obtain tenure. Presumably, Dr. Jones' appointment to a tenure stream position was made in consideration of her potential to succeed in obtaining tenure. Otherwise, it could be said that she was hired in bad faith and is essentially being exploited as a worker, until her time of candidacy has elapsed. However, if she was hired in good faith, then she could reasonably expect to receive the support of her Dean and colleagues in her project of eventually earning tenure through the fulfillment of her responsibilities. Indeed, the Dean had assured Dr. Jones when she was hired that she would receive certain supports.

Dr. Jones is endeavoring to fulfill her responsibilities as a faculty member by carrying a heavy workload in the areas of teaching and service. Unfortunately, this has prevented her from making headway in the research and writing that is also required of her. Dr. Jones' predicament begs the question: What is going on when faculty members watch a junior colleague assume such a heavy teaching and service workload that she has no time to engage in research and other scholarship? Whether it is indicative of malicious design or neglectful disinterest, their failure to shoulder their fair share of work does, indeed, look very much like sabotage. And, it begs the question: What are the obligations of a Dean and the faculty governance structure in regards to ensuring the fair and equitable distribution of teaching and service workloads within a Faculty?

The ethics of this scenario also concerns the exercise of power in relations between faculty members. For instance, there seems to have been a change in Dr. Jones' relations with her colleagues from the time that she was hired, which is traceable to her attempts to articulate the worldview that underpins her scholarship. My colleagues and I have explored the issue of competing worldviews elsewhere (Cody & Mitchell, 2002; Mitchell & Pilkington, 1999). Here, I am particularly interested in the ethics of power relations in view of academic freedom. For instance, in this scenario, the Dean has actively tried to discourage a junior faculty member from pursuing her chosen line of scholarship based in nursing theory. Also, senior colleagues have responded to Dr. Jones' ideas with what is called a *chilly climate*—that is, with coldness and hostility. In academia, creating a chilly climate can be a way of censoring ideas and even sabotaging someone's career. A question that arises is: What does it mean for the flourishing of the profession when Deans and senior faculty members fail to act faithfully toward those who are entering the ranks?

Further examination of the conduct the Dean and other faculty members exhibit in light of their obligation to act faithfully raises a number of questions, such as: What can be

said about the integrity of those who engage in conduct aimed at preventing colleagues, especially those with less authoritative power, from flourishing? And, at what point does the pushing-resisting of opposing ideas move beyond scholarly disagreement to active sabotage? Finally, what does it mean for the flourishing of the profession when those in leadership positions fail to act faithfully toward those who have less power?

For Dr. Jones, acting faithfully in this context calls for consideration of whether it is worth the personal price to pursue the scholarly path she has chosen. Conforming to the dominant paradigm in the faculty may well bring greater acceptance and even, greater success in competitions for funding. However, what would it mean to abandon the values and beliefs with which she identifies? I would propose that Dr. Jones has acted faithfully in having the moral courage to be honest and straightforward about her ideas. How else could she act faithfully toward those faculty members who hold very different views? Is she required to engage in ongoing dialogue with the intent to better understand their position? Should she try harder to articulate her own ideas in a way that they understand her? Is she obligated to seek redress for what she perceives to be unfair treatment? And failing that, should she leave her appointment? Or, would it be more honorable to stay and continue with her struggle to carve out a place for herself within this faculty?

In the above scenario, acting faithfully was explored in relation to faculty relationships in the context of nursing education administration. The next scenario also takes place in the world of academia, but with a focus on professional relations in nursing scholarship.

Nursing Scholarship Scenario

Dr. Kendall is at an international research conference, where he attends a session on philosophy and research. There are several hundred people in attendance at the session. One of the speakers, Dr. Thomas, is presenting a critique of the work of a well-known nurse scholar whose body of work includes a unique nursing theory and a number of research studies based in that perspective. Dr. Thomas' critique is based on a single qualitative research study that this scholar published about a decade earlier. Dr. Kendall's own work is grounded in this particular nursing theory. He knows the theorist personally and he is very familiar with her body of work. And so, he is dismayed when he hears Dr. Thomas completely misrepresent the nurse scholar's work. Not only does he fail to indicate her philosophical position, but also, he makes a number of inaccurate statements. Furthermore, his tone throughout the presentation is decidedly sarcastic and, when his comments draw laughs, this behavior escalates. The two moderators of the session, who are seated in full view, appear to be quite entertained by Dr. Thomas' presentation, as they are bending over with laughter at his quips and jibes. The moderators are prominent scholars at the local university. Dr.

Kendall feels very upset by what he has just witnessed and wonders what to do about it.

This scenario has ethical implications for each of the players involved, and indeed, for the entire audience at the session. To begin with, I believe Dr. Thomas has failed to act faithfully in conducting his critique. When it comes to a critique of another's work, I would argue that acting faithfully necessarily entails sound scholarship. Sound scholarship requires that any critique of another's work begin with a conscientious attempt to understand it, including its underpinning assumptions (Pilkington, 1999). In addition, the critique must accurately represent the author's work, and therefore, it ought to encompass a representative sample of the work. One ought only to offer criticism of another's ideas after having laid this sort of groundwork; otherwise, that person's ideas cannot be fairly judged. Inasmuch as it reflects a conscientious effort to accurately represent another's ideas, a sound critique is indicative of the author's sincerity, honor, and truthfulness. On the other hand, shoddy scholarship in a critique calls into question an author's integrity.

In light of the above criteria, Dr. Thomas's presentation undoubtedly demonstrated shoddy scholarship. For one thing, he apparently failed to make any effort to understand the viewpoint of the author whose work he has critiqued. In addition, he has referenced only one dated publication (although the author has published extensively, since), and he has made many inaccurate statements about this piece of work. Such inaccuracy might merely indicate ignorance—the consequence of his failure to exercise due diligence in seeking to represent this scholar's ideas. Or, more seriously, it may indicate a deliberate attempt to distort her ideas and thereby, discredit her work. In either case, his shoddy scholarship represents a failure to act faithfully toward the scholar in question and incidentally to himself. Furthermore, his demeanor in presenting his critique reflects insincerity, let alone profound disrespect, in that he has made no attempt to take this scholar's work seriously. Indeed, he appeared to be bent on ridiculing it. The obligation to act faithfully would have required him to offer his criticisms in the spirit of respectful dialogue. By engaging in respectful dialogue, the one who offers a critique is providing the other person, as well as all those who bear witness, with an opportunity to further clarify and refine ideas, and this can only contribute to the general flourishing of the community. And so, Dr. Thomas's conduct represents a failure to act faithfully not only toward the target of his critique, but also, toward the entire nursing community.

Other parties involved in this scenario are the session moderators and the rest of the audience. What would the obligation to act faithfully require of them? To begin with, the moderators (or whoever planned this session) were responsible for ensuring the quality of the papers that were submitted for presentation. In effect, a conference audience entrusts the organizers for the quality of presentations, and, in this scenario, that trust was breached. In addition, as senior faculty members in a prestigious university, the moderators had the moral

obligation to conduct themselves in a way befitting of their position. Unfortunately, their hilarity at Dr. Thomas's sarcastic gibes was hardly respectful. The concern, here, is not that they found his comments humorous, as that would surely be a matter of personal taste. Rather, it is that they displayed public approval of what could only be interpreted as profound disrespect toward this scholar. It could be argued that Dr. Thomas's scathing critique and the moderators' subsequent hilarity was merely the exercise of academic freedom. In response, I would ask: Does academic freedom trump the moral obligation of professionals to act faithfully toward one another? Indeed, academic freedom can be used as a cloak for all sorts of maliciousness. To those who hide behind the cloak of academic freedom, I would ask: What is your intent? To say that one acts faithfully suggests that their intentions are sincere and honorable. When persons choose to exercise academic freedom that is founded in spitefulness and ill will, what does that say about their integrity and moral obligation to act faithfully toward colleagues?

With regards to members of the audience, their massed numbers conferred a certain anonymity that may have tempted them to go along with the crowd in showing approval for Dr. Thomas's disparaging remarks. Interestingly, the laughter at his jibes was not universal; and so, others besides Dr. Kendall must have felt uncomfortable with the tone of the presentation. I would submit that, even in a crowd, individuals are called upon to demonstrate respect, since this is a fundamental value in nursing codes of ethics. Furthermore, members of a conference audience can act faithfully by evaluating the quality of scholarship, and, when it is substandard, calling the speaker to account in a way that is honest, sincere, and of course, respectful.

For Dr. Kendall, this scenario poses a pressing ethical concern. He has borne witness to conduct that he finds morally repugnant, because it represents an unfair attack against a valued colleague. How is he to respond? Should he ignore the whole thing? After all, this scholar has probably not been seriously harmed by the attack, given that the poor quality of the scholarship has likely undermined the speaker's credibility. He wonders if anyone else in the audience shares his dismay, and if so, why is it that no one is speaking up? Then he considers speaking up himself, and pictures having a tense exchange with the speaker. What if he were unable to clearly articulate a response? Should he risk the embarrassment? But then, to remain silent would be giving assent to what he had witnessed, and then, how would he live with himself? As Kelly (1996) wrote, speaking up publicly takes enormous courage, and yet, "standing up for what one believes is one of the most important aspects of personal integrity" (p. 31). Even though it is difficult for him to do, Dr. Kendall feels compelled to speak up—he must, if he is to act faithfully toward his esteemed colleague and uphold his own integrity.

The two previous scenarios have been situated in the world of academia. The next scenario moves away from nursing academia to a practice setting. It involves a situation in which a

nursing student's desire to act faithfully toward a patient creates an ethical dilemma when she comes into conflict with a staff nurse involved in the situation.

Practice Scenario

Ms. Brown is a nursing student enrolled in a course in which students learn how to live a client-centered philosophy in practice. The course has a clinical practicum in a medical-surgical hospital setting, where students and staff nurses are co-assigned to patients. Today, one of Ms. Brown's patients, Mrs. Wilson, requests some of the pain medication that was prescribed for her. In the ensuing conversation, Ms. Brown learns that Mrs. Wilson isn't able to swallow large tablets, and so, the nurses have been crushing her medications and mixing it in applesauce. Also, Mrs. Wilson says that she only wants one tablet, because she doesn't like the drowsy feeling she gets when she takes two tablets. On her way to get the medication, Ms. Brown sees Ms. Giles, her co-assigned staff RN, and tells her what she was doing. When Ms. Giles learns that Ms. Brown intends to give the patient only one tablet *per* her request, she insists that she instead give her two tablets. Ms. Brown reiterates the patient's wish to take only one tablet, adding that she wants to respect her wishes. At this point, Ms. Giles says that she will give the medication herself. She then crushes two tablets in applesauce and goes and gives the mixture to Mrs. Wilson. Later, when Ms. Brown returns to the room, Mrs. Wilson says that her head feels "fuzzy," and asks her how many tablets she has been given. Ms. Brown does not know what to say. Stammering something about having to find out, she leaves to find her clinical teacher to ask for help in deciding what to do.

The ethics of this situation can be analyzed from the viewpoints of the student, the clinical teacher, and the staff nurse. For Ms. Brown, the situation presents an ethical dilemma. In the classroom, she had been learning about the fundamental values of a client-centered approach to care, including respect for persons and recognition of persons as experts for their own lives. Also, in the practicum, she had experienced the differences that it made to her patients when she was able to act on these values. Thus, she had resolved to try to integrate these values in her practice. Moreover, Ms. Brown is familiar with the nursing code of ethics and professional practice standards which require nurses to respect patients' choices and wishes, especially when they are considered to be competent. When Ms. Giles asked her to give her patient two tablets, she knew that disregarding her wishes would be a violation of Mrs. Wilson's rights and a betrayal of her trust. Because she felt clear about the right course of action, she felt confident in refusing to do what Ms. Giles suggested.

However, when Mrs. Wilson questioned the number of tablets she had been given, Ms. Brown felt trapped. Should she tell her the truth? If so, Mrs. Wilson might blame her for not seeing to it that her wishes were respected. Furthermore, she would be putting herself in an awkward situation with Ms.

Giles. As the staff RN co-assigned to her patients, she had some authority over her and she might abuse it, if she felt herself embarrassed. Still, Ms. Brown believes that Mrs. Wilson had a right to know the dosage of medications she had received. Should she jeopardize her working relationship with Ms. Giles and tell their patient the truth? If she does not tell, she will feel guilty for covering up something she feels is wrong. She must decide whether to risk doing the right thing, regardless of any unpleasant consequences for her relationship with Ms. Giles.

For the clinical teacher in this situation, the right course of action is more clear-cut. She is knowledgeable about patient rights, professional practice standards, and the nursing code of ethics. Moreover, as a teacher in this course, she feels obligated to live the values that it espouses in her relationships with students and staff nurses. For her, there is no question whether Mrs. Wilson's question should be answered. Rather, the issues are: Who should answer it? And, how should the disclosure be handled, in order that negative consequences for Ms. Brown are averted and both she and Ms. Giles are able to learn from the experience?

The third party in the situation, Ms. Giles, acted in ways that violated Mrs. Wilson's dignity and rights as a patient. Furthermore, Ms. Giles has counseled a student, Ms. Brown, to act unprofessionally toward their patient. In contemplating her failure to act faithfully toward her patient and the student, one must ask whether she is fully aware of the nature and extent of these ethical violations? Moreover, is she aware of the value priorities that make it possible for her to justify her disregard for a patient's expressed wishes? And, how does she live with the *moral residue* (Mitchell, 2001; Webster & Baylis, 2000) that remains, when she chooses to act in ways that negate the core values of the profession? Finally, what might help nurses like Ms. Green to better fulfill their obligation to act faithfully in relationships with patients, students, and others?

Conclusions

In this paper, I have explored the ethics of acting faithfully from the vantage point of the human becoming school of thought (Parse, 1998). It was my position that the obligation to acting faithfully in professional relations is closely bound up with personal integrity. The obligation to act faithfully poses ethical issues as nurses live nursing from day to day. To illustrate the ethics of acting faithfully in relation to personal integrity, I have presented four scenarios that were situated in research, education administration, nursing scholarship, and practice. These situations required the parties involved to choose among options as to how they would act. Inherent in the options were opportunities and limitations for their relationships with one another and, in choosing, they were affirming and not affirming value priorities. In exploring the situations, it became apparent that choosing to act faithfully often involves conflict with those who hold different values.

Ethical issues are, by nature, ambiguous, and without definitive answers. One's choices in regards to acting faithfully both reveal and conceal aspects of one's identity, including messages about one's personal integrity. In closing, I leave readers with an invitation to linger with the questions that I have posed about what it means to act faithfully and with integrity.

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