

Values-Based Decision Making for Catholic Health Care Organizations

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Preliminary Comments

- Difficult to preserve identity, maintain integrity of our ministry in current context
 - Market pressures & coercive social structures
- Everyday, at all levels, we are faced with issues related to our identity/integrity
 - Mission/ethical values dimensions permeate all our decisions, not just the "big ones"
- Need to be more explicit & intentional in bringing our mission/values to bear on concrete situations

Preliminary Comments (cont.)

- Many things need to be in place to ensure the connection between identity & integrity...
 - A mission that articulates our fundamental reason for existing
 - Core ethical values that transform the moral identity, culture, & character of the organization &, in turn, affect the attitudes, dispositions, & behaviors of all employees
 - Framework & process that help decision makers at all levels discern what the values demand in concrete situations
 - Policies & procedures that are reflective of the mission & values
 - Hiring practices that bring the most talented individuals committed to the mission & values into the organization
 - Leadership (administration & employees) development programs that cultivate ethical sensitivity
 - Evaluative mechanism for insuring integrity & bonus/incentive plans that reflect the organization's overall mission & values (not just financial goals)

Preliminary Comments (cont.)

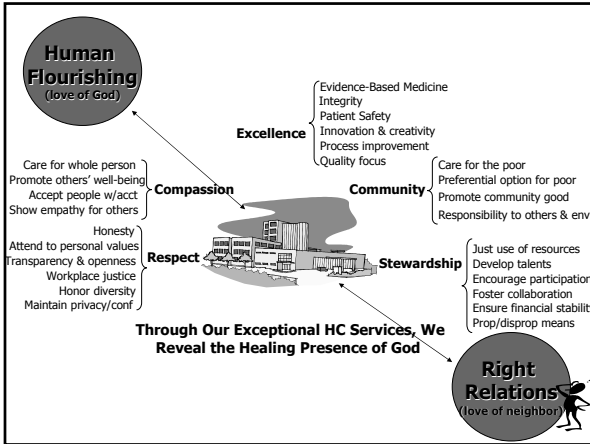
- Focus is on framework (or lens)
 - Processes abound...what needs to be more explicit is our framework for how we see & understand health care & our role as health care providers
 - This includes attention to core ethical values that should shape health care & guide us as health care providers

Program Goals

- With this in mind, our hope is to raise your awareness about the mission/value dimensions of organizational decisions & provide some insight into how we apply & assimilate our core values into decisions
 - Goal is to increase ethical sensitivity—not teach you everything there is to know about Catholic health care & organizational ethics

Values Exercise

- Key to acting with integrity is to gain a sense of who we are at the mission & values level
- Through this exercise we are going to get at two questions...
 - What are the core ethical values of Catholic health care?
 - What do they mean & how do we use them practically to drive decisions at all levels?



Using the Framework

- A framework like this should guide our reflections & shape our decisions at all levels
- Sometimes, though, not always clear what mission & values demand in concrete situations

Using the Framework (cont.)

- Sometimes values in conflict & we must decide which value takes precedence over another
 - Respect versus excellence
- More often, some values are primary whereas others are secondary—requires discernment
 - Possible to attend to all values without compromising any in many instances—just takes sensitivity & creativity

Using the Framework (cont.)

- When making decisions, we need to remember the framework & ask certain questions with the “right” people at the table
 - What do our mission/values call us to?
 - What values relate to the case at-hand? Which are primary & which are secondary?
 - What impact will the decision have on the various stakeholders (individuals, organization, community)?
- **Caution: Good people can/will disagree & different valid conclusions can be drawn!**

Scenario #1

- Jane, an employed emergency physician who converted to Catholicism last year, has had several run-ins lately with the nursing staff over her refusal to prescribe & administer emergency contraception (EC) to women who have been sexually assaulted. Jane has consistently maintained doing so would violate her conscience because of the medication’s possible abortifacient effects. Until recently this was not a problem as other physicians have stepped in to cover for Jane. Just last week, however, a patient had to be transferred to another facility because Jane refused to prescribe EC & there were no other physicians on duty in the ED. The nurse manager approaches you about this situation & asks that something be done to avoid this problem in the future—what would you advise?

Scenario #2

- The OBGYN group with whom your Catholic hospital has contracted for years has recently decided to stop seeing most Medicaid patients because several members of the group have been complaining about the low levels of reimbursement & the “type of clientele.” The group insists it has the right to do this but several case managers are concerned that these women will “fall through the cracks” & that it “looks bad on our hospital,” especially since the for-profit competitor already sees the majority of Medicaid patients in the area. The AC discusses the situation & most think they must allow this or else they could lose the OBGYN group. You are asked your opinion—what would you advise?

Scenario #3

- Your marketing department just released the following new ad in an effort to bolster the hospital's oncology services, which is a major strategic direction of your hospital.
 - **Don't miss a moment... Cancer doesn't have to win! Come to the Smith Cancer Center when it matters most.**
- Some members of the AC have expressed feelings of unease over this ad & your hospital president asks you whether you should continue running the ad—what would you advise?

Scenario #4

- Samuel Lions is an 84 year-old with end-stage lung cancer, progressive kidney disease, & severe dementia. He has been in the ICU of your Catholic hospital for 68 days on mechanical ventilation, dialysis (3x/week), & a PEG tube. Several times the treating physician has tried to get the family to withdraw these aggressive treatments & enroll Samuel in a hospice program. Each attempt has been unsuccessful as the family insists that "everything should be done." Finally after having resuscitated Mr. Lions after he went into cardiac arrest, the treating physician informs the family that he will longer acquiesce to their wishes because, in his words, "it is not in Mr. Lion's best interests, is causing a lot of distress among the nursing staff, & is not the best use of limited community-serving resources." The family objects & contacts administration. You are asked to rectify the situation—what would you advise?

Scenario #5

- A Medicare patient in your hospital is being treated as an outpatient for an incurable immunodeficiency disorder. The physician is treating with repeated IV infusions of immunoglobulin. Medicare does not cover the treatment for this condition; it is considered experimental. The treatment costs about \$5000.00 per month & has already been done for close to a year, with most of these costs being absorbed by your hospital because the patient is unable to pay. The physician has argued strongly that treatment must be continued because it provides significant symptom relief & she is obligated to do what is in the patient's best interests. In the meeting to discuss continued payment, your VP of mission notes that the money could be spent on more important things like buying replacement vehicles for the shuttle program or improving handicap accessibility in the older bathrooms. Your quality director argues that this is exactly what your mission demands when it says you provide exceptional health care & respond with compassion to those in need. Your hospital president asks for your opinion—what would you advise?
