



California Pacific
Medical Center

A Sutter Health Affiliate

Bulletin of the Program in Medicine & Human Values

Ethical Times

NO. 7, SUMMER 2006

Inside

2 The Ethicist Is In

3 On the Calendar

- Bay Area Bioethicists
- Next Talk Ethics
- Journal Editors Meeting
- International Bioethics Retreat

3 Stop Talking Medicaese

4 Program Projects

- Pro-Active Ethics Intervention Study
- Growing a Bioethics Resource Center

5 After Action Report

- Talk Ethics—Pharmaceutical Marketing to Doctors & Hospitals, May 24
- Bay Area Bioethicists, May 25
- Summer Workshop in Medical Ethics, June 2–3
- International Bioethics Retreat, Pellegrue, France, June 11–16
- Steve Miles, July 27

6 New Additions

Ethics an Element of Health Care Quality: Quality Improvement and Clinical Ethics

by Wes McGaughey

Last Fall, the Program initiated a unique audit of CPMC: the Staff Ethics Survey (SES). This survey assesses perceptions of the facility's ethical health care practices and institutional culture as well as knowledge of ethical health care practices, and views on institutional support for ethical health care practice. The survey was originally an initiative of the Veterans Health Administration National Center for Ethics in Healthcare, designed by Robert Pearlman, M.D., at the University of Washington School of Medicine. The Program brought Dr. Pearlman to CPMC as a visiting scholar and the survey was altered to fit CPMC's demographics. The Program administered the SES to its medical staff, clinicians, administration and select support staff. The survey is a self-administered questionnaire that can be completed either electronically or on paper. It gathers information about six content domains: health care ethics environment, shared decision making, end-of-life care, privacy and confidentiality, professionalism, and resource allocation.

Why did we do this? Ethics is far too often seen as a silo activity—something that is not necessary but a nice addition. We disagree. Ethics is, in fact, an essential element of health care quality. Improving the quality of healthcare requires not only improving scientific, technical, and service quality, but also ethics quality. That is, it requires assuring that clinical and management practices are consistent with widely accepted ethics standards,

norms, and exceptions. This survey is a tool to help us assess our current healthcare practices as a baseline for setting goals and developing quality improvement plans.

Moreover, not only is promoting ethical health care practices the "right thing to do," it can have secondary benefits as well. For example, evidence suggests that organizations with strong ethics programs have:

- **Superior accreditation reviews:** An effective health care ethics program can also help organizations to improve their accreditation scores. In 2002, JCAHO had 36 explicit standards relating to clinical and organizational ethics [RI.1-RI.4.4].
- **Better Organizational Efficiency and Productivity:** A strong ethical culture contributes to good organizational citizenship behaviors, and can enhance employee performance. Empirical evidence suggests that commitment to an effective ethics program helps to improve an organization's efficiency and productivity. A solid ethics program, as Dr. RD. Francis states in the *Journal of Financial Crime* "...reduces absenteeism, lowers internal squabbles, reduces staff turnover, makes recruitment of quality staff easier, and favors the retention of quality staff."
- **Lower Incidence of Wasteful or Unwanted Treatments:** An effective ethics program can help to reduce an organization's utilization of wasteful or unwanted treatments. A recent multi-

The Ethicist Is

by Albert R. Jonsen, Ph.D.



My brother has a serious liver disease. He was placed on the transplant list last month, but told that, given his circumstances, he might have to wait six months or more for an organ. At a social occasion, I told a doctor acquaintance about this. He said he could introduce my brother to a broker who could arrange for him to be transplanted in China. When my brother talked to his own doctor, he was met with a very negative response. The doctor said that livers transplanted in China were obtained from executed prisoners and that he was very uncomfortable about recommending this and would be even more uncomfortable about continuing to care for my brother after the transplant. My questions are: is it unethical to purchase an organ necessary for continued life? Is the doctor ethical in refusing to care for my brother in these circumstances?

When transplantation of major organs became possible in the second half of the 20th century, a new dimension entered medical ethics. For all of medical history, responsibility ran in a straight line between a doctor and a patient. It was the doctor's ethical duty to devote his care and attention to his patient and not to use the patient for his own benefit or the benefit of others. With transplantation, this straight line became a triangle: the doctor, the patient and the donor, or the donated organ. Organs come from cadavers or from living donors: there are always many fewer organs than patients who need them. Thus, an ethical obligation to use organs

effectively and fairly enters the doctor-patient relationship.

In 1984, the Congress passed the National Organ Transplant Act. This legislation directed the establishment of a national system to govern the fair distribution of organs in the United States. It set up a complex set of rules about collecting and distributing organs in accord with need, waiting time, age, etc. This system has worked quite well over the years in assuring a fair distribution; it has not, however, increased the number of hearts, livers and kidneys available. A serious shortage remains. Many persons die on the waiting lists.

The fundamental ethical principle of transplantation is donation. It is commonly agreed that the free gift of organs provides the best social system for the transplantation enterprise. Many other systems, such as harvesting organs from all deceased or allowing a market for purchase and trade of organs, have been debated and found wanting: they would either inspire repugnance and fear or exploit the vulnerable. The National Organ Transplant Act states, "it shall be unlawful for any person knowingly to acquire, receive or otherwise transfer any human organ for valuable consideration..."

This primacy of donation is not accepted everywhere in the world. Since the early 1980s, the Chinese government permitted organs to be removed from executed criminals (some 3500 annually). These organs were transported to hospitals where patients were waiting. Most of these

organs went to "medical tourists" from around the world, who paid, on average, \$80,000. This practice was long denied by the government but, last year, an official document acknowledged it and set regulations around it. There is no guarantee, however, that the use of such "criminal organs" will cease to be the main source of Chinese transplantation.

The American Transplantation Society has frequently condemned this practice. One statement reads, "transplant professionals should not be involved with organs from executed prisoners." Another states, "measures should be taken to protect vulnerable groups from 'transplant tourism' and the sale of organs, including the wider problem of international trafficking in human tissues and organs."

So, your brother's own doctor stands with the expressed ethical stance of the transplant profession in the United States. That ethical stance reflects the principle of justice: organs should be distributed in ways that are seen to be fair, avoiding discrimination arising from social class, race, economic resources, etc. Transplant professionals must make their decisions in ways that protect the allocation system that guarantees fair distribution. The policies cited above clearly advise professionals not to encourage or to refer patients for illicit transplantation. There is, however, some discretion. The policies are expressed in general ways. For example, physicians should

ETHICIST CONTINUED NEXT PAGE

“not be involved with organs. “This would seem clearly to prohibit obtaining and transplanting an illicit organ; but does it prohibit caring for a patient who has been transplanted? This would be a matter for the conscience of the doctor.

As for a patient who is desperate for a life-saving transplant, the obligation is rather different. This patient does have an obligation to preserve his or her own health and life. At the same time, a general moral obligation to act justly suggests that he or she should seriously consider whether that self-interested obligation might be trumped by the obligation to sustain an equitable system, one that does not take advantage of vulnerable groups (condemned prisoners might be considered vulnerable) and sustains the fundamental moral principle of donation that is at the heart of transplantation ethics. This is a matter of conscience for the patient: to pay the cost and slip outside the system or to wait, like most others, in hope that the system will work in his or her favor?



On the Calendar

Bay Area Bioethicists Thursday, September 28

Next Talk Ethics TBD

Journal Editors Meeting February 15-17, 2007

HMV will host the first of two meetings bringing together the editors of the leading bioethics journals published in English. Currently no “best practices” editorial policies govern the publication of bioethics manuscripts and the goal of the project is to develop consensus guidelines for publishing in bioethics journals. Some of the ethical issues to be addressed will include ethical considerations such as: potential conflicts of interest related to commitments of authors, reviewers or editors; defining authorship and contribution; the role of the editor, editorial freedom, privacy and confidentiality. Publishing and editorial issues will also be addressed, including: overlapping publications and bioethics journals

and the general media. Dr. Albert Jonsen, Co-Director of HMV will chair the meeting. A second follow-up meeting is being planned in London, in **June 2007**, coordinated by Dr. Soren Holm, Cardiff University, and Dr. John Harris, University of Manchester, and hosted by the *Journal of Medical Ethics*.

International Bioethics Retreat

The HMV co-sponsored International Bioethics Retreat 2007 will take place **June 18-22** at Cambridge University's Saint Catharine's College, founded in the 15th century. Participants are limited to no more than 50 invited scholars and policy makers from around the world who gather annually to present their works-in-progress.



Stop Talking Medicalesse

Patients and their families often meet with doctors and nurses to discuss the medical issues that arise during a hospital stay. Often, the clinicians use terms that may not be clear to patients. In the Winter 2006 issue of *Ethical Times*, we presented the beginning of a list of some of the more commonly used terms and defined them in patient friendly words (we hope). Here are three more terms to add to the list. The complete list will

be available on our website at www.cpmc.org/ethics.

Tube feeding: Providing nutrients, usually combinations of protein, carbohydrates and vitamins processed into a liquid, and delivered through a tube inserted down the throat or surgically fixed into the intestines.

Ventilator/ Respirator: A machine designed to supply air to lungs when

they are incapable of natural inhalation, to which patient is attached by a tube passed down or inserted in the trachea.

Cardiac resuscitation (CPR): A method of attempting to restart heart beat and breathing when these functions suddenly fail. These methods include chest compression, mouth to mouth breathing, use of drugs and electric shock.



Program Projects

Proactive Ethics Intervention Study

In the hospital's critical care units, there is a lack of reliable prognostic indicators in patients who remain in the units for prolonged periods of time. More often than not, this forces decision-making, without the support of evidence, whether to pursue aggressive or heroic efforts or emphasize comfort care. Consequently, patients undergoing extended efforts at life-prolongation may go through painful and burdensome treatments that are unwanted and eventually turn out to be non-beneficial; the patients do not survive to discharge from the hospital. Treatment decisions ultimately become vulnerable to emotionally stressful conflicts.

We are initiating a behavioral study with Dr. Larry Schneiderman of UC San Diego to investigate something we call Proactive Ethics Intervention (PEI). The study, the brain child of Dr. Schneiderman, will evaluate the efficacy of ethics consultations. Albeit a specific type of consultation: proactive. Ethics consultations can be obtained at any JCAHO accredited health care facility. These consultations are only performed, however, when a conflict in goals and values occurs. However, clinical ethics is a special service in that we can often identify an ethical dilemma before it manifests, unlike gastroenterology. So instead of waiting for the conflict to occur, we hypothesize that we can preempt it and, thus, improve the quality of health care received by the patients and their families.

In previous research, Dr. Schneiderman and his colleagues demonstrated the value of traditional ethics consultations as a way to improve health outcomes and end-of-life care when treatment conflicts occur. They were able to increase both patient and provider satisfaction, shorten the length of stay in non-survivors, and reduce suffering and unwanted aggressive treatments.

The study will take place over three years with approximately 500 subjects (although the expectation is to exceed that figure). A staff of three clinical ethicists will follow and offer consultation with patient cases that they identify as involving potential or manifest conflicts during medical attending rounds. Outcomes will be measured, and patients, surrogates, and their physicians and nurses will be interviewed.

Growing A Bioethics Resource Center

The Program has initiated the much needed project of assembling a Bioethics Resource Center for the Bay Area. We already have a substantial collection of books, journals and manuscripts that is constantly growing. Most recently, we received a large donation of over 5000 unique and old bioethics manuscripts and documents from a member the Bay Area Bioethicists, Dr. Catherine Myser. These documents are in the process of being cataloged and incorporated in the developing Bioethics Resource Center. The collection is located near our offices at 2395 Sacramento Street, on the third floor in the Don King Library. You can search through the collection at <http://www.cpmc.org/professionals/hslibrary/>

QUALITY CONTINUED FROM PAGE 1

center study showed that ethics consultations can reduce hospital days and life-sustaining treatments in dying patients, and are viewed as helpful by the great majority of requester.

That said, this is what we did and found:

Surveys were mailed to nearly 2000 eligible and randomly selected staff. After the initial mailing and three reminders, nearly a third responded. Clinicians made up the majority of respondents, with managers, support staff, researchers and other staff composing the rest of the respondent group. The average length of service for each respondent was more than ten years.

The survey was broken into three kinds of questions: questions measuring perceptions of specific practices, questions measuring perceptions of "overall" ethicality in each domain, and knowledge questions about particular practices that could be answered correctly or incorrectly. Answers to the questions about perception of ethical tone and practice in our institution reveal CPMC staff wholeheartedly desire to work in an ethical institution and believe that CPMC is such an institution. Responses to questions about specific practices showed that a significant portion of our staff were not informed or clear about certain policies and norms. This shows the need for improved education about ethics.

Together, the overall perception that CPMC is an ethical institution and the need for education about particular ethical practices, provide the opportunity for a vigorous initiative to assure that ethics is an essential component of quality of care at CPMC. Design of this initiative is the next major task of the Program.

With that in mind, we'll be using the data to begin new educational plans for current and future CPMC citizens.



After Action Report

Talk Ethics: Pharmaceutical Marketing to Doctors & Hospitals, May 24



Talk Ethics, a quarterly discussion of a provocative issue open to CPMC staff and sponsored by the Program in Medicine and Human Values, held its second meeting on Wednesday, May 24. The topic was “Pharmaceutical Marketing to Doctors and Hospitals: Can it be done ethically?”

Associate Dean Lorie Rice, MPH, of the UCSF School of Pharmacy; Brian Alldredge, Pharm. D, a pharmacy professor from UCSF; Daniella Zipkin M.D., of the CPMC Family Medicine Clinic; and Steve Reidbord, M.D., CPMC Mental Health Clinic were the discussants. The educational value of pharmaceutical representatives was debated, as well as the influence of industry promotions for physicians and the widespread use of media advertising of drugs. While the question, “can it be done ethically” was not definitively answered, speakers and the audience emphasized many hazards that call for great caution.

Is the provided drug information accurate yet selective? Is it as fair in presenting the alternatives to the marketed drug? Even though it might be educational, how trustworthy can the information be when it is put in a

context to persuade? Data was presented that reveal that physicians, who believe themselves able to resist influence, are open to persuasion. These were the type of questions that were presented to the panel. All agreed that the principal peril of drug marketing and advertising among professionals is persistent conflict of interest.

No matter where one’s opinion falls on this issue, all in attendance left better informed about both the utility and the complications that institutions and physicians face when collaborating with the pharmaceutical industry. Though where the ethical line gets drawn is certainly an individual decision, its far reaching implications deserve careful thought, consistent oversight and clear institutional policy.

Bay Area Bioethicists, May 25

The Bay Area Bioethicists, a forum for the local bioethics community, convened on May 25 to chat about projects in bioethics around the bay. The highlight of the gathering was the presentation of CPMC’s preliminary results of the Staff Ethics Survey (SES). Dr. Paul Hoffman, a healthcare policy consultant and President and CEO of Hoffman Healthcare, partnered with us on the SES project as a result of this meeting. We’re very excited to have Paul with us.

Summer Workshop in Medical Ethics

The Program in Medicine and Human Values organized a two-day workshop for members of hospital ethics committees. Thirty-seven doctors, nurses, social workers and chaplains attended, most of them from Sutter affiliated hospitals. Lectures on how to analyze an ethical problem and on how to evaluate the usefulness of the committee’s work were given by Dr. Albert Jonsen, Dr. Susan Rubin, ethics consultant at Alta Bates, Dr. David Magnus, director of Stanford’s Center on Bioethics, and Dr.

Paul Hofmann of Hofmannhealth. We intend to hold this program again next year.

International Bioethics Retreat, Pellegrue, France

The HMV co-sponsored International Bioethics Retreat took place June 11-16, in Pellegrue, France. More than 45 participants attended, representing: The Caribbean, England, Finland, France, Germany, India, Israel, Italy and the US. Lawrence J. Schneiderman, Also in attendance was Geoffrey Nuttall, Editorial Director of Journals for Cambridge University Press. Visiting Professor in the HMV, delivered the David Thomas memorial lecture, “Making Tough Medical Decisions with the Help of Facts, Statistics, Empathy and Imagination.” William Andereck, Co-Director of HMV, presented a paper on “The Commodification of American Healthcare” which focused on the problems raised by commercialism in medicine. Both presentations will appear in the Cambridge Quarterly of Healthcare Ethics.

Steve Miles, M.D.

On Thursday, July 27, The California Pacific Medical Center Program in Medicine & Human Values and the San Francisco Medical Society presented a lecture in the CPMC Conference Center by Steven Miles, M.D. on the subject of his new book, “Oath Betrayed: Torture, Medical Complicity, and the War on Terror.” The book had been hailed by Robert Jay Lifton M.D., author of “The Nazi Doctors” as “...exactly the book we require on medical complicity in torture.” In addition to being a practicing physician, Dr. Miles, is also a professor of medicine at the University of Minnesota Medical School and a faculty member of its Center for Bioethics. The recipient of the Distinguished Service Award of the American Society of Bioethics and Humanities, he is widely published on a wide range of health—and healthcare—related topics.

Please visit our website for a full review of this event.

Program in Medicine & Human Values

2395 Sacramento Street, 3rd floor
San Francisco, CA 94115

Tel: **415-600-1647**
Fax: **415-600-1355**

www.cpmc.org/ethics

Email CPMC Ethics Committee:
ethics@sutterhealth.org

William Andereck, M.D.
Co-Director and Medical Director

Albert Jonsen, Ph.D.
Co-Director and Senior Ethics Scholar
in Residence

Antonio Kruger
Administration

Thomasine Kushner, Ph.D.
Academic Communications

Wes McGaughey
Research Associate

Rachel Nielsen
Intern



*California Pacific
Medical Center*

A Sutter Health Affiliate

Program in Medicine & Human Values
2395 Sacramento Street, 3rd floor
San Francisco, CA 94115



New Additions

MHV welcomes two new additions: **Lawrence Schneiderman, M.D.**, and **Steve Heilig, M.A.** Dr. Schneiderman, who will serve as Co-Principal Investigator for the Proactive Ethics Intervention study (see Program Projects) is Emeritus Professor of Family and Preventive Medicine and Professor of Medicine, at UCSD Medical Center where he co-founded the Medical Ethics Committee. In addition to his many contributions to the bioethics literature, including *Wrong Medicine*, coauthored with Nancy Jecker, he is also a published novelist, short story writer and playwright.

Steve Heilig, a leading figure in Bay Area bioethics, is Director of Public Health and Education for the San Francisco Medical Society, a Senior Research Associate with *Commonweal*, and Co-Editor of the *Cambridge Quarterly of Healthcare Ethics*. He is a recipient of the California Medical Association's annual Robert Spark, M.D., Leadership Award for lifetime contributions to public health and the community and joins MHV to coordinate community relations and public affairs.

Nonprofit
Organization
U.S. Postage

PAID

San Francisco, CA
Permit No. 1741