

# one

## chapter one

# Introduction to Ethics

*I expect to pass through this world but once. Any good therefore that I can do, or any kindness I can show to any creature, let me do it now. Let me not defer it, for I shall not pass this way again.*

STEPHEN GRELLET

### LEARNING OBJECTIVES

The reader on completion of this chapter will be able to:

- Explain what ethics is, its importance, and its application to ethical dilemmas.
- Describe the concepts of morality, codes of conduct, and moral judgments.
- Understand relevant “ethical theories and principles.”
- Describe virtue ethics and values and how they more clearly describe one’s moral character.
- Explain why courage is often considered to be the “ladder on which all other virtues mount.”
- Describe why there is a declining trust in the politics of health care.
- Understand how religious ethics can affect one’s moral character.
- Explain the concept of “situational ethics” and how changes in circumstances can alter one’s behavior.
- Describe the concepts of “ethical relativism” and one’s “moral compass.”

## INTRODUCTION



*Good can triumph over evil.*

AUTHOR UNKNOWN

This chapter provides the reader with an overview of ethics, moral principles, virtues, and values. Ethics and morals are derivatives from the Greek and Latin terms (roots) for *custom*. The intent here is not to burden the reader with the philosophical arguments surrounding ethical theories, morals, principles, virtues, and values; however, as with the study of any new subject, “words are the tools of thought.” Therefore, some new vocabulary is necessary for the reader to learn in order to establish a foundation and apply the abstract theories and principles of ethics in order to make practical use of them.

## ETHICS



*How we perceive right and wrong is influenced by what we feed on.*

AUTHOR UNKNOWN

*Ethics* is the branch of philosophy that seeks to understand the nature, purposes, justification, and founding principles of moral rules and the systems they comprise. Ethics deals with values relating to human conduct. It focuses on the rightness and wrongness of actions, as well as the goodness and badness of motives and ends. Ethics encompasses the decision-making process of determining ultimate actions—what should I do, and is it the right thing to do. It involves how individuals decide to live within accepted boundaries, principles, and values and how we live in harmony with the environment and one another.

Ethics, also referred to as moral philosophy, is the discipline concerned with what is morally good and bad, right and wrong. The term is also applied to any theoretical system of moral values or principles. Ethics is less concerned with factual knowledge than with virtues and values—namely, human conduct, as it ought to be, as opposed to what it actually is.

*Microethics* involves an individual’s view of what is right and wrong based on personal life experiences. *Macroethics* involves a more global view of right and wrong. Although no person lives in a vacuum, solving ethical dilemmas involves consideration of ethical issues from both a micro and macro perspective.



*The world is a dangerous place. Not because of the people who are evil; but because of the people who don’t do anything about it.*

ALBERT EINSTEIN

The term *ethics* is used in three distinct but related ways, signifying (1) philosophical ethics, which involves inquiry about ways of life and rules

of conduct; (2) a general pattern or “way of life,” such as religious ethics (e.g., Judeo-Christian ethics); and (3) a set of rules of conduct or “moral code,” which involves professional ethics and unethical behavior. The scope of health care ethics encompasses numerous issues, including the right to choose or refuse treatment and the right to limit the suffering one will endure. Incredible advances in technology and the resulting capability to extend life beyond what would be considered a reasonable quality of life have complicated the process of health care decision making. The scope of health care ethics is not limited to philosophical issues but embraces economic, medical, political, social, and legal dilemmas.

*Bioethics* addresses such difficult issues as the nature of life, the nature of death, what sort of life is worth living, what constitutes murder, how we should treat people who are especially vulnerable, and the responsibilities that we have to other human beings. It is about making the right judgments in difficult situations.

### Why Do We Study Ethics?

We study ethics to aid us in making sound judgments, good decisions, and right choices. If not right choices, then better ones. To those in the health care industry, it is about anticipating and recognizing health care dilemmas and making good judgments and decisions based on universal values that work in unison with the laws of the land and our Constitution, and where the law remains silent, we rely on the ability of caregivers to make right judgments as guided by the wisdom of Solomon to do good. Doing the right thing by applying the universal morals and values described in this text (e.g., the 10 Commandments) will help shield and protect all from harm.

## MORALITY



*Aim above morality. Be not simply good; be good for something.*

HENRY DAVID THOREAU



### NEWSPAPER CLIPPINGS: Elderly Patient Hit by Motorcycle Dies in Japan After Being Rejected by 14 Hospitals

After getting struck by a motorcycle, an elderly Japanese man with head injuries waited in an ambulance as paramedics phoned 14 hospitals, each refusing to treat him.

He died 90 minutes later at the facility that finally relented—one of thousands of victims repeatedly turned away in recent years by understaffed and overcrowded hospitals in Japan.

*Maria Yamaguchi, Associated Press, February 5, 2009*



### NEWSPAPER CLIPPINGS: Vietnam—Terror of War

Fire rained down on civilians. Women and children ran screaming. Ut snapped pictures. A little girl ran toward him, arms outstretched, eyes shut in pain, clothes burned off by Napalm. She said, “Too hot, please help me!”

*1973 Spot News, Newseum, Washington, DC*



### NEWSPAPER CLIPPINGS: Ethiopian Famine (1985 Feature)

People searched everywhere for food. Some 30,000 tons of it, from the United States, had been held up by an Ethiopian government determined to starve the countryside into submission. And starve the people it did—half a million Ethiopians, many of them children so hungry their bodies actually consumed themselves.

I’ll never forget the sounds of kids dying of starvation.

*Newseum, Washington, DC*



### NEWSPAPER CLIPPINGS: Waiting Game for Sudanese Child (and a Pulitzer-Winning Photographer’s Suicide)

Carter’s winning photo shows a heartbreaking scene of a starving child collapsed on the ground, struggling to get to a food center during a famine in the Sudan in 1993. In the background, a vulture stalks the emaciated child.

Carter was part of a group of four fearless photojournalists known as the “Bang Bang Club” who traveled throughout South Africa capturing the atrocities committed during apartheid.

Haunted by the horrific images from Sudan, Carter committed suicide in 1994 soon after receiving the award.

*A Pulitzer-Winning Photographer’s Suicide, National Public Radio, (NPR), March 2, 2006*



*Trek of tears describes many horrible historic events, from broken treaties with American Indians to an African Journey of horror, where people would flee together as a village to escape the barbaric slaughter of men, women, and children as the remainder of the world stood cowardly by watching the death and starvation of hundreds of thousands of people. Human atrocities committed by humans. Is it not time to stand up and be counted to do what is right and leave all excuses behind for our complacency toward the genocide that continues throughout the world?*





*There are those who have been brainwashed into believing, in the name of religion, that if they blow themselves up in public places, killing innocent people, that they will be rewarded in the afterlife. This is not religion and it is not culture; it is evil people brainwashing young minds to do evil things.*

GP

*Morality* describes a class of rules held by society to govern the conduct of its individual members. It implies the quality of being in accord with standards of right and good conduct. Morality is a code of conduct. It is a guide to behavior that all rational persons should put forward for governing their behavior. Morality requires us to reach a decision as to the rightness or wrongness of an action. *Morals* are ideas about what is right and what is wrong; for example, killing is wrong, whereas helping the poor is right, and causing pain is wrong, whereas easing pain is right. Morals are deeply ingrained in culture and religion and are often part of its identity. Morals should not be confused with cultural habits or customs, such as wearing a certain style of clothing. What rules are considered right varies from nation to nation, culture to culture, religion to religion, and one person to the next. In other words, there is no universal morality that is recognized by all people in all cultures at all times.

### Code of Conduct

A *code of conduct* generally prescribes standards of conduct, states principles expressing responsibilities, and defines the rules expressing duties of professionals to whom they apply. Most members of a profession subscribe to certain “values” and moral standards written into a formal document called a *code of ethics*. Codes of conduct often require interpretation by caregivers as they apply to the specific circumstances surrounding each dilemma.

Michael D. Bayles, a famous author and teacher, describes the differences between standards, principles, and rules:

- *Standards* (e.g., honesty, respect for others, conscientiousness) are used to guide human conduct by stating desirable traits to be exhibited and undesirable ones (dishonesty, deceitfulness, self-interest) to be avoided.
- *Principles* describe responsibilities that do not specify what the required conduct should be. Professionals need to make a judgment about what is desirable in a particular situation based on accepted principles.
- *Rules* specify specific conduct; they do not allow for individual professional judgment.

### Moral Judgments

*Moral judgments* are those judgments concerned with what an individual or group believes to be the right or proper behavior in a given situation. Making a moral judgment is being able to choose an option from among choices.

It involves assessing another person's moral character based on how he or she conforms to the moral convictions established by the individual and/or group. A lack of conformity can result in moral disapproval and possibly ridicule of one's character.

### Morality Legislated

When it is important that disagreements be settled, morality is often legislated. Law is distinguished from morality by having explicit rules and penalties, as well as officials who interpret the laws and apply penalties when laws are broken. There is often considerable overlap in the conduct governed by morality and that governed by law. Laws are created to set boundaries for societal behavior. They are enforced to ensure that the expected behavior happens.

### Moral Dilemmas

*Moral dilemmas* arise when values, rights, duties, and loyalties conflict, and, consequently, not everyone is satisfied with a particular decision. An understanding of the concepts presented here will help the caregiver in conflict resolution when addressing ethical dilemmas. Caregivers often find that there seems to be no right or wrong answer. The best answer when attempting to resolve an ethical dilemma is based on the wishes known and the information available at the time a decision must be made. The answer is often elusive.

## ETHICAL THEORIES



*Ethics, too, are nothing but reverence for life. This is what gives me the fundamental principle of morality, namely, that good consists in maintaining, promoting, and enhancing life, and that destroying, injuring, and limiting life are evil.*

ALBERT SCHWEITZER



*Be careful how you judge others. . . . As Scottish author J.M. Barrie said, "Never ascribe to an opponent motives meaner than your own." We tend to judge others based on their behavior, and ours based on our intent. In almost all situations, we would do well to recognize the possibility—even probability—of good intent in others . . . sometimes despite their observable behavior.*

STEPHEN M. R. COVEY, *THE SPEED OF TRUST* (FREE PRESS)

Ethics seeks to understand and to determine how human actions can be judged as right or wrong. Ethical judgments can be made based on our own experiences or based upon the nature of or principles of reason.

*Ethical theories and principles* introduce order into the way people think about life. They are the foundations of ethical analysis and provide guidance

in the decision-making process. Various theories present varying viewpoints that assist caregivers in making difficult decisions that impact the lives of others. Ethical theories help caregivers to predict the outcome of alternative choices, when following their duties to others, in order to reach an ethically correct decision. The paragraphs following provide a review of the more commonly discussed ethical theories.

## Normative Ethics

*Normative ethics* is the attempt to determine what moral standards should be followed so that human behavior and conduct may be morally right. Normative ethics is primarily concerned with establishing standards or norms for conduct and is commonly associated with general theories about how one ought to live. One of the central questions of modern normative ethics is whether human actions are to be judged right or wrong solely according to their consequences.

*General normative ethics* is the critical study of major moral precepts of such matters as what things are right, what things are good, and what things are genuine. General normative ethics is the determination of correct moral principles for all autonomous rational beings.

*Applied ethics* is the application of normative theories to practical moral problems. It attempts to explain and justify specific moral problems such as abortion, euthanasia, and assisted suicide.

*Descriptive ethics*, also known as *comparative ethics*, deals with what people believe to be right and wrong, whereas *normative* prescribes how people ought to act.

*Meta-ethics* seeks to understand ethical terms and theories and their application.

## Consequential Ethics

The *consequential theory* of ethics emphasizes that the morally right action is whatever action leads to the maximum balance of good over evil. From a contemporary standpoint, theories that judge actions by their consequences have been referred to as consequential ethics. Consequential ethical theories revolve around the premise that the rightness or wrongness of an action depends on the consequences or effects of an action. The theory of consequential ethics is based on the view that the value of an action derives solely from the value of its consequences. The goal of a consequentialist is to achieve the greatest good for the greatest number. It involves asking these questions:

- What will be the effects of each course of action?
- Will they be positive or negative?
- Who will benefit?
- What will do the least harm?

## Utilitarian Ethics



*Happiness often sneaks in a door you did not think was open.*

AUTHOR UNKNOWN

The utilitarian approach to ethics involves the concept that the moral worth of an action is determined solely by its contribution to overall usefulness. It describes doing the greatest good for the most people. It is thus a form of consequential ethics, meaning that the moral worth of an action is determined by its outcome, and, thus, the ends justify the means.

## Deontological Ethics



*Act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end.*

IMMANUEL KANT

*Deontological ethics* is commonly attributed to the German philosopher Immanuel Kant (1724–1804). Kant believed that although doing the right thing is good, it might not always lead to or increase the good and right thing sought after. It focuses on one's duties to others and others' rights. It includes telling the truth and keeping your promises. Deontology ethics is often referred to as duty-based ethics. It involves ethical analysis according to a moral code or rules, religious or secular. *Deon* is derived from the Greek word meaning "duty." Kant's theory differs from consequentialism in that consequences are not the determinant of what is right; therefore, doing the right thing may not always lead to an increase in what is good.

## Nonconsequential Ethics

The *nonconsequential ethical theory* denies that the consequences of an action or rule are the only criteria for determining the morality of an action or rule. In this theory, the rightness or wrongness of an action is based on properties intrinsic to the action, not on its consequences.

Applying this theory to health care decision making, each situation may have a different fact pattern, thus resulting in moral decisions being made on a case-by-case basis. The values held ever so strongly in one situation may conflict with the same values given a different set of facts. For example, if your plane crashed high in the Andes mountains and the only source of food for survival would be the flesh of those who did not survive, you may, if you wish to survive, have to give up your belief that it is morally wrong to eat the flesh of another human being. Given a different set of circumstances, given an abundance of food, you would most likely find it reprehensible to eat human flesh. Thus, there are no effective hard-and-fast rules or guidelines to govern ethical behavior.

## Ethical Relativism

The theory of *ethical relativism* holds that morality is relative to the norms of the culture in which an individual lives. In other words, right or wrong depends on the moral norms of the society in which it is practiced. A particular action by an individual may be morally right in one society or culture and wrong in another. What is acceptable in one society may not be considered as such in another. Slavery may be considered an acceptable practice in one society and unacceptable and unconscionable in another. The administration of blood may be acceptable as to one's religious beliefs and not acceptable to another within the same society. The legal rights of patients vary from state to state, as is well borne out, for example, by Oregon's Death with Dignity Act. Caregivers must be aware of cultural, religious, and legal issues that can affect the boundaries of what is acceptable and what is unacceptable practice, especially when delivering health care to persons with beliefs different from their own. As the various cultures of the world merge together in common communities, the education and training of caregivers become more complex. The caregiver must not only grasp the clinical skills of his or her profession but also have a basic understanding of what is right and what is wrong from both a legal and ethical point of view. Although decision making is not always perfect, the knowledge gained from this text will assist the caregiver in making better decisions.

## PRINCIPLES OF ETHICS



*You cannot by tying an opinion to a man's tongue, make him the representative of that opinion; and at the close of any battle for principles, his name will be found neither among the dead, nor the wounded, but the missing.*

E. P. WHIPPLE (1819–1886)

*Ethical principles* are universal rules of conduct, derived from ethical theories that provide a practical basis for identifying what kinds of actions, intentions, and motives are valued. Ethical principles assist caregivers in making choices based on moral principles that have been identified as standards considered worthwhile in addressing health care–related ethical dilemmas. Ethical principles provide a generalized framework within which particular ethical dilemmas can be analyzed and decisions made. Caregivers will find that difficult decisions often involve choices between conflicting ethical principles, as described in the following sections.

## Beneficence

*Beneficence* describes the principle of doing good, demonstrating kindness, showing compassion, and helping others. In the health care setting, caregivers demonstrate beneficence by providing benefits and balancing benefits against risks. Beneficence requires one to do good. Doing good requires

knowledge of the beliefs, culture, values, and preferences of the patient—what one person may believe to be good for a patient may in reality be harmful. For example, a caregiver may decide to tell a patient frankly, “There is nothing else that I can do for you.” But what if the patient really wants encouragement and information about care options from the caregiver? Compassion here requires the caregiver to tell the patient, “I am not aware of new treatments for your illness; however, I have some ideas about how I can help treat your symptoms and make you more comfortable. In addition, I will keep you informed as to any significant research that may be helpful in treating your disease processes.”

*Paternalism* is a form of beneficence. It occurs when individuals and/or institutions (e.g., political, military, organizational, religious) believe they know what is best for others, thus making decisions for others. Paternalism may involve, for example, prohibiting or requiring certain actions.

*Medical paternalism* can involve making choices for a patient by withholding medical information, preventing the patient from making an informed decision. Justification for such actions can occur because of one’s age, cognitive ability, or level of dependency. Physicians are often in situations in which they can influence a patient’s health care decision simply by selectively telling the patient what they believe to be in the patient’s best interest. The problem of paternalism involves a conflict between principles of beneficence and autonomy, each of which is conceived by different parties as the overriding principle in cases of conflict. Conflict between the demands of beneficence and autonomy underlies a broad range of controversies.



### REALITY CHECK: Paternalism and Breach of Confidentiality

Paternalism is not only a concern when caring for patients. It also occurs frequently in the workplace. Vicky traveled with her husband, Dan, to a consulting assignment in Michigan. While visiting with her brother in Michigan, she believed that her potassium was low because of the physical symptoms that she was experiencing. Dan suggested to Vicky that she get her blood tested. Vicky’s brother suggested that she have her blood tested at a small blood-drawing station at a local athletic club. It turned out that the station was owned and operated by the organization that Dan was assigned to consult with.

Vicky went to breakfast with Dan the following day. A physician consultant joined Dan and Vicky at breakfast. During breakfast, Vicky related her ongoing battle with her autoimmune disease. Joan, a nurse consultant, arrived a bit later for breakfast. She offered her opinion that Dan should leave work and be with Vicky. Dan said, “We have been fighting this battle together for many years. We know when to push the panic button.” Vicky spoke up and said, “Our family lives here. They are familiar with my health needs and will take care of me while Dan is working.”

Later that morning, while at work, Dan learned that some of the results of Vicky's lab tests revealed that her potassium was low, which was a common ongoing medical problem that Vicky and Dan were used to and had previously addressed on numerous occasions. Dan's physician colleague inquired as to how she was doing. Dan described her condition. The physician and the nurse suggested that Dan leave the job to be with Vicky. Dan said, "This has been our life, and we have things under control."

Later that morning, Joan, without Dan's knowledge, decided to call the corporate office and discuss her concerns with Bill, who was Dan's supervisor. Bill had overslept and had not yet arrived at work. Joan then decided to speak to a supervisor on call. After that conversation, Joan, being led by three staff members from the organization, tracked Dan down on several occasions that morning.

On the first occasion, at approximately 10:15 AM, Dan was consulting with the organization's staff in a family practice center when Joan arrived. She abruptly called Dan aside, excusing the organization's staff from a room in which Dan was consulting. Joan said, with surprise, "Dan, you are working?" Dan, even more surprised at the question, said, "Yes, I have been working." Joan replied, "Well, anyway, the corporate office wants to speak to you." Dan asked, "Did you call and report Vicky's health needs?" Joan said that she had. Dan replied, "Couldn't this have waited until lunch? I will call at lunch."

Joan again tracked Dan down with an entourage of the organization's staff at 11:30 AM. She located him while he was in the organization's transfusion center. She intruded into a conference room where Dan was discussing the care being rendered to a cancer patient and asked the staff with whom Dan was consulting, "Could everyone please leave? I need to talk to Dan." After the organization's staff left, the nurse said, "I called the corporate office, and they want you to call them." Dan inquired, "Are they pulling me off this assignment?" The nurse replied, "Yes, they are. I spoke to Bill, and he has decided that out of concern for Vicky that you should be removed from this particular assignment. He wants you to call him." Dan again said, "Couldn't this have waited until lunch? I don't understand why you did this, calling my boss and continuously interrupting my work and sharing with others confidential information. I will wrap up with the staff regarding this patient and call Bill." As Joan left the conference room, disgruntled, Dan said, "I trusted that the information my wife and I shared with you would remain confidential."

Dan called Bill during his lunch break. During that call Bill said, "I am going to remove you from your assignment because I think your wife's health needs should be addressed, and this could be disruptive to the survey." Dan replied, "The only disruption has been the nurse consultant tracking me down with staff from the organization and not conducting her work activities." Bill said, "My decision stands. You can opt to take vacation time for the remainder of the week."



### Discussion

1. Discuss what examples of paternalism you have gleaned from this case. Do you think Dan was treated fairly? Discuss your answer.
2. Discuss the issues of trust, confidentiality, and fairness as they relate to this case.



### CASE: CAN A PHYSICIAN “CHANGE HIS OR HER MIND”?

Walls had a condition that caused his left eye to be out of alignment with his right eye. Walls discussed with Shreck, his physician, the possibility of surgery on his left eye to bring both eyes into alignment. Walls and Shreck agreed that the best approach to treating Walls was to attempt surgery on the left eye. Before surgery, Walls signed an authorization and consent form that included the following language:

I hereby authorize Dr. Shreck . . . to perform the following procedure and/or alternative procedure necessary to treat my condition . . . of the left eye.

I understand the reason for the procedure is to straighten my left eye to keep it from going to the left.

It has been explained to me that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize my physician and his assistants to do what they feel is needed and necessary.

During surgery, Shreck encountered excessive scar tissue on the muscles of Walls’s left eye and elected to adjust the muscles of the right eye instead. When Walls awoke from the anesthesia, he expressed anger at the fact that both of his eyes were bandaged. The next day, Walls went to Shreck’s office for a follow-up visit and adjustment of his sutures. Walls asked Shreck why he had operated on the right eye, and Shreck responded that “he reserved the right to change his mind” during surgery.

Walls filed a lawsuit. The trial court concluded that Walls had failed to establish that Shreck had violated any standard of care. It sustained Shreck’s motion for directed verdict, and Walls appealed. The court stated that the consent form that had been signed indicated that there can be extenuating circumstances when the surgeon exceeds the scope of what was discussed presurgery. Walls claimed that it was his impression that Shreck was talking about surgeries in general.

Roussel, an ophthalmologist, had testified on behalf of Walls. Roussel stated that it was customary to discuss with patients the potential risks of a surgery, benefits, and the alternatives to surgery. Roussel testified that medical ethics requires informed consent.



Shreck claimed that he had obtained the patient's informed consent not from the form but from what he discussed with the patient in his office. The court found that the form itself does not give or deny permission for anything. Rather, it is evidence of the discussions that occurred and during which informed consent was obtained. Shreck therefore asserted that he obtained informed consent to operate on both eyes based on his office discussions with Walls.

Ordinarily, in a medical malpractice case, the plaintiff must prove the physician's negligence by expert testimony. One of the exceptions to the requirement of expert testimony is the situation whereby the evidence and the circumstances are such that the recognition of the alleged negligence may be presumed to be within the comprehension of laypersons. This exception is referred to as the "common knowledge exception."

The evidence showed that Shreck did not discuss with Walls that surgery might be required on both eyes during the same operation. There was evidence that Walls specifically told Shreck he did not want surgery performed on the right eye.

Expert testimony was not required to establish that Walls did not give express or implied consent for Shreck to operate on his right eye. Absent an emergency, it is common knowledge that a reasonably prudent health care provider would not operate on part of a patient's body if the patient told the health care provider not to do so.

On appeal, the trial court was found to have erred in directing a verdict in favor of Shreck. The evidence presented established that the standard of care in similar communities requires health care providers to obtain informed consent before performing surgery. In this case, the applicable standard of care required Shreck to obtain Walls's express or implied consent to perform surgery on his right eye. [*Walls v. Shreck*, 658 N.W.2d 686 (2003)].

### **Ethical and Legal Issues**

1. Discuss the conflicting ethical principles in this case.
2. Did the physician's actions in this case involve medical paternalism? Explain your answer.

### **Nonmaleficence**

*Nonmaleficence* is an ethical principle that requires caregivers to avoid causing patients harm (to do no harm). Nonmaleficence is not concerned with improving others' well-being but with avoiding the infliction of harm. Medical ethics require health care providers to "first, do no harm." *In re Conroy*, 464 A.2d 303, 314 (N.J. Super. Ct. App. Div. 1983), "The physician's primary obligation is . . . first do no harm." Telling the truth, for example, can sometimes cause harm. If there is no cure for a patient's disease, you may have a dilemma. Do I tell the patient and possibly cause serious psychological

harm, or do I give the patient what I consider false hope? Is there a middle ground? If so, what is it? To avoid causing harm, alternatives may need to be considered in solving the ethical dilemma.

The caregiver, realizing that he or she cannot help a particular patient, attempts to avoid harming the patient. This is done as a caution against taking a serious risk with the patient or doing something that has no immediate or long-term benefits.

The principle of nonmaleficence is broken when a physician is placed in the position of ending life by removing respirators, giving lethal injections, or writing prescriptions for lethal doses of medication. Helping patients die violates the physician's duty to save lives. In the final analysis, there needs to be a distinction between killing patients and letting them die.

## Autonomy



*No right is held more sacred, or is more carefully guarded, by the common law, than the right of every individual to the possession and control of his own person.*

*UNION PACIFIC RY. CO. v. BOTSFORD* [141 U.S. 250, 251 (1891)].

The principle of *autonomy* involves recognizing the right of a person to make one's own decisions. "Auto" comes from a Greek word meaning "self" or the "individual." In this context, it means recognizing an individual's right to make his or her own decisions about what is best for him- or herself. Autonomy is not an absolute principle. The autonomous actions of one person must not infringe upon the rights of another.

Respect for autonomy has been recognized in the *14th amendment* to the Constitution of the United States. The law upholds an individual's right to make his or her own decisions about health care. A patient has the right to refuse to receive health care even if it is beneficial to saving his or her life. Patients can refuse treatment, refuse to take medications, refuse blood or blood by-products, and refuse invasive procedures regardless of the benefits that may be derived from them. They have a right to have their decisions followed by family members who may disagree simply because they are unable to "let go."

What law has mandated has been reflected in bioethical thinking. Although patients have a right to make their own decisions, they also have a concomitant right to know the risks, benefits, and alternatives to recommended procedures.

When analyzing an ethical dilemma, caregivers must consider how autonomy and the respect for a patient's wishes affect the caregivers' decision-making processes. Is, for example, the patient's right to self-determination being compromised because of a third party's wishes for the patient?

The caregiver must respect the mentally competent decision-making capabilities of autonomous persons and that right of an individual

to make his or her own decisions. The eminent Justice Benjamin Cardozo, in *Schloendorff v. Society of New York Hospital*, stated:

Every human being of adult years and sound mind has a right to determine what shall be done with his own body and a surgeon who performs an operation without his patient's consent commits an assault, for which he is liable in damages, except in cases of emergency where the patient is unconscious and where it is necessary to operate before consent can be obtained. [105 N.E. 92, 93 (N.Y. 1914)].

What happens when the right to autonomy conflicts with other moral principles, such as beneficence and justice? Conflict can arise, for example, when a patient refuses a blood transfusion considered necessary to save his or her life while the caregiver's principal obligation is to do no harm.

Autonomous decision making can be affected by one's disabilities, mental status, maturity, or incapacity to make decisions. Although the principle of autonomy may be inapplicable in certain cases, one's autonomous wishes may be carried out through an advance directive and/or an appointed health care agent in the event of one's inability to make decisions.

## Justice



### NEWSPAPER CLIPPINGS: New Kidney Transplant Rules Would Favor Younger Patients

The nation's organ transplant network is considering giving younger, healthier people preference over older, sicker patients for the best kidneys.

Some also complain that the new system would unfairly penalize middle-aged and elderly patients at a time when the overall population is getting older.

If adopted, the approach could have implications for other decisions about how to allocate scarce resources, such as expensive cancer drugs and ventilators during hurricanes and other emergencies. . . .

The Washington Post, *February 24, 2011*

*Justice* is the obligation to be fair in the distribution of benefits and risks. Justice demands that persons in similar circumstances be treated similarly. A person is treated justly when he or she receives what is due, is deserved, or can legitimately be claimed. Justice involves how people are treated when their interests compete with one another.

*Distributive justice* is a principle requiring that all persons be treated equally and fairly. No one person, for example, should get a disproportional share of society's resources or benefits. There are many ethical issues involved in the

rationing of health care. This is often a result of limited or scarce resources, limited access as a result of geographic remoteness, or a patient's inability to pay for services combined with many physicians who are unwilling to accept patients who are perceived as "no-pays" with high risks for legal suits.

Senator Edward M. Kennedy, speaking on health care at the John F. Kennedy Presidential Library in Boston, Massachusetts on April 28, 2002, stated:

It will be no surprise to this audience that I believe securing quality, affordable health insurance for every American is a matter of simple justice. Health care is not just another commodity. Good health is not a gift to be rationed based on ability to pay. The time is long overdue for America to join the rest of the industrialized world in recognizing this fundamental need.

Later, speaking at the Democratic National Convention on August 25, 2008, Kennedy said:

And this is the cause of my life—new hope that we will break the old gridlock and guarantee that every American—North, South, East, West, young, old—will have decent, quality health care as a fundamental right and not a privilege.

Although Kennedy did not live to see the day his dream would come true, President Barack Obama signed into law the final piece of his administration's historic health care bill on March 23, 2010. The White House released the following e-mail describing the key benefits of insurance reform.

The White House  
Nancy-Ann DeParle,  
Mar 23, 2010, at 12:48 PM

Good afternoon,

Since the House of Representatives voted to pass health reform legislation on Sunday night, the legislative process and its political impact have been the focus of all the newspapers and cable TV pundits.

Outside of DC, however, many Americans are trying to cut through the chatter and get to the substance of reform with a simple question: "What does health insurance reform actually mean for me?" To help, we've put together a list of some key benefits every American should know.

Let's start with how health insurance reform will expand and strengthen coverage:

- This year, children with pre-existing conditions can no longer be denied health insurance coverage. Once the new health insurance exchanges begin in the coming years, pre-existing condition discrimination will become a thing of the past for everyone.

- This year, health care plans will allow young people to remain on their parents' insurance policy up until their 26th birthday.
- This year, insurance companies will be banned from dropping people from coverage when they get sick, and they will be banned from implementing lifetime caps on coverage. This year, restrictive annual limits on coverage will be banned for certain plans. Under health insurance reform, Americans will be ensured access to the care they need.
- This year, adults who are uninsured because of pre-existing conditions will have access to affordable insurance through a temporary subsidized high-risk pool.
- In the next fiscal year, the bill increases funding for community health centers, so they can treat nearly double the number of patients over the next five years.
- This year, we'll also establish an independent commission to advise on how best to build the health care workforce and increase the number of nurses, doctors and other professionals to meet our country's needs. Going forward, we will provide \$1.5 billion in funding to support the next generation of doctors, nurses and other primary care practitioners—on top of a \$500 million investment from the American Recovery and Reinvestment Act.

Health insurance reform will also curb some of the worst insurance industry practices and strengthen consumer protections:

- This year, this bill creates a new, independent appeals process that ensures consumers in new private plans have access to an effective process to appeal decisions made by their insurer.
- This year, discrimination based on salary will be outlawed. New group health plans will be prohibited from establishing any eligibility rules for health care coverage that discriminate in favor of higher-wage employees.
- Beginning this fiscal year, this bill provides funding to states to help establish offices of health insurance consumer assistance in order to help individuals in the process of filing complaints or appeals against insurance companies.
- Starting January 1, 2011, insurers in the individual and small group market will be required to spend 80 percent of their premium dollars on medical services. Insurers in the large group market will be required to spend 85 percent of their premium dollars on medical services. Any insurers who don't meet those thresholds will be required to provide rebates to their policyholders.
- Starting in 2011, this bill helps states require insurance companies to submit justification for requested premium increases. Any company with excessive or unjustified premium increases may not be able to participate in the new health insurance exchanges.

Reform immediately begins to lower health care costs for American families and small businesses:

- This year, small businesses that choose to offer coverage will begin to receive tax credits of up to 35 percent of premiums to help make employee coverage more affordable.
- This year, new private plans will be required to provide free preventive care: no co-payments and no deductibles for preventive services. And beginning January 1, 2011, Medicare will do the same.
- This year, this bill will provide help for early retirees by creating a temporary re-insurance program to help offset the costs of expensive premiums for employers and retirees age 55–64.
- This year, this bill starts to close the Medicare Part D ‘donut hole’ by providing a \$250 rebate to Medicare beneficiaries who hit the gap in prescription drug coverage. And beginning in 2011, the bill institutes a 50% discount on prescription drugs in the ‘donut hole.’

Thank you,

Nancy-Ann DeParle, Director, White House Office of Health Reform

The rhetoric continues and is soon forgotten after the elections have ended. The numbers of uninsured and underinsured Americans continues to rise. The costs of health care have bankrupted many, and research dollars have proven to be inadequate, yet those elected to address the needs of the country have squandered trillions of dollars. They have, however, ensured that their health care needs are met with the best of care in the best facilities with the best doctors. They have taken care of themselves. Their pensions are intact, while many Americans have to face such dilemmas as which medications they will take and which they cannot afford. Many often have to decide between food and medications. Is this justice or theft of the nation’s resources by the few incompetents who have been elected to protect the American people? Unfortunately, these problems continue to this day as Congress wrangles over national health insurance.

### ***Justice and Government Spending***

Scarce resources are challenging to the principles of justice. Justice involves equality; nevertheless, equal access to health care, for example, across the United States does not exist. How do you think the government should spend a trillion dollars? With 46 to 47 million uninsured Americans, according to the U.S. Census Bureau statistics, describe the value of the one-time \$300 to \$600 per household give-back from the United States Treasury under the Bush administration. Consider the following questions:

- Should the money be distributed equally among families?
- Should the money be distributed equally among all citizens?

- Should the money be invested and saved for a rainy day?
- Should the money be used to improve educational programs, build libraries, build state-of-the-art hospitals, or fund after-school programs for disadvantaged youths?
- Should the money include both savings for that rainy day and funding for the programs described previously?
- What would be the greater good for all?
- Should health care be rationed? If so, should it be rationed to Congress as well and not based on one's ability to pay?
- Should those individuals (e.g., politicians, corporate directors, stock manipulators) found to be ethically corrupt be condemned to poverty and stand in the same food lines as the poorest of Americans?



### REALITY CHECK: Treatment Options and Who Should Pay

Patients and sometimes physicians are often not aware of available treatment options, both novel and traditional. For example, in the treatment of multiple sclerosis (MS), different physicians from around the country are prescribing varying plans of treatment. Some physicians have told me how they have seen patients who walked with the assistance of a walker or cane, even a wheelchair, and leave the hospital without assistance. The problem is, the information, experiences, and successes of physicians from different parts of the country often remain unshared. Thus, physicians are left in the dark about who is doing what and how varying combinations of treatment programs may be helpful to patients. For example, in Florida, a physician described a case of an MS patient who came for wound care treatment utilizing a hyperbaric chamber. There was an unexpected side effect, however: the patient, who had arrived in a wheelchair, left with a cane. The physician gives credit to the hyperbaric chamber. If it had not been for the need of wound care, the patient would not have had the unexpected secondary benefit in improving MS symptoms. Unfortunately, health insurance would not have covered the patient's care in the hyperbaric chamber if it had not been for the patient's need for wound care. In New Jersey, a physician described his development of a "cocktail of medications" for MS patients, but insurance does not want to pay for the multiple drugs. A physical therapist in New Hampshire described a new piece of equipment that has helped both MS patients and stroke victims walk again without the assistance of a cane.

### Discussion

1. Discuss why you believe insurance carriers are often reluctant to pay for a variety of treatment options (e.g., lack of sufficient medical evidence that would justify the expense associated with a particular treatment).
2. Discuss why a computerized treatment option database would be a valuable tool when developing a patient's treatment plan.





### **NEWSPAPER CLIPPINGS: He Won His Battle With Cancer. Thus, Why Are Millions of Americans Still Losing Theirs?**

For an increasing number of cancer activists, researchers and patients, there is too much death and too much waiting for new drugs and therapies. They want a greater sense of urgency, a new approach that emphasizes translational research over basic research—turning knowledge into therapies and getting them to patients pronto. The problem is, that’s not the way our sclerotic research paradigm—principally administered by the National Institutes of Health and the National Cancer Institute (NIH/NIC)—is set up. “The fact that we jump up and down when cancer deaths go from 562,000 to 561,000, that’s ridiculous. That’s not enough,” says Lance Armstrong, the cyclist and cancer survivor turned activist, through his Lance Armstrong Foundation (LAF).

*Time, September 15, 2008*

As this article describes the number of deaths involving cancer and the fact that cancer will affect nearly half of the U.S. population, why have so many words been spoken and so little done to fight this battle? Should we believe that “change is coming”? If it is, whom will it benefit? What do you think?



### **REALITY CHECK: States Have Double Standards**

It’s no secret that the states have had double standards over the years, one for health care organizations and one for physicians. For example, a physician is able to buy his or her own computed tomography (CT) scanner, while hospitals have to jump through hoops to be able to purchase one. Physicians are allowed to establish surgery centers near hospitals without scrutiny, while hospitals have to beg and plead with state health departments for months and sometimes years, requiring mountains of documentation and meetings, to justify opening an outpatient surgery center. In one true-life example, a 300-bed hospital had to justify opening an outpatient rehabilitation program within the hospital in order to provide a continuum of care for patients. While the hospital was busy arguing with the state to justify this outpatient program, physician groups were busy setting up their own outpatient programs in direct competition with hospitals. Physicians often duplicate the money-making health care programs that hospitals develop, while referring Medicaid and no-pay to hospital programs for care.

#### **Discussion**

1. Discuss the issues of justice as they apply to this scenario.
2. Discuss the issues of fairness and how physician competition with hospitals might affect the quality of patient care.



### *Injustice for the Insured*



*Even if you're insured, getting ill could bankrupt you. Hospitals are garnishing wages, putting liens on homes and having patients who can't pay arrested. It's enough to make you sick. Think You're Covered? Think Again.*

SARA AUSTIN, *SELF*, OCTOBER 2004

Hospitals are receiving between \$4 million and \$60 million annually in charity funds in New York City alone, according to Elizabeth Benjamin, director of the health law unit of the Legal Aid Society of New York City; however, even the insured face injustice. In 2003, almost 1 million Americans declared bankruptcy because of medical issues, accounting for nearly half of all of the bankruptcies in the country. When an insured patient gets ill and exhausts his or her insurance benefits, should the hospital be able to:

- Withhold the money from the patient's wages?
- Place a lien on the patient's home?
- Arrest the patient?
- Block the patient from applying for the hundreds of millions of dollars in government funds designated to help pay for care for those who need it?

### *Age and Justice*



#### **NEWSPAPER CLIPPINGS: New Kidney Transplant Rules Would Favor Younger Patients**

The nation's organ-transplant network is considering giving younger, healthier people preference over older, sicker patients for the best kidneys.

Some also complain that the new system would unfairly penalize middle-aged and elderly patients at a time when the overall population is getting older.

If adopted, the approach could have implications for other decisions about how to allocate scarce resources, such as expensive cancer drugs and ventilators during hurricanes and other emergencies . . .

*Rob Stein, The Washington Post, February 24, 2011*

- Should an 89-year-old patient get a heart transplant, rather than a 10-year-old girl, just because he or she is higher on the waiting list?
- Should a 39-year-old single patient, rather than a 10-year-old boy, get a heart transplant because he or she is higher on the waiting list?
- Should a 29-year-old mother of three get a heart transplant, rather than a 10-year-old girl, because she is higher on the waiting list?

- Should a 29-year-old pregnant mother with two children, rather than a 10-year-old boy, get a heart transplant because she is higher on the waiting list?

### ***Justice and Emergency Care***

When two patients arrive in the emergency department in critical condition, consider who should receive treatment first. Should the caregiver base his or her decision on the:

- First patient who walks through the door?
- Age of the patients?
- Likelihood of survival?
- Ability of the patient to pay for services rendered?
- Condition of the patient?

Patients are to be treated justly, fairly, and equally. What happens, however, when resources are scarce and only one patient can be treated at a time? What happens if caregivers decide that age should be the determining factor as to who is treated first? One patient is saved, and another dies. What happens if the patient saved is terminal and has an advance directive in his wallet requesting no heroic measures to save his life? What are the legal issues intertwined with the ethical issues in this case?

*Justice* describes how people are treated when interests compete. *Distributive justice* implies that all are treated fairly; no one person is to get a disproportional share of society's resources or benefits. This principle raises numerous issues, including how limited resources should be allocated. As noted in the following quotes, "distributive justice" has become words without application.



#### **NEWSPAPER CLIPPINGS: The Forbes 400**

The rich haven't gotten richer—or poorer—this year. For the second year in a row, the price of admission to *The Forbes 400* is \$1.3 billion. In this, the 27th edition of the list, the assembled net worth of America's wealthiest rose by \$30 billion—only 2%—to \$1.57 trillion.

*Edited by Matthew Miller and Duncan, Forbes.com, September 17, 2008, Greenberg*

Senator Bernie Sanders from Vermont posted on his Senate website (<http://www.sanders.senate.gov/newsroom/news/>) on September 19, 2008:

The middle class has really been under assault. Since President Bush has been in office, nearly 6 million Americans have slipped into poverty, median family income for working Americans has declined by

more than \$2,000, more than 7 million Americans have lost their health insurance, over 4 million have lost their pensions, foreclosures are at an all-time high, total consumer debt has more than doubled, and we have a national debt of over \$9.7 trillion dollars.

While the middle class collapses, the richest people in this country have made out like bandits and have not had it so good since the 1920s. The top 0.1 percent now earn more money than the bottom 50 percent of Americans, and the top 1 percent own more wealth than the bottom 90 percent. The wealthiest 400 people in our country saw their wealth increase by \$670 billion while Bush has been president. In the midst of all of this, Bush lowered taxes on the very rich so that they are paying lower income tax rates than teachers, police officers or nurses.

When there is a reduction in staff in health care organizations, managers are generally asked to eliminate “nonessential” personnel. In the health care industry, this translates to those individuals not directly involved in patient care (e.g., maintenance and housekeeping employees). Is this fair? Is this just? Is this the right thing to do?

### *In Search of Economic Justice*

Avery Comarow, in his article on *Under the Knife in Bangalore* (*U.S. News and World Report*, May 12, 2008), wrote that the high cost of U.S. hospital care is motivating patients to travel to places like India and Thailand for major procedures. There would be no need for uninsured patients to go abroad if the prices they were quoted in the United States were more in line with what insurers and Medicare pay. The uninsured often pay full price for medical procedures in the United States. For example, a self-pay patient will pay between \$70,000 and \$133,000 for coronary bypass surgery, whereas Medicare will pay between \$18,609 and \$23,589. Commercial insurance plans often get up to a 60% discount off the list cost of medical procedures. In India, the same surgery will cost the patient \$7,000, and in Thailand, it will be \$22,000.

Fairness, justice, and equality for all who seek health care are our rights. This statement sounds good, but it is not true. It would seem that government speaks for some of the people but not all of the people. To avoid bankruptcy and loss of assets, maybe their homes, Americans risk the unknowns of going abroad for health care.



#### **PEOPLE STORIES: Boomer Bubble “Bioeconomics”**

As baby boomers become Medicare eligible, there is likely to be a huge strain on the federal budget. Is this dramatically increased cost justified, beneficial, and necessary to the country as a whole?

The revenue from working, taxpaying baby boomers over the past 4 decades has fueled unprecedented prosperity. That revenue has made many entitlements possible, but it is going to diminish drastically as boomers retire and become recipients instead of contributors to the revenue base. Advances in medical technology have increased longevity dramatically, and boomers therefore are likely to be on the receiving end of entitlements for a long time. Medical advances, however, also can increase productivity as well as longevity. Boomers with a lifetime of work experience can be a valuable resource if they are kept healthy enough to remain gainfully employed at some level. Maintenance of a skilled American workforce is essential for future prosperity and economic stability. Boomers are a substantial resource of experienced skilled workers. It is a political necessity that they are encouraged to stay productive. The government's subsidizing health care through Medicare and other programs is therefore an investment that can facilitate this worthwhile goal. Additional incentives may even be appropriate. Even on an ethical basis, boomers that fueled our economy for so long deserve to be taken care of in their later years. Hopefully, many of them will be healthy enough and willing enough to continue being productive beyond the usual retirement age. Thus, from a political perspective, the healthful, moral, and ethical choice may also turn out to be the profitable choice for our society.

*Physician*

## VIRTUE ETHICS AND VALUES



*The most important human endeavor is the striving for morality in our actions. Our inner balance, and even our very existence depends on it. Only morality in our actions can give beauty and dignity to our lives.*

ALBERT EINSTEIN

*Virtue ethics* focuses on the inherent character of a person rather than on the specific actions that he or she performs. The term *virtue* is normally defined as some sort of moral excellence or beneficial quality. In traditional ethics, *virtues* are those characteristics that differentiate good people from bad people. Virtues, such as honesty and justice, are abstract moral principles. A morally virtuous person is one who does the good and right thing by habit, not by a set of rules of conduct.

Virtue-based ethical theories place much less emphasis on which rules people should follow and instead focus on helping people develop good character traits, such as kindness and generosity. These character traits will, in turn, allow a person to make the correct decisions later on in life. Virtue theorists emphasize the need for people to learn how to break bad habits of character, including greed or anger.



### PEOPLE STORIES: Resilience of the Health Caregiver Spirit

I've been in leadership roles for two sister hospitals in southeast Louisiana, with each experiencing the devastation of hurricane damage twice in the past 3 years. The first experience was temporarily suspending normal operations in New Orleans, and recently, history repeated itself at the sister hospital in Houma, Louisiana.

In both instances, I was stunned at the determination and strength of health care teams to rebuild. Both hospitals needed to resort to MASH-type tent hospitals to allow rebuilding of the hospitals. Health care for the communities was not interrupted. Back-to-basics care ensued, but not without close attention to needed regulatory compliance standards. The regulatory agencies were called and involved from the get-go, and the caregiver teams and support service staff flourished with enthusiasm to survive and care for the patients in need. Was this because of the nonprofit nature of our state-sponsored hospitals? I don't think so. The human spirit takes over when it comes to patient care, no matter what.

I am happy to say that both New Orleans and Houma are back on track, with care being provided in top-quality hospitals. This is only due to the diligence of all, including facilities management, housekeeping, and multiple direct and indirect caregiver departments. What is the ethical issue here? There is no issue. Support for the art of caregiving will never be disappointed—at least not in southeast Louisiana. I stand in awe of what I have seen and look forward to growing with this team of devoted professionals.

*Nurse*

The relationship between abstract virtues (principles) and values (practice) is often difficult to grasp. The virtuous person is one who does good, and his or her character is known through the values he or she practices.

A *moral value* is the relative worth placed on some virtuous behavior. What has value to one person may not have value to another. A value is a standard of conduct. Values are used for judging the goodness or badness of some action. *Ethical values* imply standards of worth. They are the standards by which we measure the goodness in our lives. *Intrinsic value* is something that has value in and of itself (e.g., happiness). *Instrumental value* is something that helps to give value to something else (e.g., money is valuable for what it can buy).

Values may change as needs change. If one's basic needs for food, water, clothing, and housing have not been met, one's values may change such that a friendship, for example, might be sacrificed if one's basic needs can be better met as a result of the sacrifice. As mom nears the end of her life, a financially well-off family member may want to take more aggressive measures to keep mom alive despite the financial drain on her estate. Another family member, who is struggling financially, may more readily see the futility of

expensive medical care and find it easier to let go. Values give purpose to each life. They make up one's moral character.

All people make value judgments and make choices among alternatives. Values are the motivating power of a person's actions and necessary to survival, both psychologically and physically.

We begin our discussion here with an overview of those virtues commonly accepted as having value when addressing difficult health care dilemmas. The reader should not get overly caught up in the philosophical morass of how virtues and values differ but should be aware that virtues and values have been used interchangeably.

Whether we call compassion a virtue or a value or both, the importance for our purposes in this text is to understand what compassion is and how it is applied in the health care setting.

### Pillars of Moral Strength



*I am part of all I have met.*

ALFRED TENNYSON

What are the pillars that build one's moral strength? What sets each person apart? In the final analysis, it is one's virtues and values that build moral character. Look beyond the words and ask, "Do I know their meanings?" "Do I apply their concepts?" "Do I know their value?" "Are they part of me?"

This text and this chapter are not about memorizing words; they are about applying what we learn for the good of all whose lives we touch. We begin our discussion here with an overview of those virtues commonly accepted as having value when addressing difficult health care dilemmas (Figure 1-1).

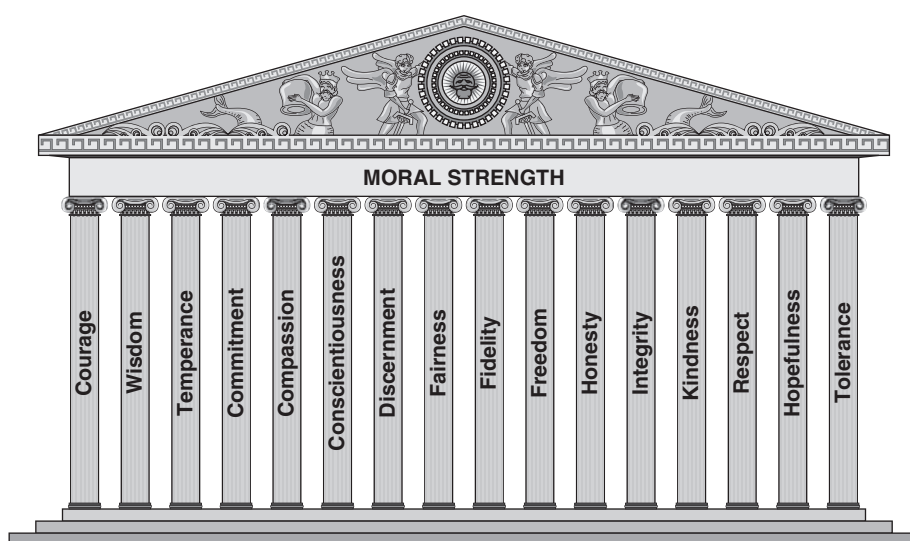


Figure 1-1 Pillars of Moral Strength

## Courage as a Virtue



*Courage is the greatest of all virtues, because if you haven't courage, you may not have an opportunity to use any of the others.*

SAMUEL JOHNSON

*Courage* is the mental or moral strength to persevere and withstand danger. Courage can be characterized as the ladder upon which all the other virtues mount. Courage is the strength of character necessary to continue in the face of fears and the challenges in life. It involves balancing fear, self-confidence, and values. Without courage, we are unable to take the risks necessary to achieve the things most valued. A courageous person has good judgment and a clear sense of his or her strengths, correctly evaluates danger, and perseveres until a decision is made and the right goal that is being sought has been achieved.

The following People Story is an excerpt of a Facebook discussion between two friends involving Courage and Forgiveness by two very special people.



### PEOPLE STORIES: Courage and Forgiveness

7:38am

Did you see this link <http://www.josieking.org/page.cfm?pageID=10> on the internet?

7:38am

Reading it now

7:39am

Ok

[Josie was 18 months old....In January of 2001 Josie was admitted . . . after suffering first and second degree burns from climbing into a hot bath. She healed well and within weeks was scheduled for release. Two days before she was to return home she died of severe dehydration and misused narcotics ...

Josie spent ten days in the PICU. I [Josie's mother] was by her side every day and night. I paid attention to every minute detail of the doctors' and nurses' care, and I was quick to ask questions. I bonded with them and was in constant awe of the medical attention she received . . . She was sent down to the intermediate care floor with expectations of being sent home in a few days. Her three older siblings prepared for her welcome home celebration . . .

The following week her central line had been taken out. I began noticing that every time she saw a drink she would scream for it, and I thought this was strange. I was told not to let her drink. While a nurse and I gave her a bath, she sucked furiously on a washcloth. As I put her to bed, I noticed that her eyes were rolling back in her head. Although I asked the nurse to call the doctor, she reassured me that oftentimes children did this and her vitals were fine. I told her Josie had never done this and



perhaps another nurse could look at her. After yet another reassurance from another nurse that everything was fine, I was told that it was okay for me to sleep at home. I called to check-in two times during the night and returned to the hospital at 5:30 am. I took one look at Josie and demanded that a doctor come at once. She was not fine. Josie's medical team arrived and administered two shots of Narcan. I asked if she could have something to drink. The request was approved, and Josie gulped down nearly a liter of juice. Verbal orders were issued for there to be no narcotics given. As I sat with Josie, I noticed that the nurse on morning duty was acting very strangely. She seemed nervous, overly demonstrative and in a hurry. Uneasy, I asked the other nurses about her and they said she had been a nurse for a long time. Still worried, I expressed my concern to one of the doctors, and he agreed that she was acting a bit odd. Meanwhile, Josie started perking up. She was more alert and had kept all liquids down. I was still scared and asked her doctors to please stay close by. At 1:00 the nurse walked over with a syringe of methadone. Alarmed, I told her that there had been an order for no narcotics. She said the orders had been changed and administered the drug.

Josie's heart stopped as I was rubbing her feet. Her eyes were fixed, and I screamed for help. I stood helpless as a crowd of doctors and nurses came running into her room. I was ushered into a small room with a chaplain.

The next time I saw Josie she had been moved back up to the PICU. Doctors and nurses were standing around her bed. No one seemed to want to look at me. She was hooked up to many machines, and her leg was black and blue. I looked into their faces, and said to them, You did this to her now YOU must fix her. I was told to pray. Two days later Jack, Relly and Eva were brought to the hospital to kiss their beloved Josie good-bye. Josie was taken off of life support. She died in our arms on a snowy night in what's considered to be one of the best hospitals in the world. Our lives were shattered and changed forever.

Josie died from severe dehydration and misused narcotics. Careless human errors. On top of our overwhelming sorrow and intense grief we were consumed by anger. They say anger can do one of two things to you. It can cause you to rot away or it can propel you forward. There were days when all I wanted was to destroy the hospital and then put an end to my own pain. My three remaining children were my only reason for getting out of bed and functioning. One day I will tell them how they saved my life. My husband Tony and I decided that we had to let the anger move us forward. We would do something good that would help prevent this from ever happening to a child again.]

7:42am

I don't get it

7:42am

. . . [hospital]?



7:42am

I Know

7:42am

No. 1 in the world

7:43am

Yes, i know

7:43am

It's really awful

7:43am

What is the reasoning behind the odd behavior of the nurse?

7:43am

idk

7:43am

I've experience first hand human error in the hospital

I was told by my Dr. it could have been critical

and I would have died

7:45am

The nurses don't like him

and he told me to write a letter to file a complaint

but the thing is

the nursing staff was so good to me

before and after that incident

evidently when it was happening

he yelled at the staff without me knowing

i had no clue what had happened till days later

the nurse involved apologized to me profusely

7:46am

What happened?

7:46am

but I was so ill I didn't give it much thought

you ever heard of tpn?

its a sugar mixture via iv

cuz i couldn't eat

supposedly it was supposed to be infused in me I think over a 12 hr period?

7:47am

yes

7:47am

but the nurse put it for 4 hrs

I could have gone into diabetic shock

I do remember trying to wake up but I couldn't open my eyes

and I heard a lot of movement in my room with the nurses

I yelled out

I cant open my eyes and I'm drenched in sweat

I had no idea wat was happening  
I was then put on insulin

*Anonymous Patient*

### Discussion

1. This young lady forgave the nurse and suggested that when the nurse was setting the timing for the TPN, she may have distracted the nurse, and she blamed herself for the wrong setting. Discuss how courage and forgiveness were displayed in this case.
2. Discuss the similarities in values that Josie's mother and the young lady on the internet have in common.
3. Discuss your thoughts as to how human errors can be prevented, including what roles patients, families, caregivers, hospitals, and regulatory agencies should play in preventing similar errors.

Courage, in differing degrees, helps to define one's character (the essence of one's being) and offers the strength to stand up for what is good and right. It crosses over and unites and affects all other values. Courage must not be exercised to an extreme, causing a person to become so foolish that his or her actions are later regretted.

When the passion to destroy another human being becomes such an obsession that one is willing to sacrifice the lives of others, that person has become a bully and a coward and not a person of courage. History is filled with men and women who have hidden their fears by inciting others to do evil. Such people are not the models of character that we wish to instill thoughts of in the minds of our children.

### Wisdom as a Virtue



*You can't inherit wisdom. You can't be taught wisdom. You can't learn wisdom. Wisdom is a God-given gift.*

GP

Wisdom is the judicious application of knowledge. Marcus Tullius Cicero (106–43 BC), a Roman philosopher and politician, is reported to have said, “The function of wisdom is to discriminate between good and evil.” In the health care setting, when the patient's wishes and end-of-life preferences are unknown, wisdom with good judgment without bias or prejudice is mandatory.



*I am part of all I have met.*

*We can learn from history how past generations thought and acted, how they responded to the demands of their time and how they solved their problems. We can learn by analogy, not by example, for our circumstances will always*

*be different than theirs were. The main thing history can teach us is that human actions have consequences and that certain choices, once made, cannot be undone. They foreclose the possibility of making other choices and thus they determine future events.*

GERDA LERNER (PIONEER OF WOMEN'S HISTORY)

### Temperance as a Virtue



*Being forced to work, and forced to do your best, will breed in you temperance and self-control, diligence and strength of will, cheerfulness and content, and a hundred virtues which the idle will never know.*

CHARLES KINGSLEY<sup>3</sup>

Temperance has to do with orderliness and moderation in everything that is said and done.

### Commitment



*I know the price of success: dedication, hard work, and an unrelenting devotion to the things you want to see happen.*

FRANK LLOYD WRIGHT

*Commitment* is the act of binding oneself (intellectually or emotionally) to a course of action. It is an agreement or pledge to do something. It can be ongoing or a pledge to do something in the future.

### Compassion



*Compassion is the basis of morality.*

ARTHUR SCHOPENHAUER



#### NEWSPAPER CLIPPINGS: Hospital Video Shows No One Helped Dying Woman

A shocking video shows a woman dying on the floor in the psych ward at Kings County Hospital, while people around her, including a security guard, did nothing to help. After an hour, another mental patient finally got the attention of the indifferent hospital workers, according to the tape obtained by the *New York Daily News*.

Worse still, the surveillance tape suggests hospital staff may have falsified medical charts to cover the utter lack of treatment provided to Esmin Green before she died.

John Marzulli, *Daily News*, June 30, 2008

*Compassion* is the deep awareness of and sympathy for another's suffering. The ability to show compassion is a true mark of moral character. There are those who argue that compassion will blur one's judgment. Caregivers need to show the same compassion for others as they would expect for themselves or their loved ones.

Compassion is a moral value expected of all caregivers. Those who lack compassion have a weakness in their moral character. In 1996, Dr. Linda Peeno, featured in Michael Moore's 2007 film *Sicko*, testified before Congress (Important issue facing House-Senate conference on health care reform, House of Representatives—March 28, 2000—Page: H1465) to discuss her prior work as a medical reviewer for Humana, where she worked as a claims reviewer for several health maintenance organizations (HMOs). Dr. Peeno showed compassion as she testified before the Committee on Commerce on May 30, 1996. Here is her story in part:

I wish to begin by making a public confession. In the spring of 1987, I caused the death of a man. Although this was known to many people, I have not been taken before any court of law or called to account for this in any professional or public forum. In fact, just the opposite occurred. I was rewarded for this. It brought me an improved reputation in my job and contributed to my advancement afterwards. Not only did I demonstrate that I could do what was asked, expected of me, I exemplified the good company employee. I saved a half a million dollars.

Since that day, I have lived with this act and many others eating into my heart and soul. The primary ethical norm is do no harm. I did worse, I caused death. Instead of using a clumsy bloody weapon, I used the simplest, cleanest of tools: my words. This man died because I denied him a necessary operation to save his heart. I felt little pain or remorse at the time. The man's faceless distance soothed my conscience. Like a skilled soldier, I was trained for the moment. When any moral qualms arose, I was to remember, "I am not denying care; I am only denying payment." [<http://www.fenichel.com/Ganske.shtml>]

Although Dr. Peeno eventually came forward with her story, the irony here lies in the fact that Dr. Peeno lacked the courage, integrity and compassion to report her story sooner. The lack of compassion for others plagues the health care industry in a variety of settings.



### NEWSPAPER CLIPPINGSS: Teaching Doctors to Care

At Harvard and other medical schools across the country, educators are beginning to realize that empathy is as valuable to a doctor as any clinical skill . . . doctors who try to understand their patients may be the best antidote for the widespread dissatisfaction with today's health care system.

*Nathan Thornburgh, Time magazine, March 29, 2006*



### NEWSPAPER CLIPPINGS: What Went Wrong?

The son of a prominent Boston doctor . . . was on his way to becoming a leading surgeon in his own right when a bizarre blunder interrupted his climb: he left his patient on the operating table so he could cash his pay-check. A series of arrests followed, exposing a life of arrogance, betrayal, and wasted promise . . .

*Neil Swidey, "What Went Wrong," The Boston Globe, March 21, 2004.*

*Detachment*, or lack of concern for the patient's needs, often translates into mistakes that result in patient injuries. Those who have excessive emotional involvement in a patient's care may be best suited to work in those settings where patients are most likely to recover and have good outcomes (e.g., maternity units). As with all things in life, there needs to be a comfortable balance between compassion and detachment.



*Never apologize for showing feeling. When you do so, you apologize for the truth.*

BENJAMIN DISRAELI



### REALITY CHECK: Who Makes the Rules?

Mr. Jones was trying to get home from a long trip to see his ailing wife. Mrs. Jones had been ill for several years, suffering a great deal of pain. His flight was to leave at 7:00 PM. Upon arrival at the airport in New York at 4:30 PM, he inquired at the ticket counter, "Is there an earlier flight that I can take to Washington?" The counter agent responded, "There is plenty of room on the 5:00 PM flight, but you will have pay a \$200 change fee." The passenger inquired, "Could you please waive the change fee? I need to get home to my ailing wife." The ticket agent responded, "Sorry, your ticket does not allow me to make the change. You can, however, try at the gate."

The passenger made a second attempt at the gate to get on an earlier flight, but the manager at the gate was unwilling to authorize the change, saying, "I don't make the rules."

Mr. Jones decided to give it one more try. He called the airline's customer service center. The customer service agent responded to Mr. Jones's plea: "We cannot overrule the agent at the gate. Sorry, you just got the wrong supervisor. He is going by the book."

### Discussion

1. Should rules be broken for a higher good? Discuss your answer.
2. Do the rules seem to be consistently or inconsistently applied in this reality check? Discuss your answer.

## Conscientiousness



*The most infectiously joyous men and women are those who forget themselves in thinking about and serving others.*

ROBERT J. McCracken

A *conscientious* person is one who has moral integrity and a strict regard for doing what is considered the right thing to do. An individual acts conscientiously if he or she is motivated to do what is right, believing it is the right thing to do. Conscience is a form of self-reflection on and judgment about whether one's actions are right or wrong, good or bad. It is an internal sanction that comes into play through critical reflection. This sanction often appears as a bad conscience in the form of painful feelings of remorse, guilt, shame, disunity, or disharmony as the individual recognizes that his or her acts were wrong. Although a person may conscientiously object and/or refuse to participate in some action (e.g., abortion), that person must not obstruct others from performing the same act if he or she has no moral objection to it.



### REALITY CHECK: Kill the Messenger

Frank, working as a hospital inspector, found a number of things wrong in his recent building inspection. At first glance the building shone—Frank was amazed by how the floors sparkled in the old building. But then, as Frank always does, he asked to look behind a corridor door. Behind the door, Frank found medical records stored on the floor in cardboard boxes, and these had been soaked by water and floor wax that had seeped under the door when the corridors were cleaned. Entries on the records were blurred, making them difficult to read, and the records appeared to have mold growing on them.

Behind another door was a medical equipment repair room. Dust balls floated on the floor as the door was opened. There was food on the floor, and a can of soda had spilled and been allowed to dry. Equipment parts were strewn on the floor.

The staff complained about Frank's findings. Before he left, the staff corrected the issues he had noted, hoping that he would remove these comments from his report. He did not remove them but did, however, explain what measures could be taken to prevent similar occurrences in the future.

### Discussion

1. Should Frank have overlooked his findings, as the staff pressed him not to report them? Discuss your answer.
2. Assuming you were Frank, would you have deleted the findings from your report? Explain your answer.

## Cooperation



*If we do not hang together, we will all hang separately.*

BENJAMIN FRANKLIN (1706–1790)

*Cooperation* is the process of working with others. In the health care setting, caregivers must work together to improve patient outcomes.



### NEWSPAPER CLIPPINGS: Congress Gets Stuck Again—Over FAA

#### *Parties Blame Each Other in Funding Dispute and Partial Shutdown*

A dispute over funding for the Federal Aviation Administration has left an estimated 74,000 people out of work for a dozen days and tossed Congress into the throes of yet another interparty battle.

Now, with lawmakers leaving town or already on recess, there seems to be little hope of a resolution on the horizon.

*Ashley Halsey III, The Washington Post, August 4, 2011*

Failure to cooperate has a rippling effect in any setting. In a non-health care setting, Congress failed to cooperate and resolve funding issues for the Federal Aviation Administration (FAA) before taking its summer recess in 2011, leaving 74,000 people out of work and costing the nation nearly a billion dollars for the month of August. Failure of the few to cooperate and act responsibly has not only affected the out-of-work employees but also has placed a financial hardship on their families, not to mention the effect it has had on the communities where they live.

## Discernment



*Get to know two things about a man—how he earns his money and how he spends it—and you have the clue to his character, for you have a searchlight that shows up the innermost recesses of his soul. You know all you need to know about his standards, his motives, his driving desires, and his real religion.*

ROBERT J. MCCracken

*Discernment* is the ability to make a good decision without personal biases, fears, and undue influences from others. A person who has discernment has the wisdom to decide the best course of action when there are many possible actions to choose from.



### REALITY CHECK: 9/11 Value Judgment

James had been scheduled to fly Monday evening, September 10, 2001, from Ronald Reagan Washington National Airport to New York LaGuardia Airport, and then rent a car and drive to Greenwich, Connecticut, where he was assigned to inspect a hospital. As luck would have it, there was one flight cancellation after another. After the last flight to LaGuardia was canceled, he went to the ticket counter and scheduled the first flight out Tuesday morning, which was at 6:00 AM.

The following morning James flew into LaGuardia, picked up his car and drove to Connecticut to work with an assigned team that consisted of him and Dr. Matt. Not long after he arrived at the hospital, the first plane hit the World Trade Center. Shortly after the second plane crashed into the World Trade Center, the corporate office called and asked if the hospital wanted to reschedule the survey. They opted to continue the survey.

On Thursday, the last day of the survey, a hospital staff member approached Dr. Matt and asked if he and his survey team would like to attend a short memorial service in the lobby at noon. Without hesitation, Dr. Matt replied, “No, we really have to finish our reports.”

### Discussion

1. Did the team leader make an appropriate decision?
2. What may have influenced the decision not to attend the lobby ceremony?
3. Describe the various virtues and values that come into play in this case.
4. How would you have addressed the hospital’s request?
5. Realizing that hindsight is 20/20, can you defend the decision not to attend the ceremony? Explain your answer.

### Fairness



*Do all the good you can, By all the means you can, In all the ways you can, In all the places you can, At all the times you can, To all the people you can, As long as you ever can.*

JOHN WESLEY

In ethics, fairness requires each person to be objective, unbiased, dispassionate, impartial, and consistent with the principles of ethics. Fairness is the ability to make judgments free from discrimination, dishonesty, or one’s own bias. It is the ability to be objective without prejudice or bias. We often tolerate mediocrity. We sometimes forget to thank those who just do their jobs, and we often praise the extraordinary, sometimes despite questionable faults. To be fair, it is important to see the good in all and to reward that good.



## Fidelity



*Nothing is more noble, nothing more venerable, than fidelity. Faithfulness and truth are the most sacred excellences and endowments of the human mind.*

CICERO

*Fidelity* is the virtue of faithfulness, being true to our commitments and obligations to others. A component of fidelity, veracity, implies that we will be truthful and honest in all our endeavors. It involves being faithful and loyal to obligations, duties, or observances. The opposite of fidelity is infidelity, meaning unfaithfulness.

## Freedom



*You can only protect your liberties in this world by protecting the other man's freedom. You can only be free if I am free.*

DOROTHY THOMPSON

*Freedom* is the quality of being free to make choices for oneself within the boundaries of law. Freedoms enjoyed by citizens of the United States include the freedom of speech, freedom of religion, freedom from want, and freedom from physical aggression.

## Honesty/Trustworthiness/Truth Telling



*Lies or the appearance of lies are not what the writers of our Constitution intended for our country—it's not the America we salute every Fourth of July, it's not the America we learned about in school, and it is not the America represented in the flag that rises above our land.*

ANONYMOUS



*Speaking the truth in times of universal deceit is a revolutionary act.*

GEORGE ORWELL

Honesty and trust involve confidence that a person will act with the right motives. It is the assured reliance on the character, ability, strength, or truth of someone or something. To tell the truth, to have integrity, and to be honest are most honorable virtues. *Veracity* is devotion to and conformity with what is truthful. It involves an obligation to be truthful.

*Truth telling* involves providing enough information so that a patient can make an informed decision about his or her health care. Intentionally misleading a patient to believe something that the caregiver knows to be untrue may give the patient false hopes. There is always apprehension when one must share bad news; the temptation is to gloss over the truth for fear of being the bearer of bad news. To lessen the pain and the hurt is only human, but in the end, truth must win over fear.



### REALITY CHECK: 36,000 Feet over Texas

A few weeks before Frank was to travel to Dodge City, Texas, for a consulting job, he received a call from Dr. Layblame: “Hi Frank. This is Dr. Layblame. Can you be ready for an early afternoon departure from Dodge City on Friday?” Frank replied, “Well you know we have been instructed not to leave early, and the last flight leaves at 4:30. I can get a flight Saturday morning.” Dr. Layblame replied, “Well, it’s only an hour early. If you do most of your work the night before and during lunch on Friday, we should be able to get out early. The airport is small and close to the hospital. Besides, we are driving and would like some time to get to the next job so the rest of the team can go out to dinner Friday night. I am the tour leader, so it should not be a problem.”

Frank made his flight arrangements and was able to get on the 4:30 PM flight home. On Friday afternoon, following the Texas job, when Frank was on the flight to Washington, DC, a voicemail message was being left for him by Bill, his manager.

When he returned home at about 10:30 that evening, Frank retrieved his voice mail messages. Bill had left him a message at 4:30 PM that said, “Frank, call me as soon as you get this message. I will be in my office until about 5:30. If you miss me, you can reach me over the weekend. My cell phone number is xxx-xxxx.”

Frank called Bill that evening and the next morning; however, Bill never answered, nor did he return his call.

Frank called Bill Monday morning. As fate would have it, Bill was out of the office for the day. Frank called Bill again on Tuesday morning and Bill answered. Frank said, “Bill, you called?” Bill replied, “Yes, I did. How were you able to get to the airport and catch a 4:30 PM flight, without leaving your job early? I had your flight schedule and you left the survey early. You could not possibly have traveled to the airport in time to catch your flight without leaving early.”

Frank replied, “I did not schedule the exit time from the survey. The physician team leader determined the time of the exit. He said that he was conducting a system tour and would like to get the exit briefing started as soon as possible. He asked for everybody to be ready to exit by having draft reports ready the night before.” Bill replied, “Dr. Layblame told me the team had to exit early because you scheduled an early flight.”

### Discussion

1. Discuss the ethical issues involved in this case.
2. Discuss what you would do if you found yourself in Frank’s situation.
3. What should Frank have said if his manager said, “You should have reported Dr. Layblame”?
4. Discuss the ethics behind Bill’s management style.
5. Discuss how would you describe Bill’s management style.

### ***Declining Trust in the Health Care System***

The declining trust in the nation's ability to deliver quality health care is evidenced by a system caught up in the morass of managed care companies, which have in some instances inappropriately devised ways to deny health care benefits to their constituency. In addition, the continuing reporting of numerous medical errors serves only to escalate distrust in the nation's political leadership and the providers of health care.

Physicians find themselves vulnerable to lawsuits, often because of misdiagnosis. As a result, patients are passed from specialist to specialist in an effort to leave no stone unturned. Fearful to step outside the boundaries of their own specialties, physicians escalate the problem by ineffectively communicating with the primary care physician responsible for managing the patient's overall health care needs. This can also be problematic if no one physician has taken overall responsibility to coordinate and manage a patient's care.

### ***Politics and Distrust***

Truthfulness is just one measure of one's moral character. Unfortunately, politicians do not always set good examples for the people they serve. The following are but a few examples of how political decisions have caused, or have given the appearance of causing, division to the detriment of unity.



#### **NEWSPAPER CLIPPINGS: Bush Vetoes Health Care Plan for Poor Children**

The political bind for Republicans—particularly those in swing districts—is reflected in polls that show broad public support for covering uninsured children. Sen. Orrin G. Hatch (R-Utah) called it “the morally right thing to do.”

*Zaldivar Ricardo-Alonso, Los Angeles Times, October 4, 2007*

President Bush, for the second time, vetoed the expansion of the child health care bill that would have provided children from low-income households affordable health insurance. Although the Senate approved the bill, the House failed to get a sufficient number of votes to override the veto. President Bush indicated that the child health care program was meant for poor children and should not be expanded to cover children who were not in need of such coverage. Because of the high cost of health care, the public is concerned that the expansion of the program is necessary to prevent financial ruin in cases of catastrophic illnesses.

#### **Discussion**

1. Discuss why you believe the expansion of the child health program would be the morally right thing to do.

2. Discuss how paternalism and partisan politics might have prompted President Bush to veto the child health care bill.
3. Considering that politicians have been elected to represent the people, describe how the principles of beneficence (doing good), nonmaleficence (avoid causing patients harm), and justice (the obligation to be fair in the distribution of benefits) may have been ignored when President Bush vetoed the bill and the House of Representatives failed to override the veto.



### NEWSPAPER CLIPPINGS: Cheney's Staff Cut Testimony on Warming

Members of Vice President Dick Cheney's staff censored congressional testimony by a top federal official about health threats posed by global warming, a former Environmental Protection Agency official said yesterday.

In a letter to Sen. Barbara Boxer (D-Calif.), former EPA deputy associate administrator Jason K. Burnett said an official from Cheney's office ordered last October that six pages be edited out of the testimony of Julie L. Gerberding, director of the Centers for Disease Control and Prevention. Gerberding had planned to say that the "CDC considers climate change a serious public health concern."

Frank O'Donnell, who heads the advocacy group Clean Air Watch, said the revelations confirmed that the vice president has been steering environmental policy during President Bush's tenure.

"For years, we've suspected that Cheney was the puppeteer for administration policy on global warming," O'Donnell said. "This kiss-and-tell account appears to confirm the worst."

*Juliet Eilperin, The Washington Post, July 9, 2008*

### Discussion

1. Discuss how headlines such as this affect your opinion of politicians.
2. Assuming a cover-up, discuss how the principles of beneficence and nonmaleficence apply.
3. At the end of our days, the most basic principles of life—trust and survival—are on trial. What is your verdict, if indeed there was a cover-up?

### Integrity



*Nearly all men can stand adversity, but if you want to test a man's character, give him power.*

ABRAHAM LINCOLN



### NEWSPAPER CLIPPINGS: Wrong-Operation Doctor

#### *Hospitals find it hard to protect patients from wrong-site surgery*

Last year a jury returned a \$20 million negligence verdict against Arkansas Children's Hospital for surgery on the wrong side of the brain of a 15-year-old boy who was left psychotic and severely brain damaged. Testimony showed that the error was not disclosed to his parents for more than a year. The hospital issued a statement saying it deeply regretted the error and had "redoubled our efforts to prevent" a recurrence.

"Healthcare has far too little accountability for results. . . . All the pressures are on the side of production; that's how you get paid," said Peter Pronovost, a prominent safety expert and medical director of the Johns Hopkins Center for Innovation in Quality Patient Care, who added that increased pressure to turn over operating rooms quickly has trumped patient safety, increasing the chance of error.

*Sandra G. Boodman, Kaiser Health News, The Washington Post, June 20, 2011*

### Discussion

1. Discuss the issues of integrity in this case.
2. Should criminal charges be a consideration in this case, if accurately reported? Discuss your answer.

*Integrity* involves a steadfast adherence to a strict moral or ethical code and a commitment not to compromise this code. A person with integrity has a staunch belief in and faithfulness to, for example, his or her religious beliefs, values, and moral character. Patients and professionals alike often make health care decisions based on their integrity and their strict moral beliefs. For example, a Jehovah's Witness generally refuses a blood transfusion because it is against his or her religious beliefs, even if such refusal may result in death. A provider of health care may refuse to participate in an abortion because it is against his or her moral beliefs. A person without personal integrity lacks sincerity and moral conviction and may fail to act on professed moral beliefs.



### REALITY CHECK: Behind the Smiles

Integrity includes being honest and truthful. It is not berating a person after he or she has left the conference room.

Jeff well remembers what happened after Bill left the room. He, however, remembers more clearly how Bill, a consultant, was treated while he was in the room after presenting his organizational improvement report. Bill was treated with kindness and assurances as to how well he helped the staff and how employees appreciated his suggestions for improvement.

Prior to exiting the conference room, Bill asked whether there were any questions about his report. No questions, just smiles, accolades, and good-byes. Jeff thought to himself, wow, it is good to see good people take suggestions and be so willing to make the changes that Bill suggested.

Oops, hold on, it turns out Bill wasn't as wonderful as Jeff had observed. The group was now disgruntled about Bill's report. Bill was gone and now vilified. Jeff, a consultant not scheduled to finish his assignment for another 2 weeks, asked, "Why didn't you ask questions while Bill was here?" Carol, the finance director replied, "I spent 2 weeks with Bill. He just made up his mind. There was just no changing his mind." Jim said, "Are you saying that you disagree with Bill's report?" Carol, replied, "Yes, I do disagree with it." Jeff continued, "But you did not state that while he was here. You told him you liked his suggestions and that you were already in the process of implementing them." Carol replied, "That's true, but since we made the suggested changes while he was here, he did not have to include them in his report." Bill replied, "It speaks well of your organization that you have done so; however, it is the board that asked for the audit. We must report what we found." Carol, disgruntled, remained silent.

### Discussion

1. Should Bill have left his findings off the report? Explain your answer.
2. Discuss Bill's responsibilities to the board, which had hired the consulting team to evaluate the organization's operations.

### Medical Integrity and Patient Autonomy

The integrity of the medical profession is not threatened by allowing competent patients to decide for themselves whether a particular medical treatment is in their best interests. Patient autonomy sets the foundation of one's right to bodily integrity, including the right to accept or refuse treatment. Those rights are superior to the institutional considerations of hospitals and their medical staffs. A state's interest in maintaining the ethical integrity of a profession does not outweigh, for example, a patient's right to refuse blood transfusions.

### Kindness



*When you carry out acts of kindness, you get a wonderful feeling inside. It is as though something inside your body responds and says, yes, this is how I ought to feel.*

HAROLD KUSHNER

*Kindness* involves the quality of being considerate and sympathetic to another's needs. Some people are takers, and others are givers. If you go through

life giving without the anticipation of receiving, you will be a kinder and happier person.



### REALITY CHECK: Kindness Is Not Always Returned

The well-known saying “actions speak louder than words” is well demonstrated in this reality check. Joe was a health care consultant. He had collected thousands of documents of helpful information to share with health care organizations with which he had worked. His thinking was this: Why should hospitals have to reinvent the wheel? If organizations are willing to share with others, why not disseminate such information for the benefit of other hospitals? His hopes were that larger trade organizations would eventually collect the information and freely share with their constituents. After all, the goal was better care for all wherever they lived. Joe would provide copies of his CD to fellow consultants and encourage them to share the information with others. One day upon arriving at work he noticed that one of the consultants to whom he had given a copy of the CD had four or five newspaper clippings about hospitals spread out on a conference room table. Joe thought they looked interesting and asked, “Could I have a copy of your clippings?” The consultant said, “No, these are proprietary information.”

On another occasion, after sharing his CD with an organization, he asked, “Would you be willing to share your ‘12 Step Addiction Program’ with other health care organizations?” A representative from the organization said, “We will share it with you but not others.” Joe kindly said, “That’s okay. I can only accept what you are willing to share with others.”

### Discussion

1. Should Joe have asked for his CD back from the consultant and organization? Discuss your answer.
2. Discuss why an organization might not be willing to share program information.

## Respect



*Respect for ourselves guides our morals; respect for others guides our manners.*

LAURENCE STERNE

To give and show *respect* is to show special regard to someone or something. Caregivers who demonstrate respect for their patients will be more effective in helping them cope with the anxiety of their illness. Respect helps to develop trust between the patient and caregiver and improve healing processes. If caregivers respect the family of a patient, cooperation and understanding will be the positive result, encouraging a team effort to improve patient care.



## Hopefulness



*Hope is the last thing that dies in man; and though it be exceedingly deceitful, yet it is of this good use to us, that while we are traveling through life, it conducts us in an easier and more pleasant way to our journeys end.*

FRANCOIS DE LA ROCHEFOUCAULD

*Hopefulness* in the patient care setting involves looking forward to something with the confidence of success. Caregivers have a responsibility to balance truthfulness while promoting hope. The caregiver must be sensitive to each patient's needs and provide hope.

## Education/Learning as a Value



*It is expected that each professional have a current understanding of one's area of specialization and practice. Education has value and is a legal necessity in order to be in conformity with the national standard of care of one's profession. Every professional is responsible to be current in his or her knowledge and skills. This comes by reading one's professional literature, attending continuing education programs, and mentoring.*

AUTHOR UNKNOWN

## Tolerance



*There is a criterion by which you can judge whether the thoughts you are thinking and the things you are doing are right for you. The criterion is: Have they brought you inner peace? If they have not, there is something wrong with them—so keep seeking! If what you do has brought you inner peace, stay with what you believe is right.*

PEACE PILGRIM

*Tolerance* can be viewed in two ways, positive or negative. (1) *Positive tolerance* implies that a person accepts differences in others and that one does not expect others to believe, think, speak, or act as he or she. Tolerant people are generally free of prejudice and discrimination. Recognizing this fact, Thomas Jefferson incorporated theories of tolerance into the U.S. Constitution. (2) *Negative tolerance* implies that one will reluctantly put up with another's beliefs. In other words, he or she simply tolerates the view of others.

Although tolerance can be viewed as a virtue, not all tolerance is virtuous nor is all intolerance necessarily wrong. An exaggerated tolerance may amount to a vice, whereas intolerance may sometimes be a virtue. For example, tolerating everything regardless of its repugnance (e.g., persecution for religious beliefs) is no virtue, and having intolerance for that which should not be tolerated and is evil is no vice (e.g., concentration camps).

## RELIGIOUS ETHICS



*The Great Physician: Dear Lord, You are the great physician. I turn to you in my sickness, asking you for help. I place myself under Your loving care, praying that I may know Your healing grace and wholeness. Help me to find love in this strange world and to feel your presence by my bed both day and night. Give my doctors and nurses wisdom, that they may understand my illness. Steady and guide them with your strong hand. Reach out Your hand to me and touch my life with Your peace. Amen.*

UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

Religion serves a moral purpose by providing codes of conduct for appropriate behavior through revelations from a divine source. These codes of conduct are enforced through fear of pain and suffering in the next life and/or reward in the next life for adhering to religious codes and beliefs. The prospect of divine justice helps us to tolerate the injustices in this life, where goodness is no guarantee of peace, happiness, wellness, or prosperity.



### NEWSPAPER CLIPPINGS: Many Think God's Intervention Can Revive the Dying

When it comes to saving lives, God trumps doctors for many Americans. An eye-opening survey reveals widespread belief that divine intervention can revive dying patients. And, researchers said, doctors “need to be prepared to deal with families who are waiting for a miracle.”

*Lindsey Tanner, USA Today, August 18, 2008*

Religion should be a component of the education, policy development, and consultative functions of ethics committees. There is a need to know, for example, how to respond to Jehovah's Witnesses who refuse blood transfusions. Some hospitals provide staff with materials that describe various religious beliefs and how those beliefs might affect the patient's course of care while in the hospital.

Religion is often used as a reason to justify what otherwise could be considered unjustifiable behavior. Political leaders often use religion to legitimize and consolidate their power. Leaders in democratic societies speak of the necessity to respect the right to “freedom of religion.”

Militarily, political leaders often use religion to further their political aspirations, the “God is on our side” propaganda. Jihad often is referred to as a holy war against infidels (nonbelievers), the purpose of which is to expand the territories of Muslim nations. Using religion in this way is not unique to Muslim nations. Many political leaders have used religion to justify their actions. Unbelievers are called infidels. Who is an infidel is in the eyes of the

beholder. Religious persecution has plagued humankind from the beginning of time. The world today, with the aid of the news media, is able to see firsthand the results of what can happen to innocent people in the name of religion. The atrocity of evil men strapping bombs to mentally retarded women in Iraq and other parts of the world with the purpose of exploding the bombs in public places, killing and maiming men, women, and children, is but one of the numerous examples of what has occurred throughout the ages.

*Spirituality* in the religious sense implies that there is purpose and meaning to life; spirituality generally refers to faith in a higher being. For a patient, injury and sickness are frightening experiences. This fear is often heightened when the patient is admitted to a hospital or nursing facility. Health care organizations can help reduce patient fears by making available to them appropriate emotional and spiritual support and coping resources. It is a well-proven fact that patients who are able to draw on their spirituality and religious beliefs tend to have a more comfortable and often improved healing experience. To assist both patients and caregivers in addressing spiritual needs, patients should be provided with information as to how their spiritual needs can be addressed.

Difficult questions regarding a patient's spiritual needs and how to meet those needs are best addressed on admission by first collecting information about the patient's religious or spiritual preferences. Caregivers often find it difficult to discuss spiritual issues for fear of offending a patient who may have beliefs different from their own. If caregivers know from admission records a patient's religious beliefs, the caregiver can share with the patient those religious and spiritual resources available in the hospital and community.

A variety of religions are presented below for the purpose of understanding some of the basic tenets of these religions. They are presented here to note the importance of better understanding why patients differ in decision-making processes and how religion affects their beliefs, and to encourage further study of how each religion affects the decision-making process. Hospitals should maintain a directory of the various religions that includes contacts for referral and consultation purposes.

## Judaism

*Jewish Law* refers to the unchangeable 613 mitzvot (commandments) that God gave to the Jews. Halakhah (Jewish Law) comes from three sources: (1) the Torah (the first five books of the Bible); (2) laws instituted by the rabbis; and (3) long-standing customs. The *Jewish People* is another name for the Children of Israel, referring to the Jews as a nation in the classical sense, meaning a group of people with a shared history and a sense of a group identity rather than a specific place or political persuasion.

*Judaism* is a monotheistic religion based on principles and ethics embodied in the Hebrew Bible (Old Testament). The notion of right and wrong is not so much an object of philosophical inquiry as an acceptance of divine revelation.

Moses, for example, received a list of 10 laws directly from God. These laws were known as the 10 Commandments. Some of the 10 Commandments are related to the basic principles of justice that have been adhered to by society since they were first proclaimed and published. For some societies, the 10 Commandments were a turning point, where essential commands such as “thou shalt not kill” or “thou shalt not commit adultery” were accepted as law. The 10 Commandments (King James Version) are as follows:

1. Thou shalt have no other gods before me.
2. Thou shalt not make unto thee any graven image, or any likeness of anything that is in heaven above, or that is in the earth beneath, or that is in the water under the earth. Thou shalt not bow down thyself to them, nor serve them.
3. Thou shalt not take the name of the Lord thy God in vain.
4. Remember the Sabbath day, to keep it holy.
5. Honor thy father and thy mother: that thy days may be long upon the land which the Lord thy God giveth thee.
6. Thou shalt not kill.
7. Thou shalt not commit adultery.
8. Thou shalt not steal.
9. Thou shalt not bear false witness against thy neighbor.
10. Thou shalt not covet thy neighbor's house, thou shalt not covet thy neighbor's wife, nor his manservant, nor his maidservant, nor his ox, nor his ass, nor anything that is thy neighbor's.

When a patient is dying, family members will normally want to be present and prayers said. If a rabbi is requested, the patient's own rabbi should be contacted first.

## Hinduism

Hinduism is a polytheistic religion with many gods and goddesses. Hindus believe that God is everything and is infinite. The earliest known Hindu Scriptures were recorded around 1200 BC. Hindus believe in reincarnation and that one's present condition is a reflection of one's virtuous behavior or lack thereof in a previous lifetime.

When caring for the dying, relatives may wish to perform rituals. In death, jewelry, sacred threads, or other religious objects should not be removed from the body. Washing the body is part of the funeral rites and should be carried out by the relatives.

## Buddhism

Buddhism is a religion and philosophy encompassing a variety of traditions, beliefs, and practices, based largely on teachings attributed to an Indian prince named Siddhartha Gautama (563–483 BC). He had gone on a spiritual

quest and eventually became enlightened at the age of 35, and from then on, he took the name Buddha. Simply defined, Buddhism is a religion to some and a philosophy to others that encourages one “to do good, avoid evil, and purify the mind.”

When caring for the dying, Buddhists like to be informed about their health status in order to prepare themselves spiritually. A side room with privacy is preferred.

### **Falun Gong**

*Falun Gong*, also referred to as *Falun Dafa*, is a traditional Chinese spiritual discipline belonging to the Buddhist school of thought. It consists of moral teachings, a meditation, and four exercises that resemble tai chi and are known in Chinese culture as *qigong*. Falun Gong does not involve physical places of worship, formal hierarchies, rituals, or membership and is taught without charge. The three principles practiced by the followers are *truthfulness*, *compassion*, and *forbearance/tolerance* toward others. The followers of Falun Gong claim a following in 100 countries.

### **Taoism**

Taoists believe that ultimate reality is unknowable and unperceivable. The founder of Taoism is believed to be Lao Tzu (6 BC). Taoist doctrine includes the belief that the proper way of living involves being in tune with nature. Everything is ultimately interblended and interacts.

### **Zen**

Zen evolved from Buddhism in Tibet. It emphasizes dharma practice (from the master to the disciple) and experiential wisdom based on learning through the reflection on doing, going beyond scriptural readings. In Zen, Buddhism learning comes through a form of seated meditation known as *zazen*, where practitioners perform meditation to calm the body and the mind, and experience insight into the nature of existence and thereby gain enlightenment.

### **Christianity**

Christianity is based on the Bible’s New Testament teachings. Christians accept both the Old and New Testament as being the word of God. The New Testament describes Jesus as being God, taking the form of man. He was born of the Virgin Mary, sacrificed his life by suffering crucifixion, and after being raised from the dead on the third day, he ascended into Heaven from which he will return to raise the dead, at which time the spiritual body will be united with the physical body. His death, burial, and resurrection provide a way of salvation through belief in Him for the forgiveness of sin. God is believed to be manifest in three persons: the Father, Son, and Holy Spirit.

The primary and final authority for Christian ethics is found in the life, teachings, ministry, death, and resurrection of Jesus Christ. He clarified the ethical demands of a God-centered life by applying the obedient love that was required of Peter. The 10 Commandments are accepted and practiced by both Christians and Jews.

Christians, when determining what is the right thing to do, often refer to the Golden Rule, which teaches us to “do unto others as you would have them do unto you,” a common principle in many moral codes and religions.

There have been and continue to be numerous interpretations of the meaning of the scriptures and their different passages by Christians over the centuries. This has resulted in a plethora of churches with varying beliefs. As noted later, such beliefs can affect a patient’s wishes for health care. However, the heart of Christian beliefs is found in the book of John:



*For God so loved the world, that he gave his only begotten Son, that whoever believeth in him should not perish, but have everlasting life.*

JOHN 3:16 (KING JAMES VERSION)

### ***Jehovah’s Witnesses***

Religious beliefs and codes of conduct sometimes conflict with the ethical duty of caregivers to save lives. Many Jehovah’s Witnesses, for example, believe that it is a sin to accept a blood transfusion since the Bible states that we must “abstain from blood” (Acts 15:29). Current Jehovah’s Witness doctrine, in part, states that blood must not be transfused. In order to respect this belief, bloodless surgery is available in a number of hospitals to patients who find it against their religious beliefs to receive a blood transfusion.

Every attempt should be made to resolve blood transfusion issues prior to any elective surgery. The transfusion of blood to an emergent unconscious patient may be necessary to save the patient’s life. Because some Jehovah’s Witnesses would accept blood in such situations, most courts would most likely find such a transfusion acceptable. When transfusion of a minor becomes necessary and parental consent is refused, it may be necessary to seek a court order to allow for such transfusions. Because time is of the essence in many cases, it is important for hospitals to work out such issues in advance with legislative bodies and the judicial system in order to provide legal protection for caregivers who find it necessary to transfuse blood in order to save a life. In those instances in which the patient has a right to refuse a blood transfusion, the hospital should seek a formal signed release from the patient.

### ***Anointing of the Sick for Healing***

When caring for the dying, services of the in-house chaplain must always be offered. A Catholic priest should be offered when last rites need to be administered.

## Islam

The Islamic religion believes there is one God: Allah. Muhammad (570–632 AD) is considered to be a prophet/messenger of God. He is believed to have received revelations from God. These revelations were recorded in the Qur'an, the Muslim Holy Book. Muslims accept Moses and Jesus as prophets of God. The Qur'an is believed to supersede that of the Torah and the Bible. Muslims believe that there is no need for God's grace and that their own actions can merit God's mercy and goodness. Humans are believed to have a moral responsibility to submit to God's will and to follow Islam as demonstrated in the Qur'an.

When caring for the dying, patients may want to die facing Mecca (toward the southeast) and be with relatives. In death, many Muslims follow strict rules in respect of the body after death.

## SECULAR ETHICS

Unlike religious ethics, *secular ethics* is based on codes developed by societies that have relied on customs to formulate their codes. The Code of Hammurabi, for example, carved on a black Babylonian column 8 feet high, now located in the Louvre in Paris, depicts a mythical sun god presenting a code of laws to Hammurabi, a great military leader and ruler of Babylon (1795–1750 BC). Hammurabi's code of laws is an early example of a ruler proclaiming to his people an entire body of laws. The following excerpts are from the Code of Hammurabi.

### Code of Hammurabi

#### 5

If a judge try a case, reach a decision, and present his judgment in writing; if later error shall appear in his decision, and it be through his own fault, then he shall pay twelve times the fine set by him in the case, and he shall be publicly removed from the judge's bench, and never again shall he sit there to render judgment.

#### 194

If a man give his child to a nurse and the child die in her hands, but the nurse unbeknown to the father and mother nurse another child, then they shall convict her of having nursed another child without the knowledge of the father and mother and her breasts shall be cut off.

#### 215

If a physician make a large incision with an operating knife and cure it, or if he open a tumor (over the eye) with an operating knife, and saves the eye, he shall receive ten shekels in money.

## 217

If he be the slave of some one, his owner shall give the physician two shekels.

## 218

If a physician make a large incision with the operating knife, and kill him, or open a tumor with the operating knife, and cut out the eye, his hands shall be cut off.

## 219

If a physician make a large incision in the slave of a freed man, and kill him, he shall replace the slave with another slave.

## 221

If a physician heal the broken bone or diseased soft part of a man, the patient shall pay the physician five shekels in money.

## ATHEISM

Atheism is the rejection of belief in any god, generally because atheists believe there is no scientific evidence that can prove God exists. They argue that there is no objective moral standard for right and wrong and that ethics and morality are the products of culture and politics and are subject to individual convictions.

Those of various religious faiths, however, believe there is overwhelming evidence that there is reason to believe that God does exist and that the evidence through historical documents, archeological finds, and the vastness of space and time clearly supports and confirms the existence of God. Christians often refer to the Old Testament and cite the book of Isaiah:



*It is He that sitteth upon the circle of the earth . . .*

ISAIAH 40:22 (KING JAMES VERSION)

When citing this verse, Christians argue that Isaiah could not possibly know that the earth is a circle. He presents no magical formula or scientific argument in his writings as to why the earth is round. Furthermore, Isaiah does not belabor the fact that the earth is round. The argument continues in the book of Job:



*He stretcheth out the north over the empty place, and hangeth the earth upon nothing.*

JOB 26:7 (KING JAMES VERSION)

The obvious question then arises, how did Job know, 3,000 years before it became a scientific, verifiable fact, that the earth hangs upon nothing?



## SITUATIONAL ETHICS

**NEWSPAPER CLIPPINGS: Viet Cong Execution**

“And out of nowhere came this guy who we didn’t know.” Gen. Nguyen Ngoc Loan, chief of South Viet Nam’s national police, walked up and shot the prisoner in the head. His reason: The prisoner, a Viet Cong lieutenant, had just murdered a South Vietnamese colonel, his wife, and their six children.

The peace movement adopted the photo as a symbol of the war’s brutality. Buy Adams, who stayed in touch with Loan, said the photo wrongly stereotyped the man. “If you’re this general and you caught this guy after he killed some of your people . . . how do you know you wouldn’t have pulled that trigger yourself? You have to put yourself in that situation. . . . It’s a war.”

*1969 Spot News, Newseum, Washington, DC*

Have we come so far or have we regressed so much that we have no common rules, values, or boundaries to guide us? Have we lost our way? Have we lost our sense as to what is right and what is wrong? We say we have become a melting pot with some common themes but uncommon beliefs. In religion, we sometimes seek a church not because we seek what is right but because it supports our beliefs and sometimes our choice of lifestyle.

*Situational ethics* is concerned with the outcome or consequences of an action in which the ends justify the means. It refers to those times when a person’s beliefs and values can change as circumstances change. People often contradict what they believe is right and do what is wrong. In other words, good people sometimes do bad things. Why do good people behave differently in similar situations? Why do good people sometimes do bad things? It can happen frequently with a harsh word from another individual or threatening situation. Thus, there is the need to say “I am so sorry,” “I overreacted,” “Please forgive me,” and so on. Doing good must become a habit—just as people develop bad habits in relationships, they can develop good habits.

A caregiver may contradict what he believes is the right thing to do and do what is wrong. For example, a decision not to use extraordinary means to sustain the life of an 84-year-old may result in a different decision if the 84-year-old is one’s mother.

To better understand the concept of situational ethics, consider the desire to live and the extreme measures one will take in order to do so, remembering that ethical decision making is the process of determining the right thing to do in the event of a moral dilemma. Consider the story of the crash of a small airplane on October 13, 1972, in the Andes Mountains. Of the original 40 passengers and five crew members, 16 survivors emerged alive 72 days later to tell the story of

the difficult survival decisions they had made (see <http://www.guardian.co.uk/books/2006/may/18/extract.features11>). They ultimately survived by turning to cannibalism. This is a gruesome story indeed, but it illustrates the lengths one may go to in certain situations (situational ethics) in order to survive.

Here are some situational issues to discuss:

1. Describe how what you believe to be the right thing to do might change as circumstances change.
2. Describe how your consultative advice might change based on a patient's needs, beliefs, and family influences.



### **REALITY CHECK: The Bail out Crumbles**

Hillary was the lead consultant assigned to speak at a state-sponsored conference. The purpose of the conference was to review new and revised national regulations scheduled to be effective on January 1. Hillary scheduled four junior consultants to speak with her on a variety of topics. Rebecca, one of the more junior of the consultants, addressed the right of patients to ask questions. She spoke about a program for health care providers to encourage patients to speak up and ask questions about any concerns they may have regarding their care. Following her presentation, Rebecca asked for questions from the audience. One participant said, "I really don't understand the need for this regulation. Patients don't seem to have a problem complaining." Rebecca began to flounder as she attempted to continue answering the questions of what seemed to be a generally disgruntled person. Hillary listened intently but said nothing.

Jerome jumped to rescue Rebecca from the constant interruptions of that day's self-appointed antagonist in the audience. Jerome raised his hand, and after being recognized by Rebecca, he said, "Many patients are not afraid to ask questions and complain when they believe things are not going right. These often are ambulatory patients who can leave a particular provider if they become dissatisfied. Other, more seriously ill patients may fear some sort of retaliation if they complain. This is often the case in long-term care facilities." A nurse in the audience disagreed. Jerome said, "I realize this is not the case with all patients. This fear can often arise, however, with an elderly person or extremely ill individual who is weak and feels vulnerable to upsetting someone, believing that his or her care could be compromised if he or she asks too many questions or complains. Seniors have sometimes been abused at home or in another care setting and are often not willing to risk further confrontation."

Figuring a picture is worth 1,000 words, Jerome had asked for an overhead projector and proceeded to show some newspaper clippings illustrating why some patients have developed a fear to ask questions. After the session was over, the audience member who had raised the issue

approached Jerome and said, “All caregivers are not like the ones you displayed.” Jerome said, “I agree. I tried to illustrate for you why some patients are fearful.” Jerome looked for Rebecca but learned that she had left the conference following her presentation.

### Discussion

1. Do you agree with Jerome’s attempted bailout of Rebecca to counteract a difficult encounter with an audience participant?
2. What approach would you have taken? Explain your answer.
3. What lessons may be learned from this case?
4. Discuss how the various teachings in this chapter apply to each character in this scenario, explaining how you would counsel each conference presenter to address similar situations in the future.

## THE FINAL ANALYSIS



*People are often unreasonable, illogical and self-centered; forgive them anyway. If you are kind, people may accuse you of selfish, ulterior motives; be kind anyway. If you are successful, you will win some false friends and some true enemies; succeed anyway. What you spend years building, someone may destroy overnight; build anyway. The good you do today, people will often forget tomorrow; do good anyway. Give the world the best you have, and it may never be enough; give the world the best you have anyway. You see, in the final analysis, it is between you and God; It was never between you and them anyway.*

AUTHOR UNKNOWN



### REALITY CHECK: Compassion Comes in Different Forms

Annie, a 27-year-old woman with two children, began experiencing severe pain in her abdomen while visiting her family in May 2002. After complaining of pain to Mark, her husband, in June 2002, he scheduled an appointment with Dr. Roberts, a gastroenterologist, who ordered a series of tests. While conducting a barium scan, a radiologist at Community Hospital noted a small bowel obstruction. Dr. Roberts recommended surgery, and Annie agreed to it.

After the surgery, on July 7, Dr. Brown, the operating surgeon, paged Mark over the hospital intercom as he walked down a corridor on the ground floor. Mark, hearing the page, picked up a house phone and dialed zero for an operator. The operator inquired, “May I help you?” “Yes,” Mark replied. “I was just paged.” “Oh, yes. Dr. Brown would like to talk to you. I will connect you with him. Hang on. Don’t hang up.” (Mark’s heart began to pound.) Dr. Brown asked, “Is this you, Mark?” Mark replied,

“Yes, it is.” Dr. Brown replied, “Well, surgery is over. Your wife is recovering nicely in the recovery room.” Mark was relieved but for a moment. “That’s good.” Dr. Brown continued, “I am sorry to say that she has carcinoma of the colon.” Mark replied, “Did you get it all?” “I am sorry, but the cancer has spread to her lymph nodes and surrounding organs,” the doctor said. Mark asked, “Can I see her?” Dr. Brown replied, “She is in the recovery room, but I am sure it will be okay to see her.” Before hanging up, Mark told Dr. Brown, “Please do not tell Annie that she has cancer. I want her to always have hope.” Dr. Brown agreed, “Don’t worry, I won’t tell her. You can tell her that she had a narrowing of the colon.”

Mark hung up the phone and proceeded to the recovery room. After entering the recovery room, he spotted his wife. His heart sank. Tubes seemed to be running out of every part of her body. He walked to her bedside. His immediate concern was to see her wake up and have the tubes pulled out so that he could take her home.

Later, in a hospital room, Annie asked Mark, “What did the doctor find?” Mark replied, “He found a narrowing of the colon.” “Am I going to be okay?” “Yes, but it will take a while to recover.” “Oh, that’s good. I was so worried,” said Annie. “You go home and get some rest.” Mark said, “I’ll see you in the morning.”

Mark left the hospital and went to see his friends, Jerry and Helen, who had invited him for dinner. As Mark pulled up to Jerry and Helen’s home, he got out of his car and just stood there looking up a long stairway leading to Jerry and Helen’s home. They were standing there looking down at Mark. It was early evening. The sun was setting. A warm breeze was blowing, and Helen’s eyes were watering. Those few moments seemed like a lifetime. Mark discovered a new emotion as he stood there speechless. He knew then that he was losing a part of himself. Things would never be the same.

Annie had one more surgery two months later in a futile attempt to extend her life. In November 2002, Annie was admitted to the hospital for the last time. Annie was so ill that even during her last moments she was unaware that she was dying. Dr. Brown entered the room and asked Mark, “Can I see you for a few moments?” “Yes,” Mark replied. He followed Dr. Brown into the hallway. “Mark, I can keep Annie alive for a few more days, or we can let her go.” Mark, not responding, went back into the room. He was now alone with Annie. Shortly thereafter, a nurse walked into the room and gave Annie an injection. Mark asked, “What did you give her?” The nurse replied, “Something to make her more comfortable.” Annie had been asleep; she awoke, looked at Mark, and said, “Could you please cancel my appointment at the university? I will have to reschedule my appointment. I don’t think I will be well enough to go tomorrow.” Mark replied, “Okay, try to get some rest.” Annie closed her eyes, never to open them again.

**Discussion**

1. Do you agree with Mark's decision not to tell Annie about the seriousness of her illness? Explain your answer.
2. Should the physician have spoken to Annie as to the seriousness of her illness? Explain your answer.
3. Describe the ethical dilemmas in this case (e.g., how Annie's rights were violated).
4. Place yourself in Annie's shoes, the physician's shoes, and Mark's shoes, and then discuss how the lives of each may have been different if the physician had informed Annie as to the seriousness of her illness.
5. In the final analysis, is it difficult to say who is right or wrong? Discuss your answer.

**THE MORAL COMPASS****NEWSPAPER CLIPPINGS: We No Longer Have a Moral Compass**

Hartford Police Chief Daryl Roberts questioned the city's "moral compass" a week after bystanders and drivers maneuvered around the motionless body of a 78-year-old victim of a hit-and-run crash.

"At the end of the day we've got to look at ourselves and understand that our moral values have now changed," Roberts said. "We have no regard for each other."

WFSB.com, *Hartford, CT, June 6, 2008*

The saying goes that if you don't learn from history, you are doomed to repeat it. If you have not learned and do not apply the generally accepted moral principles (e.g., do good and do no harm), the moral values (e.g., respect and compassion) described in this chapter, you will not have a moral compass to guide you.

**SUMMARY THOUGHT**

*Be careful of your thoughts, for your thoughts inspire your words. Be careful of your words, for your words precede your actions. Be careful of your actions, for your actions become your habits. Be careful of your habits, for your habits build your character. Be careful of your character, for your character decides your destiny.*

CHINESE PROVERB

Although you cannot control the amount of time you have in this lifetime, you can control your behavior by adopting the virtues and values that will define who you are and what you will become and how you will be remembered or forgotten.

Become who you want to be and behave how you want to be remembered. The formula is easy and well described previously here in what has been claimed to be a Chinese proverb. Read it. Reread it. Write it. Memorize it. Display it in your home, at work, and in your car, and most of all, practice it, always remembering that it all begins with thoughts.



*My words fly up, my thoughts remain below: Words without thoughts never to heaven go.*

SHAKESPEARE

Control your thoughts, and do not let them control you. As to words, they are the tools of thought. They can be sharper than any double-edged sword and hurt, or they can do good and heal.

It is never too late to change your thoughts, as long as you have air to breathe. Your legacy may be short, but it can be powerful. Remember the Gettysburg address.

## CHAPTER REVIEW

1. *Ethics* is the branch of philosophy that seeks to understand the nature, purposes, justification, and founding principles of moral rules and the systems they compose.
  - a. *Microethics* involves an individual's view of what is right and wrong based on his or her life experiences.
  - b. *Macroethics* involves a more generalized view of right and wrong.
2. *Bioethics* addresses such difficult issues as the nature of life, the nature of death, what sort of life is worth living, what constitutes murder, how we should treat people who are especially vulnerable, and the responsibilities we have to other human beings.
3. We study ethics to aid us in making sound judgments, good decisions, and right choices.
4. Ethics signifies a general pattern or way of life, such as religious ethics; a set of rules of conduct or "moral code," which involves professional ethics; or philosophical ethics, which involves inquiry about ways of life and rules of conduct.
5. *Morality* is a code of conduct. It is a guide to behavior that all rational persons would put forward for governing the behavior of all moral agents.
6. There is no "universal morality." Whatever guide to behavior that an individual regards as overriding and wants to be universally adopted is considered that individual's morality.

7. *Moral judgments* are those judgments concerned with what an individual or group believes to be the right or proper behavior in a given situation.
8. Morality is often legislated when differences cannot be resolved because of conflicting moral codes with varying opinions as to what is right and what is wrong (e.g., abortion). Laws are created to set boundaries for societal behavior, and they are enforced to ensure that the expected behavior is followed.
9. The following are ethical theories:
  - a. *Normative ethics* is the attempt to determine what moral standards should be followed so that human behavior and conduct may be morally right.
  - b. *General normative ethics* is the critical study of major moral precepts of such matters as what things are right, what things are good, and what things are genuine.
  - c. *Applied ethics* is the application of normative theories to practical moral problems. It is the attempt to explain and justify specific moral problems such as abortion, euthanasia, and assisted suicide.
  - d. *Descriptive ethics*, also known as comparative ethics, deals with what people believe to be right and wrong.
  - e. *Meta-ethics* seeks to understand ethical terms and theories and their application.
  - f. The *consequential theory* emphasizes that the morally right action is whatever action leads to the maximum balance of good over evil. The consequential theory is based on the view that the value of an action derives solely from the value of its consequences.
  - g. *Utilitarian ethics* involves the concept that the moral worth of an action is determined solely by its contribution to overall utility, that is, its contribution to happiness or pleasure as summed among all persons.
  - h. *Deontological ethics* focuses on one's duties to others. It includes telling the truth and keeping your promises. Deontology is an ethical analysis according to a moral code or rules.
  - i. The *nonconsequential ethical theory* denies that the consequences of an action or rule are the only criteria for determining the morality of an action or rule.
  - j. *Ethical relativism* is the theory that holds that morality is relative to the norms of one's culture.
10. These are principles of ethics:
  - a. *Beneficence* describes the principle of doing good, demonstrating kindness, showing compassion, and helping others.
    - i. *Paternalism* is a form of beneficence. It may involve withholding information from a person because of the belief that doing so is in the best interest of that person.



- ii. *Medical paternalism* involves making choices for (or forcing choices on) patients who are capable of choosing for themselves. It directly violates patient autonomy.
  - b. *Nonmaleficence* is an ethical principle that requires caregivers to avoid causing harm to patients.
  - c. *Autonomy* involves recognizing the right of a person to make his or her own decisions.
  - d. *Justice* is the obligation to be fair in the distribution of benefits and risks.
    - i. *Distributive justice* is a principle that requires treatment of all persons equally and fairly.
11. *Virtue Ethics and Values*
    - a. *Virtue* is normally defined as some sort of moral excellence or beneficial quality. In traditional ethics, virtues are characteristics that differentiate good people from bad people.
    - b. *Virtue ethics* focuses on the inherent character of a person rather than on the specific actions he or she performs.
  12. *Value* is something that has worth. Values are used for judging the goodness or badness of some action.
    - a. *Ethical values* imply standards of worth.
    - b. *Intrinsic value* is something that has value in and of itself.
    - c. *Instrumental value* is something that helps to give value to something else (e.g., money is valuable for what it can buy).
    - d. Values may change as needs change.
  13. Commonly accepted virtues and values include courage, wisdom, temperance, commitment, compassion, conscientiousness, cooperativeness, discernment, fairness, fidelity, freedom, honesty, veracity, integrity, kindness, respect, hopefulness, education/learning as a value, and tolerance.
  14. *Religious ethics* serves a moral purpose by providing codes of conduct for appropriate behavior through revelations from a divine source.
    - a. **Judaism**
    - b. **Hinduism**
    - c. **Buddhism**
    - d. **Taoism**
    - e. **Zen**
    - f. **Christianity**
    - g. **Islam**
  15. *Secular ethics* is based on codes developed by societies that have relied on customs to formulate their codes.
    - a. **Code of Hammurabi**
  16. *Atheism*
  17. *Situational ethics* describes how a particular situation may influence how one's reaction and values may change in order to cope with changing circumstances.
  18. *The Final Analysis*



19. *Moral Compass*
20. *Summary Thought*

## TEST YOUR UNDERSTANDING

### Terminology

autonomy	fairness	moral values
beneficence	faith	nonconsequential ethics
commitment	fidelity	nonmaleficence
compassion	freedom	normative ethics
conscientiousness	happiness	paternalism
consequential	ethics honesty	religious ethics
cooperation	hopefulness	respect
courage	humility	secular ethics
distributive justice	integrity	situational ethics
discernment	justice	veracity
ethical relativism	kindness	virtues
ethical theories	medical paternalism	
ethics	morality	

## REVIEW QUESTIONS

1. What is ethics?
2. Why should one study ethics?
3. What is morality?
4. Describe the ethical theories presented above.
5. Describe virtue ethics and values. How do virtues and values differ?
6. Discuss why “courage” could be considered as the greatest of all virtues.
7. Discuss how religion can affect one’s character.
8. Discuss why politicians sometimes use religion as a means for their own political aspirations.
9. What is the basis of secular ethics?
10. Describe the various ethical principles reviewed and how they might be helpful in resolving health care ethical dilemmas.

## **REVIEW QUESTIONS (continued)**

11. Describe the principle of Justice and how it can affect the decision making process.
12. Discuss the ethical dilemmas involved in the allocation of scarce resources.
13. How might the concepts learned in this chapter affect how you would allocate scarce resources in the provision of health care?
14. What is “situational ethics”? Why do people behave differently in different situations?
15. What is ethical relativism? What is the relevance of this concept to individuals of various cultures living in the same society?

