To laugh often and love much; to win the respect of intelligent persons and the affection of children; to earn the approbation of honest citizens and endure the betrayal of false friends; to appreciate beauty; to find the best in others; to give of one’s self; to leave the world a bit better, whether by a healthy child, a garden patch or a redeemed social condition; to have played and laughed with enthusiasm and sung with exultation; to know even one life has breathed easier because you have lived—this is to have succeeded.

—Bessie Anderson Stanley
**Learning Objectives**

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

- Describe the concepts of ethics and morality.
- Describe how an understanding of ethical theories, principles, virtues, and values are helpful in resolving ethical dilemmas.
- Explain the relationship between spirituality and religion.
- Discuss situational ethics and how one’s moral character can change as circumstances change.
- Explain how one’s reasoning skills influence the decision-making process.

This chapter provides the reader with an overview of healthcare ethics and moral principles. 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 and moral principles, virtues, and values; however, as with the study of any new subject, “words are the tools of thought.” Therefore, sufficient new vocabulary is presented to the reader in order to lay a foundation for applying the abstract theories and principles of ethics and make practical use of them.

**ETHICS OVERVIEW**

Ethics is that branch of philosophy that seeks to understand the nature, purposes, justification, and the 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, how they exist in harmony with the environment.

Ethics is also referred to as moral philosophy, 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 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 term ethics is used in three different 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.

Bioethics addresses such difficult issues as the nature of life, the nature of death, what sort of life is worth living, 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.

We study ethics to assist us in making sound judgments, good decisions, and right choices, or if not right choices, then better choices. To those in the healthcare industry, ethics is about anticipating and recognizing healthcare dilemmas and making good judgments and decisions based on the patient’s needs and wishes and the universal values that work in unison with the laws of the land, our Constitution, and where the Constitution remains silent, we rely on the ability of caregivers to make the right choices using the wisdom of Solomon to do good.

**MORALITY**

Morality is a code of conduct. It is a guide to behavior that all rational persons put forward for governing their behavior. Morality describes a class of rules held by society to govern the conduct of its individual members.

Morals are ideas about what is right and what is wrong; for example, killing is wrong, whereas healing 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.

Moral judgments are those judgments concerned with what an individual or group believes to be the right or proper behavior in a given situation. 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. What is considered to be right varies from nation to nation, culture to culture, religion to religion, as well as from one person to the next. In other words, there is no universal morality.

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

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.

Codes of Conduct

Codes of conduct generally prescribe standards of conduct, states principles, expresses responsibilities, and defines rules expressing the duties of professionals to whom they apply. Most members of a profession subscribe to certain “values” and moral standards written into a formal document referred to as a code of conduct. 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 distinction 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.

**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

Ethical theories attempt to introduce order into the way people think about life and action. They are the foundation of ethical analysis and provide guidance in the decision-making process. The various theories present varying viewpoints that assist caregivers in making difficult decisions that impact the lives of others.

Ethics seeks to understand and to determine how human actions can be judged as right or wrong. Ethical judgments can be made based upon our own experiences or based upon the nature of or principles of reason. The following paragraphs provide a review of the more commonly discussed ethical theories.

**Normative**

The normative theory of 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 ethics prescribes how people ought to act.

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

**Consequential**

The consequentialism 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 upon the consequences or effects of the action. The goal of a consequentialist is to achieve the greatest good for the greatest number of people. It involves asking the following questions:

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

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. Deontological ethics is often referred to as duty-based ethics. It involves ethical analysis according to a moral code or rules: religious or secular. Deontology 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.

Ethical Relativism

"Ethical relativism is the theory that holds that morality is relative to the norms of one's culture. That is, whether an action is right or wrong depends on the moral norms of the society in which it is practiced. The same action may be morally right in one society but morally wrong in another." What is acceptable in one society may not be considered as acceptable in another society. 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's religious beliefs.

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. Not only must the caregiver grasp the clinical skills of his or her profession, but he or she must also have a basic understanding of various cultures, what is right and what is wrong from both a legal and ethical point of view.

**PRINCIPLES OF ETHICS**

*An army of principles can penetrate where an army of soldiers cannot.*
—Thomas Jefferson

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 healthcare related ethical dilemmas. As noted by the principles discussed in the following sections, caregivers, in the study of ethics, will find that difficult decisions often involve choices between conflicting ethical principles.

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, free from all restraint or interference of others, unless by clear and unquestioned authority of law.*
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 “individual.” In this context, autonomy is 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, meaning that the autonomous actions of one person must not infringe upon the rights of another.

Each person has the 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. Although patients have a right to make their own choices, they also have a concomitant right to know the risks, benefits, and alternatives to recommended procedures.

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 healthcare agent in the event of one’s inability to make decisions.

*Life or Death: The Right to Choose*

A Jehovah’s Witness executed a release requesting that no blood or its derivatives be administered during hospitalization. The Connecticut Superior Court determined that the hospital had no common law right or obligation to thrust unwanted medical care on the patient because she had been sufficiently informed of the consequences of the refusal to accept blood transfusions. She had competently and clearly declined that care. The hospital’s interests were sufficiently protected by her informed choice, and neither it nor the trial court in this case was entitled to override that choice.

*Beneficence*

Beneficence describes the principle of doing good, demonstrating kindness, showing compassion, and helping others. In the healthcare setting, caregivers demonstrate beneficence by 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 that a patient should be told frankly, “There is nothing else that I can do for you.” This could be injurious to the patient if the patient really wants encouragement and information about care options from the caregiver. Compassion here requires the caregiver to explain to 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 and clinical trials that may be helpful in treating your disease processes.”

*Paternalism* is a form of beneficence. People sometimes believe that they know what is best for another and make decisions that they believe are in that person’s best interest. It may involve, for example, withholding information, believing that the person would be better off that way. Paternalism can occur due to one’s age, cognitive ability, and level of dependency.
**REALITY CHECK: Paternalism and Breach of Confidentiality (continued)**

while he was in the organization’s transfusion center. Again she rudely entered the conference room where Dan was discussing the case being rendered to a cancer patient. She once again asked in a stern tone of voice, “Could everyone please leave the room. I need to talk to Dan.” The organization’s staff left the room and the nurse said, “I finally reached Bill and he wants you to call him.” Dan inquired, “Is he pulling me off this assignment?” The nurse replied, “Yes, he is. I spoke to Bill, and he has decided that out of concern for Vicky you should be removed from this particular assignment. He wants you to call him.” Dan replied, “I don’t understand why you did this, calling Bill and continuously interrupting my work and sharing with others confidential information about my wife. I will wrap up with the staff my review of this patient and call Bill.” As Joan left the conference room Dan said, “I trusted you and you shared confidential information about my wife?” Joan, realizing that she had no right to share the information quickly walked away.

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 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.
2. Do you think Dan was treated fairly? Discuss your answer.
3. Discuss the issues of trust, confidentiality, and fairness as they relate to this case.

**Medical paternalism** involves making decisions for patients who are capable of making their own choices. Physicians often find themselves in situations where they can influence a patient’s healthcare decision simply by selectively telling the patient what he or she prefers based on personal beliefs. This directly violates patient autonomy. The problem of paternalism involves a conflict between the principles of autonomy and beneficence, each of which may be viewed and weighed differently, for example, by the physician and patient, physician and family member, or even the patient and a family member.

**Nonmaleficence**

*Nonmaleficence* is an ethical principle that requires caregivers to avoid causing patients harm. It derives from the ancient maxim *primum non nocere*, translated from the Latin, “first, do no harm.” Physicians today still swear by the code of Hippocrates, pledging to do no harm. Medical ethics require healthcare providers to “first, do no harm.” In *In re Conroy*, 464 A.2d 303, 314 (N.J. Super. Ct. App. Div. 1983), a New Jersey court found that “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 to be false hopes? 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 by writing prescriptions for lethal doses of medication. Helping patients die violates the physician’s duty to save lives. There needs to be a clearer distinction between euthanasia and allowing a patient to die.

**Justice**

*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, 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 disproportionate share of society’s resources or benefits. There are many ethical issues involved in the rationing of health care. This is often due to limited or scarce resources, limited access due to 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” or high risks for legal suits.
Virtues and Values

Virtues focus on the inherent character of a person rather than on the specific actions that he or she performs. Virtues are those characteristics that differentiate good people from bad people. A morally virtuous person is one who does the good and right thing by habit.

Values are standards of conduct. They are used for judging the goodness or badness of some action. Values 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).

The emphasis one places on a particular value 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. If mom's estate is being squandered at the end of her life, the 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 for survival, both psychologically and physically.

We begin our discussion here with an overview of those virtues commonly accepted as having value when addressing difficult healthcare 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 healthcare 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, one’s moral character and strength can be determined by the degree to which he or she has embraced the virtues and values discussed below. 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 book and this chapter are not about memorizing words but about applying what we learn for the good of all whose lives we touch. Discussion here begins with an overview of those virtues commonly accepted as having value when addressing difficult dilemmas.
CHAPTER 2  Healthcare Ethics

Courage

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 mental torture. “Courage is the ladder on which all the other virtues mount.” Courage is the strength of character necessary to continue in the face of fear 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 we most value. 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 goal that is being sought has been achieved.

REALITY CHECK: My Journey—How Lucky Am I?

No words can be scripted to say what I have been through, so I will just speak from my heart and off the cuff. From the day the Dr. said to me, “Denise, you have a rare cancer and we are sorry there is nothing we can do.” I did not waver in my faith in God. He was in me, he was thru me and he was around me. I just asked the Dr., “What Do I Do?” And yet, although he said a whole bunch of words, I wasn’t focused so much on what was being said. It’s like a calmness was over me, not much worry, just a feeling of I will never be ALONE on this new journey I’m about to experience. I felt calm. Not until I looked at my loved ones’ faces did I realize, oh my, this can be bad. But again, a feeling came over me that I will not face this ALONE. God has plans for me and I will surrender in his grace and as time past, I realized how lucky and blessed I am, for most people who may feel that death may be close by, I didn’t feel that way. What I felt was WOW!! Everyone gets to show me their love in the NOW and not in the later when I am no longer HERE. How lucky am I.

—Denise

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 those 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

You can’t inherit wisdom, You can’t be taught wisdom. You can’t learn wisdom. Wisdom is a God given gift.

—GP

True wisdom comes to each of us when we realize how little we understand about life, ourselves, and the world around us.

—Socrates

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 healthcare setting, when the patient’s wishes and end-of-life preferences are unknown, wisdom along with good judgment without bias or prejudice is mandatory.

Temperance

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

—Charles Kingsley

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 unremitting 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 is the basis of morality.

— Arnold Schopenhauer

Compassion is a moral value expected of all caregivers. Those who lack compassion have a weakness in their moral character. Dr. Linda Peeno’s compassion was evident when she testified before the Committee on Commerce on May 30, 1996. She stated that she had been hired as a claims reviewer for several health maintenance organizations (HMOs). 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.”

Although Dr. Peeno came forward with her story, the lack of compassion for others plagues the healthcare industry in a variety of settings.

**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 Annie 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.” Mark sensed Dr. Brown had more to say. Dr. Brown continued, “I am sorry to say that she has carcinoma of the colon.” Mark replied, “Did you get it all?” Dr. Brown reluctantly replied, “I am sorry, but the cancer has spread to her lymph nodes and surrounding organs.” Mark, as he within the tears, asked, “Can I see her?” Dr. Brown replied, “She is in the recovery room.” 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 she 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 be back later,” as Annie fell back to sleep.

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 (continued)
Conscientious

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.

Discernment

Get to know two things about a man. How he earns his money and how he spends it. You will then have the clue to his character. You will 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.

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.
Virtues and Values

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. 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 sometimes forgotten and taken for granted but always cherished include 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.

—Author Unknown

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

REALITY CHECK: Integrity has Limits

Bill, a quality improvement consultant hired by the board, was praised during the presentation for his quality improvement report. He 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.

Hold on; it turns out Bill wasn’t as wonderful as he had been applauded to be. The group was now disgruntled with his report. Bill was gone and now criticized and berated. Jeff, who was still in the room, was 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.” Jeff 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. Now I look bad in that report.” Jeff 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, said, “Well Jeff you are doing a super job and the feedback from staff has been nothing but praise, but as to Bill, ugh.”

Discussion

1. Were Carol’s remarks during and after Bill left the conference room a fair representation of her integrity? Discuss your answer.
2. Discuss Bill’s responsibilities to the board, which had hired the consulting team to evaluate the organization’s operations.
3. What is Jeff thinking? He has to be in the organization another 2 weeks. How would you write your report? Keep in mind that Carol and her fellow department managers also evaluate the consultants as well with Bill and Jeff’s managers.
honorable virtues. Veracity is devotion to and conformity with what is truthful. It involves an obligation to be truthful.

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

A few weeks before Frank was to travel to Dodge City, Texas, for a work assignment, 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, I know we have been instructed not to leave early, and the last flight leaves at 4:30 P.M. Anyway, I don’t mind flying out 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 finish up work by 2:30 P.M. The airport is small and close to the hospital. Besides, my team has to drive to Louisiana and we would like to get there early and go to dinner and enjoy the evening. I am the tour leader, so it should not be a problem.” Frank said OK and scheduled a 4:30 P.M. return flight.

While Frank was on a flight to Washington, DC following his work assignment, Ronald, Frank’s supervisor was dictating a voicemail message to him. When Frank returned home at about 10:30 that evening, he retrieved his voice mail messages. Ronald had left Frank a message at 4:30 P.M. earlier that day asking Frank, “Call me as soon as you get this message. I will be in my office until about 5:30 P.M. If you miss me, you can reach me over the weekend. My cell phone number is xxx/xxx-xxxx.”

Frank called Ronald that evening and the next morning; however, Ronald never answered, nor did he return his call. Frank called Ronald Monday morning. As luck would have it, Ronald was out of the office for the day. Frank called Ronald again on Tuesday morning and Ronald answered. Frank asked, “Ronald, you called?” He replied, “Yes, I did. How were you able to get to the airport on Friday and catch a 4:30 P.M. 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.” Ronald replied,

"Dr. Layblame told me the team had to exit early because you scheduled an early flight."

Frank asked, “Just one question Ronald, why would you leave a message for me at 4:30 P.M. to call you at 5:30 P.M. when you knew I was 36,000 feet high in the sky? And why didn’t you call the team leader at the beginning of the assignment and not after it was completed? Since you know flight schedules, why would you wait until the assignment was completed to raise this issue? Sounds a bit peculiar, don’t you think? Sort of like observing a protocol not being followed in the OR and only chastising the OR team after the surgery is completed for not following protocol. This is a serious business we are in. You need to ask yourself why you would allow an event to occur if you believed it to be wrong.”

**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. How would you describe Ronald’s management style?

Truth telling, from a patient’s perspective, 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 retreat from 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 triumph over fear.

**Integrity**

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

—Abraham Lincoln

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 healthcare 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.

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.

Respect

Respect for ourselves guides our morals; respect for others guides our manners.
—Laurence Sterne

Respect is an attitude of admiration or esteem. Kant was the first major Western philosopher to put respect for persons, including oneself as a person, at the center of moral theory. He believed that persons are ends in themselves with an absolute dignity, which must always be respected. In contemporary thinking, respect has become a core ideal extending moral respect to things other than persons, including all things in nature.

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 journey’s end.
—Frans 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.

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

REALITY CHECK: Employee Satisfaction Survey

The human resources department manager was reporting on an employee satisfaction survey at a leadership roundtable session with the organization’s employees. To maintain employee confidentiality, a third-party consulting firm had conducted the survey. Approximately 49% of employees had responded to the survey, compared with 47% 3 years earlier. The HR manager commented that it was the first satisfaction survey conducted in 3 years and that the results were excellent, with a 4.2% rise in overall employee satisfaction. Management was all smiles as they sat listening to the report. The HR manager had actually briefed the organization’s leadership prior to the roundtable session. Following the report, she asked if there were any questions. The silence was deadly—no one responded. Finally, one employee, Richard, placed his hands on the table to stand up, but he felt a nudge on his right shoulder from Phil, a physician friend. Phil whispered, “Richard, are you sure you want to ask any questions? There is nothing to gain here.” Richard, looking down with a smile, said, “I agree, but I can’t help myself.” Richard then stood up and asked the HR manager, “Do you know what the employee turnover rate has been during the past 3 years?” She responded, “Well, ugh, yes, it was about 30%.” Richard replied, “So, then, does this report reflect that we have had a 30% turnover?” The manager replied, “Good point, I will have to get back to you on that.” When he returned to his seat, Phil said, “Do you really think you will ever hear back an answer to your question?” Richard smiled and replied, “Not really.” Richard was right; she never did get back to him.

Discussion
1. Discuss why employees are often reluctant to ask questions when their questions are solicited by leadership.
2. Knowing that the HR manager never followed up with Richard, should he have followed up with the manager as to the validity of the survey data? Explain your answer.
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 him or herself. 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, they simply tolerate the view of others.

Although tolerance can be viewed as a virtue, not all tolerance is virtuous. For example, it is more virtuous to have intolerance for governments that slaughter its own people than tolerating such despicable acts.

Education as a Value

It is expected and required that healthcare professionals have a current understanding of one’s area of specialization and practice. Every professional is responsible to be current in his or her knowledge and skills. Competency comes by participating in one’s professional organization, staying current by reading one’s professional journals, attending in-services and continuing education programs, and mentoring.

SPIRITUALITY AND RELIGION

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. Healthcare 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.

Religion serves a moral purpose by providing codes of conduct for appropriate behavior through revelations from a divine source. These codes of conduct are often 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.

Religion should be a component part of the education, policy development, and consultative functions of ethics committees. 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.” Political leaders often use religion to further their political aspirations. They have often used religion to justify their actions. Religious persecution has plagued humanity 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 atrocities of evil people strapping bombs to the mentally deficient with the purpose of blowing themselves up in public places, killing and maiming men, women, and children, are but a few of the numerous atrocities of what has occurred throughout the ages.

Difficult questions regarding a patient’s spiritual needs and how to meet those needs are best addressed 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 are aware of a patient’s religious beliefs, they can share with the patient pertinent religious and spiritual resources available in the hospital and community.

A variety of religions are presented in the following sections 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 one's beliefs and to encourage further study of how each religion affects the decision-making process. Hospitals should maintain a directory of various religions that includes contacts for referral and consultation purposes.

**Judaism**

*Jewish Law* is the unchangeable 613 mitzvah (commandments) that God gave to the Jews. Halacha (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 Ten Commandments. Some of the Ten 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 Ten Commandments were a turning point, where essential commands such as "thou shalt not kill" or "thou shalt not commit adultery" were accepted as law.

When caring for the dying, family members will normally want to be present and prayers spoken. 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 BCE. 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 at this time. 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, largely based on teachings attributed to the Indian prince named Siddhartha Gautama (563–483 BCE). He had gone on a spiritual quest and is said to have become enlightened at the age of 35, and 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.

**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 BCE). Taoism 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, 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, 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 and ultimately 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 Ten Commandments are accepted and practiced by both Christians and Jews.

Christians, when determining what the right thing to do is, 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 continues to be numerous interpretations of the meaning of the scriptures and its 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 belief is found in the book of John:

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

—King James Version, John 3:16

The Apostle Paul proclaimed that salvation cannot be gained through good works but through faith in Jesus Christ as savior. He recognized the importance of faith in Christ over good works in the pursuit of salvation.

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. In the case of emergent unconscious patients, a blood transfusion may be necessary to save the patient's life. Emergent transfusions are generally acceptable by the courts. 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. Time is of the essence in many cases, making it necessary 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

When caring for the dying, services of the in-house chaplain must always be offered. A Catholic priest should be offered in those instances where 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. The five pillars of the practice of Islam are: believing the creed, performing five prayers daily, giving alms, fasting during Ramadan, and making a pilgrimage to Mecca at least once in a lifetime.

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.12

Secular Ethics

Unlike religious ethics, secular ethics are 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 Code of Hammurabi,
Reasoning and Decision-Making

Situational ethics is concerned with the outcome or consequences of an action in which the ends can justify the means. Why do good people behave differently in similar situations? Why do good people sometimes do bad things? The answer is fairly simple: One’s moral character can sometimes change as circumstances change; thus the term situational ethics. A person, therefore, may contradict what he believes is the right thing to do and do what he morally considers wrong. For example, a decision not to use extraordinary means to sustain the life of an unknown 84-year-old may result in a different decision if the 84-year-old is one’s mother. To better understand this concept, consider the desire to live, and the extreme measures one will take in order to do so. Remember that ethical decision-making is the process of determining the right thing to do in the event of a moral dilemma.

REASONING AND DECISION-MAKING

Reason guides our attempt to understand the world about us. Both reason and compassion guide our efforts to apply that knowledge ethically, to understand other people, and have ethical relationships with other people.

—MOLLEEN MATSUMURA

The logical application of reasoning is important in the decision-making process. “Knowing” ethical theories, principles, values, and morals, and “understanding” how to apply them must go hand in hand. Reason includes the capacity for logical inference and the ability to conduct inquiry, solve problems, evaluate, criticize, and deliberate about how we should act and to reach an understanding of other people, the world, and ourselves. Partial reasoning involves bias for or against a person based on one’s relationship with that person. Circular reasoning describes a person who has already made up his or her mind on a particular issue and sees no need for deliberation. Ethics in decision-making involves the process of deciding the right thing to do when facing a moral dilemma. Decision-making is not easy when there is more than one road, an alternative route, to take. Ethical dilemmas occur when ideas of right and wrong conflict. They arise in situations where a choice must be made between unpleasant alternatives. They occur whenever a choice must be made that involves giving up something good and suffering something bad, no matter what course of action is taken. Ethical dilemmas often require caregivers to make decisions that may break some ethical norm or contradict...
some ethical value. They involve conflict between values, rights, duties, and loyalties. Consequently, not everyone is satisfied with a particular decision.

Healthcare Dilemmas

Healthcare dilemmas often occur when there are alternative choices, limited resources, and differing values among patients, family members, and caregivers. Coming to an agreement may mean sacrificing one’s personal wishes and following the road where there is consensus. Consensus building can happen only when the parties involved can sit and reason together. The process of identifying the various alternatives to an ethical dilemma, determining the pros and cons of each choice, and making informed decisions requires a clear unbiased willingness to listen, learn, and, in the end, make an informed decision.

Healthcare dilemmas arise when, for example, the principles of autonomy and beneficence conflict with one another. The following case illustrates how one’s right to make his or her decision can conflict with the principle of doing no harm.

REALITY CHECK: A Patient’s Journey:
Need for Change

During the past 5 years, I have filled out numerous standardized forms requiring answers to questions that have been repeatedly asked by a wide variety of physician specialists and other caregivers. I've been told that my most recent specialist had great credentials. He came highly recommended. I grew more hopeful as I drove to his office during the early morning rush hour in Washington, DC. I would finally meet someone who cared and understood my disease processes. As I walked into his office, I noted that my medical chart was lying on the desk in front of him. The sight of it on his desk comforted me, thinking that he had actually read the answers. His staff had said he wanted them several weeks prior to my appointment because he needed time to familiarize himself with my case. I soon realized several minutes into the conversation that he had not reviewed my medical chart. The forms that I had so painstakingly completed, hoping for an answer to my illness, had not been read. He inquired as to what medications I was taking. My husband accompanied me that day and noticed that the list of medications was laid in front of him; he didn’t hesitate to point that out to the physician. The doctor asked questions within a predetermined range, one was, “What is your pain on a scale of 1 to 10?” How do I answer that? I am off your scale. I cannot remember not being in pain for the past 5 years. I sometimes wonder what it must have been like to be pain-free. I don’t know that feeling anymore. Hello, is anyone out there?

Eventually, I was admitted to the hospital for the first time. My nerve endings felt frayed, my stomach churned, worries were multiplying, and my thoughts turned to, “Is it time to get more bad news?” I was extremely ill. The sitting area in the admissions office was uncomfortable and uninviting. Privacy was minimal and soft music was nonexistent. I wondered what was going to happen to me.

Things got worse when I was finally admitted to a room. Now, I had to stay in an unfamiliar room staring at drab, nondescript walls, and was dependent upon people who hardly had the time to dispense medications. Most physicians and other staff members were rushing about, engaged in their everyday tasks. No one seemed to have time for me.

Confusion set in, and the fear of being in a strange place caused me tremendous anxiety. Unfamiliar people looked at me, touched me, and repeatedly asked me the same questions over and over again. The questioning seemed never ending. And then I wondered, “Do these people ever talk to each other?” The surroundings were sterile and unfriendly, adding to my uneasy feelings.

Why can’t healthcare facilities be more patient-friendly to those they serve? Why must I worry about complaining and fear of retribution? Provisions should be made for a serene environment with calming colors and carefully chosen people to gently ease answers from a frightened patient. More attention is needed in making a patient’s room a calm and inviting place, which would help to soothe and carry the patient through troubling times.

—Anonymous

SUMMARY THOUGHTS

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
Political corruption, antisocial behavior, declining civility, and rampant unethical conduct have heightened discussions over the nation's moral decline and decaying value systems. The nation's "moral compass has gone astray." Legislators, investigators, prosecutors, and the courts are finally stepping up to the plate and are taking action. The question, however, remains: Can this boat be turned around, or are we just plugging the holes with new laws and creating more leaks in a misdirected sinking boat? The answer is more likely to be a return to practicing the values upon which this nation was founded. If the lessons of history are ignored, society is destined to repeat the mistakes of the past.

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.

—MOther Teresa

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

Become who you want to be and how you want to be remembered. The formula is easy and well described in the previous quote 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 most of all, practice it, always remembering it all begins with thoughts.

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

—William 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.