It was an ordinary day...that led to a complex moral dilemma

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Ethical Issues and Risk Managers

- Objectives:
  - When ethical issues bring out the best and worst in an organization.
  - How to interface with the Ethics Committee as Risk Managers?
  - How to integrate an organization’s culture, values and mission in determining how to resolve issues?
  - Media interface with a care issue and the organization’s response.
A new Bishop is assigned to the Diocese of Phoenix in 2003.

All previous arrangements / guidelines change with a new authority for the Diocese.

Bishop questioned how a Catholic Health System could have “non Catholic hospitals” not following the Ethical and Religious Directives for Catholic Health Care (ERD’s).

Our “non Catholic hospitals” follow the Statement of Common Values (it’s the same as the ERD) except for allowing for sterilization procedures.

St. Joseph’s Hospital is a 50% owner of Mercy Care Plan. It’s an AHCCCS Provider that is mandated to provide women’s reproductive services in the contract.
Bishop’s Authority in a Diocese

• The local Bishop has the “authority” to interpret any Church guidelines in his own diocese.
• Each Bishop can interpret the guidelines completely differently.
• We have only two diocese in Arizona (Phoenix, Tucson) and they have two different Bishops interpreting the guidelines.
Ethics Case

• Pregnant woman arrives at the ED, approximately 11 weeks pregnant, suffering from pulmonary hypertension.
• Patient is in our pulmonary hypertension clinic who was on an experimental drug protocol for PH and was taking birth control.
• Research requires that patient take a reliable form of birth control in order to avoid pregnancy (we don’t mandate the form of birth control).
• Her birth control failed and she became pregnant with her fifth child. The pulmonologist suggested that the pregnancy be terminated when she told the MD she was pregnant in week 7.
• The significant other did not want her to terminate the pregnancy, so she did not proceed.
Ethics Case

- By week 12 the blood volume for a pregnant woman increases 1.5 times, so the patient moved into severe pulmonary hypertension.
- The ED studies were terrible and she was moved to the ICU for medical management.
- The pulmonologist, high risk OB physician, critical care physician agreed that the termination of the pregnancy was necessary to save the mother’s life and the fetus was not viable at 11-12 weeks. The research drug was discontinued and unblinded (was a placebo drug).
- The pulmonologist indicated that without terminating the pregnancy there was 100% mortality within the next 48 hours.
- Ethics consult team was called and the case was reviewed with the team. A recommendation was given to proceed with termination.
- The mother of the patient and significant other do not agree with the recommendation.
Patient later agreed to the termination and she was too unstable to move out of the ICU. The D/C was completed in the ICU and the patient improved significantly. She was discharged two days later. She continues to do well and is being seen by our physicians.

- Church teaching on the issue
- HIPAA violation
- Newspaper article on the case
- Bishop’s knowledge of the case
- Public outcry / moral review of the case by ethicists, theologians
How to interface with the Ethics Committee as Risk Managers?

- The Ethics Committee does and should call upon Risk Management for complicated issues.
- Representation on the Ethics Committee from Risk Management?
- The Risk Management job is extremely important, but I expect you to offer suggestions to leadership that provides the best outcome for the patient and then for the organization. It’s recommending the best “ethical behavior” to exhibit to the patient, family, physician and the community.
When ethical issues bring out the best and worst in an organization.

- Tell the truth
- Be clear on what you hope to achieve with your leadership team
- Keep leadership, staff and physicians updated—you don’t want any surprises
- Avoid giving a “negative” impression of the other party
- Admit the mistake if one was made
- Frame your discussion around the “values” of your organization
- Keep the message simple
How to integrate an organization’s culture, values and mission in determining how to solve problems?

- Return to the “foundational values” of the organization
- Speak from quality, integrity, and “doing the right thing”
- Avoid making the situation sound better than it is—your employees, physicians and patients see through it
- Support the employee or physician involved—staff watch how you behave
- The issue, when resolved, actually sets the stage for other issues in an organization—how did the organization act during a difficult time
Media interface and the organization’s response

• Tell the truth.
• If you don’t talk with them, be prepared with a statement everyone in the organization can remember and repeat.
• If you don’t talk with the media, they will probably find someone who will; do you want to frame the story or have an “unofficial spokesperson” speaking for you?
• Stories are made up and people speculate—is it better to try to get your version out in front of the media?
• State the facts of the case and don’t talk in a negative way about the other party.
Steps St. Joseph’s Hospital took...

• Met with the Bishop on numerous occasions (CHW Corporate Members, President, religious Sponsors)

• Obtained an independent theologian to review the case from the standpoint of a particular theologian the Bishop recommended.

• Chose to have the Catholic status removed because we could not agree with the Bishop’s request (review our records, apologize publically that we were in error, never perform the procedure again, etc.)

• Bishop Olmsted removed our Catholic status on December 21, 2011.
Thank You