



Understanding and Applying the *Ethical and Religious Directives for Catholic Health Care Services:*

AN EDUCATIONAL RESOURCE FOR PHYSICIANS



*Part One - The Social Responsibility
of Catholic Health Care Services*

Part One - The Social Responsibility of Catholic Health Care Services

PRAYER RESOURCE

OPENING PRAYER

O God, comfort of all who suffer, your words and deeds show a special love for the poor and vulnerable. Instill within our hearts the same compassion you showed to those who were poor, hungry, sick, and dying. Fill our hearts with zeal to change the unjust structures of our society so that all women, men and children may flourish. We ask this in your Holy Name. Amen.

READING

For I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me. (Matthew 25:35)



Part One - The Social Responsibility of Catholic Health Care Services

CASE STUDY

CASE #1: AN UNDESIRABLE PATIENT

Angelina, a 32-year-old woman struggling personally with many issues, has been contemplating whether she should go to the doctor for medical tests. She knows she needs to because she has had “flu-like” symptoms for several months and has been feeling worse as of late. She suspects there is something really wrong, which is one reason why she has been reluctant to take the necessary step because she does not want her worst fears confirmed. The other, more practical, reasons are that she does not have health insurance, does not have enough money to pay for any tests, and is extremely concerned that the physician will look down on her because of her obesity and her alcoholism should she decide to disclose this latter fact. Despite her concerns, Angelina visits a physician in your medical group. During lunch one day in the physician’s lounge, the physician who saw Angelina tells you and other colleagues about the visit and notes how he is sick of taking uninsured patients and especially sick of taking care of “fat people who aren’t willing to take care of themselves.” Most of your colleagues nod in agreement but some seem troubled by his comments. (Courtesy of Dr. Michael Panicola, SSM Health Care, St. Louis, Mo.).

CASE QUESTIONS

- 1. What ethical issues do you see here?**
- 2. Which Directive(s) apply to the case?**
- 3. How might the Directive(s) help address the case?**

Part One - The Social Responsibility of Catholic Health Care Services

CASE RESPONSES

CASE #1: AN UNDESIRABLE PATIENT

1. What ethical issues do you see here?

- ✦ A vulnerable woman without health insurance. Is there an issue of justice here?
- ✦ Disrespect — a violation of her dignity
- ✦ Bias/discrimination
- ✦ Care of the poor and marginalized
- ✦ Care for the whole person — body, mind, and spirit
- ✦ Breach of privacy/confidentiality
- ✦ Stewardship of resources

2. Which Directive(s) apply to the case?

- ✦ Directives 1, 2, 3, 9, 5 and possibly 6; also applicable are the Introductions to Parts Two and Three.

3. How might the Directive(s) help address the case?

- ✦ At minimum, the physician should not be speaking publicly about one of his patients and doing so in such disparaging terms, even though his concern and his frustration are understandable.

- ✦ Catholic health care is committed to caring precisely for such patients — those who are vulnerable and at the margins.
- ✦ Catholic health care is also committed to caring for the whole person (see Introduction to Part Two). There is more at issue here than the woman's physical health. There are also mental health and addiction issues. A referral to a social worker seems called for in order to connect this woman with resources to address her mental health and addiction issues, and possibly obtain resources to provide for her health care. There may also be underlying spiritual needs and/or issues that could be affecting her physical and mental health that should also be addressed.
- ✦ Good stewardship of resources might suggest or require a different approach to caring for this patient.

Part One - The Social Responsibility of Catholic Health Care Services

CASE STUDY

CASE #2: DECLINING TO SEE MEDICAID PATIENTS

The OB-GYN group with which your Catholic hospital has contracted for years has recently decided to stop seeing most Medicaid patients because several members of the group have been complaining about the low levels of reimbursement and the “type of clientele.” The group insists it has the right to do this, but several case managers are concerned that these women will “fall through the cracks” and that it “looks bad on our hospital,” especially since the for-profit competitor already sees the majority of Medicaid patients in the area. Senior leadership discusses the situation and most think they must allow this or else they could lose the OB-GYN group. However, others see this as unacceptable because it runs counter to the hospital’s mission. (Courtesy of Dr. Michael Panicola, SSM Health Care, St. Louis, Mo.).

CASE QUESTIONS

- 1. What ethical issues do you see here?**
- 2. Which Directive(s) apply to the case?**
- 3. How might the Directive(s) help address the case?**

Part One - The Social Responsibility of Catholic Health Care Services

CASE RESPONSES

CASE #2: DECLINING TO SEE MEDICAID PATIENTS

1. What ethical issues do you see here?

- ✦ Failure to provide vulnerable patients with needed care.
- ✦ Failure to fulfill the organization's mission and allowing a group of physicians to act contrary to the organization's mission.
- ✦ Discrimination leading to disparity in care
- ✦ Justice

2. Which Directive(s) apply to the case?

- ✦ Directives 1, 2, 3, 5, and 9. The Introduction is also important. It highlights values that should characterize Catholic health care — respect for human dignity, care for the poor, contributing to the common good, and good stewardship of resources.

3. How might the Directive(s) help address the case?

- ✦ These Directives underscore that one of Catholic health care's fundamental commitments and characteristics is care for the poor and vulnerable.
- ✦ Care for the marginalized is central to the organization's identity and integrity.

Part One - The Social Responsibility of Catholic Health Care Services

CASE STUDY

CASE #3: ALLOCATION OF RESOURCES

You practice at a 320-bed community hospital that has just entered into a newly-formed multi-hospital Catholic health care system. The system board and CEO as well as the St. Francis hospital board have charged the CEO with making cost management her number one priority during the first year of the merged entity. The CEO has already moved quickly to begin consolidating departments and cutting marginal services to reduce costs. She has avoided a massive layoff, but the selective job reductions and various cost control measures have had a perceptible impact on employees' morale as measured by a variety of internal feedback mechanisms. Among these have been very visible internal "town hall" forums in which the CEO has been accused of short-changing patient care.

The CEO is approached by the city administrator to partner with the city in funding and operating a clinic for a relatively large Hispanic population on the outer western edge of your service area. This rather impoverished community is approximately five miles from the hospital. One of your physicians has volunteered her time at a very small store-front clinic for the past three years and has been a strong advocate both for the move to a larger facility with expanded services and for your hospital's active partnership with the city. The current facility has long been inadequate to meet the needs of the community. Up-front costs to your hospital are expected to be in the vicinity of \$250,000. The annual contribution would be approximately \$300,000. Your health system's and hospital's mission speaks directly to your commitment to improve the health status of the community, and community outreach is one of the organization's explicit priorities.

However, the CEO has another proposal on her desk — from the oncology group at the hospital. They wish to start up, in collaboration with the hospital, a specialty oncology hospital that would not only provide the latest technology, but also conduct cutting-edge genetics research, and offer a very active program of susceptibility testing for various forms of cancer, in particular, breast, ovarian and colon. The oncologists believe that an aggressive testing program and state-of-the-art equipment, together with their reputations, would attract many individuals from the adjoining affluent suburb and from the entire region (especially

private-pay individuals and those whose insurance covers susceptibility testing) for the testing itself and also for follow-up care and treatment down the road for those who develop cancer. A state-of-the art cancer hospital will also attract other cancer patients from the area. They see this as potentially very lucrative for themselves and an excellent investment for the hospital. The hospital would be part owner and share in the profits.

As envisioned, Salus Cancer Institute would provide all-encompassing care, from prevention to after-cancer, in one fully-integrated facility, supported by a multidisciplinary team of health professionals, advocates, and counselors. Also on staff would be physicians who are leaders in palliative care, education, and research. Patients and their families would find not only the best evidence-based treatments and new cutting-edge treatments, the latest technology and comforts, but the largest integrative medicine program in the region featuring prayer, meditation and yoga, acupuncture, massage, music therapy, and diet and nutrition counseling. The hospital would also contain a care store, a one-stop location, that would provide cancer patients with special clothing items designed for their comfort, including wigs and headwear, swimsuits, bra and prosthetic fittings for mastectomy patients, skin care products for patients undergoing radiation, and much more.

A further pressing reason for the specialty hospital is that another oncology group in the region apparently is considering doing the same. The advantage that the St. Francis group has is that most of the oncologists trained at a very prestigious university, they are very active researchers and tops in their specialties, they are doing a large number of experimental protocols, and they are relatively high admitters. The group is looking for considerable capital from the hospital to build the specialty clinic. They have insinuated that if the hospital chooses not to participate in this venture they will look elsewhere, and perhaps even partner with the other oncology group. This matter is brought by the CEO to the administrative council of which you are a member.

CASE QUESTIONS

- 1. What ethical issues do you see here?**
- 2. Which Directive(s) apply to the case?**
- 3. How might the Directive(s) help address the case?**

Part One - The Social Responsibility of Catholic Health Care Services

CASE RESPONSES

CASE #3: ALLOCATION OF RESOURCES

1. What ethical issues do you see here?

- ✦ Just treatment of employees
- ✦ Fidelity to the organization's mission
- ✦ Prudent stewardship of resources
- ✦ Contributing to the common good
- ✦ Care for the poor and vulnerable

2. Which Directive(s) apply to the case?

- ✦ Directives 7, 6, 1, 3, and 4. The Introduction and the values identified in the Introduction are also relevant to this case.

3. How might the Directive(s) help address the case?

- ✦ In this case, there are competing values. The Directives in question do not resolve the case, but rather highlight important considerations/values that are core to Catholic health care.

- ✦ Also pertinent to this case are the “normative principles” delineated in the Introduction to Part One — defend human dignity, care for the poor, contribute to the common good, exercise responsible stewardship for available health care resources.

Part One - The Social Responsibility of Catholic Health Care Services

SELECTED READINGS AND MEDIA

Byron, Rev. William J., "Labor Relations: A Catholic Matter," *Health Progress* 92, no. 4 (July-August 2011): 51-53.

Catholic Health Association of the United States, "The Church, Its Social Justice Tradition and the Catholic Health Care Ministry as a Just Workplace," St. Louis: Catholic Health Association of the United States, 2011.

Catholic Health Association of the United States, "Catholic Social Tradition," St. Louis: Catholic Health Association of the United States, 2011.

Catholic Health Association of the United States, "Always with Us: Justice and Catholic Health Care," St. Louis: Catholic Health Association of the United States, 2011.

deBlois, Sr. Jean and Rev. Kevin O'Rourke, "Health Care and Social Responsibility," *Health Progress*, 76, no. 4 (May 1995): 48-50, 58.

Gottmoeller, Sr. Doris, "New Ground Rules Smooth Union Relations," *Health Progress* 92, no. 4 (July-August 2011): 54-55.

Hamlin, Jeffrey, "A 'Just Wage': More than Dollars," *Health Progress* 83, no. 2 (March-April 2002): 43-45.

Naughton, Michael, "Catholic Social Tradition — Teaching, Thought, Practice," *Health Progress* 87, no. 1 (January February 2006): 44-45.

Talone, Sr. Patricia, "Labor and Catholic Health Care," *Health Progress* 83, no. 2 (March-April 2002): 36-38, 60.