CHA
Catholic Health Association of the United States

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

AN EDUCATIONAL RESOURCE FOR PHYSICIANS

Part Six - Forming New Partnerships with Health Care Organizations

Part Six - Forming New Partnerships with Health Care Organizations and Providers

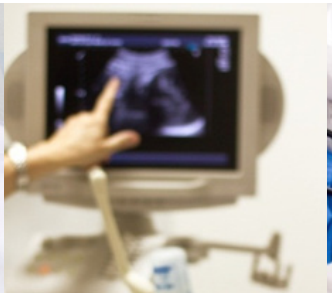
PRAYER RESOURCE

OPENING PRAYER

O God, guide us as we seek to further your healing ministry in challenging times. Grant us faithfulness to your purposes for your people. Grant us openness and creativity as we partner with others and seek new ways to minister. Keep ever before us the vision of your compassionate concern for every person who suffers. We ask all this in your Holy Name. Amen.

READING

John summoned two of his disciples and sent them to the Lord to ask, "Are you the one who is to come, or should we look for another?" When the men came to him, they said, "John the Baptist has sent us to you to ask, 'Are you the one who is to come, or should we look for another?'" At that time he cured many of their diseases, sufferings, and evil spirits; he also granted sight to many who were blind. And he said to them in reply, "Go and tell John what you have seen and heard: the blind regain their sight, the lame walk, lepers are cleansed, the deaf hear, the dead are raised, the poor have the good news proclaimed to them." (Luke 7:18-22)


Part Six - Forming New Partnerships with Health Care Organizations and Providers

CASE STUDY

CASE #1: EMPLOYED PHYSICIANS AND CONTRACEPTION

Saint Vincent's Hospital is negotiating with an obstetrician and an urologist to join its medical group, with offices in St. Vincent's Physicians' Building. Both will be identified as employees of St. Vincent's. They understand that in accordance with the ERDs they will not be permitted to perform tubal ligations or vasectomies in the medical center or in their offices. Both have raised questions regarding their continued ability to provide the services that they consider to be medically appropriate. Both want to be able to continue performing sterilizations. At present, both think that they can find another venue apart from St. Vincent's in which to do this and ask if this would be permitted. Both doctors have also raised the question regarding how to obtain provider numbers to use in billing for their services, if they must find an outside venue.

In addition, the obstetrician has a question regarding her being able to continue prescribing contraceptives and to insert IUDs in her office. Although she does not agree with the moral position of the Catholic Church, she wants to be part of the medical group and understands that St. Vincent's is a Catholic organization. She also believes that it is important to enter any agreement with the hospital with integrity. However, she also thinks that it is an imposition on her patients to tell them to go elsewhere for either contraceptive prescriptions or for an IUD. To find a compromise, she has suggested that she and the hospital find a formula in which she technically leases back her office from St. Vincent's during those times in which she performs these tasks. (Courtesy of Catholic Health Initiatives).

CASE QUESTIONS

1. What ethical issues do you see here?

2. Which Directives apply to the case?

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

Part Six - Forming New Partnerships with Health Care Organizations and Providers

CASE RESPONSE

CASE #1: EMPLOYED PHYSICIANS AND CONTRACEPTION

1. What ethical issues do you see here?

- A physician employed by a Catholic hospital writing prescriptions for contraceptives and IUDs in his/her office.
- The obstetrician leasing back her office from the hospital in order to prescribe what is contrary to Church teaching.
- The possibility of scandal. How will patients know what is "Catholic time" versus "non-Catholic time" and how? The Catholic institution could be perceived as condoning contraception.

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

- Directives 52, 67, 68, 69, 70, 71, and 72.

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

- Directives 52 and 70 speak to the issue of prescribing contraceptive measures.
- Directive 69 points to the need to apply the principle of cooperation. This would be relevant to the obstetrician's suggestion that she lease back her office space for those times when she does prescribe. Whether or not such an arrangement would be morally permissible would require a careful application of the principle of cooperation. The key components of the principle can be found in the Glossary.
- If any attempt was made to develop the obstetrician's proposal, the Directives 67, 68 and 71 would be relevant. Involving the bishop early on in negotiations/planning is strongly recommended. Directive 72 emphasizes the need to periodically assess whether the original agreement is being observed by the various parties.

Part Six - Forming New Partnerships with Health Care Organizations and Providers

CASE STUDY

CASE #2: CATHOLIC MANAGEMENT OF A CITY HOSPITAL

Grand Junction City Hospital (GJCH) is heavily in debt with limited days of cash. The City Council wants the hospital to remain open and continue to be a community hospital but needs an experienced health care organization that can manage the hospital out of its financial predicament. GJCH provides quality services needed by the local community. The Grand Junction City Council approaches St. Elizabeth Health System and proposes that the health system manage the city hospital. The city council wants the hospital to continue to provide sterilizations and make abortion referrals, but this would be in conflict with the ERDs. In addition to the management responsibilities, St. Elizabeth Health System would also have legal responsibilities for what occurred at the city hospital.

St. Elizabeth Health System considers the management relationship with Grand Junction City Hospital as a "good fit" for its overall strategic direction in this particular market. The health system also believes that with proper management and operational proficiencies, the city hospital could overcome its current financial difficulties. (Courtesy of Catholic Health Initiatives).

CASE QUESTIONS

1. What ethical issues do you see here?

2. Which Directives apply to the case?

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

Part Six - Forming New Partnerships with Health Care Organizations and Providers

CASE RESPONSE

CASE #2: CATHOLIC MANAGEMENT OF A CITY HOSPITAL

1. What ethical issues do you see here?

- A Catholic party managing a community hospital that performs sterilizations and makes abortion referrals. This is an issue of cooperation.

2. Which Directives apply to the case?

- Directives 67, 68, 69, 70, and 71.

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

- Directive 69 calls for an analysis of the situation employing the principle of cooperation. Formal and immediate material cooperation are not morally permissible.
- Directive 70 excludes certain procedures from immediate material cooperation for the Catholic party, among them sterilizations and abortion. Would management of a hospital that provides sterilizations and offers abortion referrals constitute immediate material cooperation on the part of the Catholic party?
- Because of the possibility of scandal and the possible impact of such an arrangement on the identity of the Catholic organization, the local bishop should be involved early on.

Part Six - Forming New Partnerships with Health Care Organizations and Providers

CASE STUDY

CASE #3: PARTNERING IN A NEW VENTURE

The corporate vice president of planning and development of Fidelity Health Care was approached by a member of one of the two cardiologist medical groups in the metropolitan area. Apparently, the contract this group has with one of Fidelity's competitors is about to expire and the doctors are not satisfied with how the new contract negotiations are proceeding. The cardiologist group would be willing to partner with Fidelity Health (FH) in a co-owned cardiac care niche hospital. FH would put up 90 percent of the capital, approximately $52 million, which could be borrowed at a low rate, to build the facility and purchase the equipment. The cardiologist group would put up the remaining 10 percent and would staff the hospital and make all referrals for prolonged in-patient care to Fidelity's local hospitals. In this venture, FH would own 51 percent and the cardiologist group 49 percent.

The cardiologist group is insistent that the hospital be built out west in one of the most affluent suburban neighborhoods in the metro area. This would mean that the cardiologist group would leave the inner city where they operate principally now and those patients, mostly underserved, would essentially be without specialty cardiology services, given that the other cardiology group also resides out west in another competitor hospital in a different prosperous suburb. There actually is no community need for the cardiac hospital out west because they already have relatively easy access to the hospital that houses the other cardiology group. Nevertheless, the consulting firm hired to review the deal has assured us that we would reach those not already served and would take patients away from the competition because the cardiac group with which we would partner, though smaller, is more reputable and ranked higher by quality sources than the other one. The consulting firm believes strongly that the demand for services at Fidelity's cardiac hospital would be sufficient enough that the hospital would generate substantial revenues and quite possibly net about $20-30 million in income annually for the first five years. This would mean an additional $10-15 million to Fidelity's bottom line. In the past, Fidelity probably would not even have received a Certificate of Need (CON) since objectively there is no community need. But, with the state CON program recently repealed, that is not an issue in this case.

From a business perspective, the advantages of this new venture are clear: Fidelity makes money, bolsters its cardiac services, increases market share and thereby widens the gap between itself and one of its competitors (i.e., the one from whom they would be "taking" the cardiologist medical group) and narrow the gap between itself and another competitor (i.e., the hospital out west with which they would now be competing for cardiac services). (Courtesy of Dr. Michael Panicola, SSM Health Care, St. Louis, Mo.).

CASE QUESTIONS

1. What ethical issues do you see here?

2. Which Directives apply to the case?

Part Six - Forming New Partnerships with Health Care Organizations and Providers

CASE RESPONSE

CASE #3: PARTNERING IN A NEW VENTURE

1. What ethical issues do you see here?

- Abandoning patients in need — justice
- Sacrificing community need to profit — harming the common good
- Fidelity to mission
- Culture compatibility; alignment of values

2. Which Directives apply to the case?

- This is not a case of cooperation and so does not strictly fall under Part Six. However, this case provides an opportunity to appeal to other parts of the *Ethical and Religious Directives* for guidance. What Directives or other parts of the ERDs would be helpful for addressing this situation?

Part Six - Forming New Partnerships with Health Care Organizations and Providers

CASE STUDY

CASE #4: PHYSICIANS WORKING FOR PLANNED PARENTHOOD

St. Joseph Mercy Medical Center is a 450-bed hospital in southwestern city of about 150,000. The hospital is 50 percent owner of Red Rock Health Network, a physician hospital organization (PHO). A large, local physician group owns the other 50 percent. The PHO offers financial (managed care contracting), marketing and business management services.

A small medical group in the community, which includes two physicians, seeks to join the network. Among other things, they practice at the local Planned Parenthood (PP). This local PP office, however, does not provide abortions, but rather provides reproductive and other health services. The director of operations wonders whether admitting the group into the network creates a problem for the Catholic owners of the network vis-a-vis Part Six of the *Ethical and Religious Directives for Catholic Health Care Services*.

CASE QUESTIONS

1. What ethical issues do you see here?

2. Which Directives apply to the case?

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

Part Six - Forming New Partnerships with Health Care Organizations and Providers

CASE RESPONSE

CASE #4: PHYSICIANS WORKING FOR PLANNED PARENTHOOD

1. What ethical issues do you see here?

- Is this an instance of cooperation and, if so, is it an instance of morally permissible cooperation?

2. Which Directives apply to the case?

- Directives 67, 68, 69, 70, and 71.

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

- Directive 69 points to the need to apply the principles governing cooperation. Applying the principle to this case will help determine whether there is any cooperation involved and, if there is, whether it is morally permissible.
- Directive 71 underscores the importance of being sensitive to the possibility of scandal.
- Directives 67 and 68 strongly encourage communication with the local bishop should a decision be made to proceed.

We hope you found this educational resource helpful. To view additional resources and programs offered by CHA, Please visit **www.chausa.org**

Part Six - Forming New Partnerships with Health Care Organizations and Providers

SELECTED READINGS AND MEDIA

Cataldo, Peter and John Haas, "Institutional Cooperation: The ERDs," *Health Progress* 83, no. 6 (November-December 2002): 49-57, 60.

Catholic Health Association of the United States, *Report on a Theological Dialogue on the Principle of Cooperation*, St. Louis: Catholic Health Association of the United States, 2007.

Hamel, Ron, "Preserving Integrity in Partnerships," *Health Progress* 83, no. 6 (November-December 2002): 37-39, 59.

Kopfensteiner, Rev. Thomas, "Responsibility and Cooperation: Evaluating Partnerships among Health Care Providers," *Health Progress* 83, no. 6 (November-December 2002):40-42, 59.

O'Rourke, Rev. Kevin, "Catholic Health Care and Sterilization," *Health Progress* 83, no. 6 (November-December 2002): 43-48.

- Please note: This is not intended to be an exhaustive resource. There is much more in the literature that could be helpful to facilitators and others. Most of the articles in this select bibliography are taken from CHA's publication *Health Progress*. Users of this resource are also encouraged to consult the CHA website (**www.chausa.org**), particularly the "Ethics" section, as well as the subject index to CHA's online ethics publication, *Health Care Ethics* USA.

  Papal documents and documents from the Congregation for the Doctrine of the Faith can be found on the Vatican website, **www.vatican.va**. Documents from the United States Conference of Catholic Bishops can be found at **www.usccb.org.**