

Ethics Integration: Other People's Processes

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In a traditional or “reactive” model of ethics consultation, the ethicist or ethics services were available to clinicians and organizational leaders on an “as-needed” basis. In such a model, ethics services were almost entirely reliant on the ethics expert, and increasing the capacity to respond to ethical crises meant hiring more ethics FTEs. Ascension’s Proactive Ethics Integration (PEI) paradigm began with the recognition that this expert-centered approach to ethics integration was not sustainable, nor did it allow for optimal integration. The PEI Paradigm calls for both an embedded and integrative service modality.

The embedded service modality consists of equipping and empowering individuals in key clinical and organizational roles who are not trained ethicists to participate in ethics processes (e.g. institutional ethics committee members and key operational leaders, referred to as Embedded Ethics Resources or EERs). The role of these EERs is not necessarily to resolve ethical issues, or replicate the role of trained ethicists, but to integrate to a greater-than-usual degree an “ethical lens” in the daily work for which they have primary responsibility. In this way, the EERs can help identify and triage ethical issues, and perhaps, in some instances, address some of the more

common and less complex issues with the support of tools and resources developed by ethicists. One primary goal of this embedded approach is to expand the number of people paying attention and responding to the ethical issues that most impact spiritually-centered, holistic care in the clinical context and our identity as a healing ministry of the Church in the organizational context. This, in turn, helps support a culture of mutual accountability for our mission, vision, values and Catholic identity across the entire organization and its daily operations.

The integrative service modality, which is the focus of this article, requires the integration of ethics into other people’s processes. This approach seeks to integrate the principles of Catholic identity along with Ascension’s mission, vision and values into clinical and operational processes in such a way that ethical issues are addressed with the ethicists serving in the role most appropriate to the circumstances. In this way, integration goes beyond the embedded modality of providing ethics services insofar as it strives to integrate ethical considerations into the key processes through which various operations occur with minimal support from a professional ethicist. This is done through mutual collaboration between ethics and relevant subject matter experts within other primary disciplines, departments, and ministry wide functions in developing the operational processes owned

by those other subject matter experts that include an explicit, if not prominent, ethics component. Here the key distinction between “embedded” and “integrative” is that, in the embedded modality, ethics creates resources, tools and processes into which others are integrated, or embedded, into the delivery of ethics services, whereas in the integrative service modality, ethicists are collaborating with other disciplines to integrate ethical considerations into their processes, resources, and tools. In this way, ethical considerations are accounted for within the primary clinical or operational process itself. That said, neither the embedded nor integrative approach precludes the need for professional ethicists’ subject matter expertise as the complexity of the situation warrants. When this type of integration occurs, the ethical considerations inherent in a business or clinical process are accounted for in a self-sustaining way, and consultation with an ethicist is only needed when the process itself is limited or the complexity of the issue requires it. This kind of integration is truly self-sustaining and responsibility for ensuring ethical issues are addressed within the process is owned by the very persons who make up the department or service line. In this case, the role of ethics becomes continuous monitoring of the processes to make sure they are functioning as intended, to catch any misses, and provide back-up support only when the process is not sophisticated enough to account for every possible ethical nuance. Two examples of such an approach are outlined below.

INTEGRATION OF ETHICS INTO ASCENSION MEDICAL GROUP

By way of context, Ascension operates

about 2,600 sites of care in 19 states and the District of Columbia and has about 9,000 employed providers and 40,000 aligned providers. Ascension Medical Group (AMG) is Ascension’s physician-led national provider organization. As care delivery continues to move from a volume to value-based system, and from an acute care focused delivery model to one which focuses on the continuum of care, AMG is a key service line within which ethics must integrate in order to meet the needs of the clinicians and patients we serve.

One key area of focus for integration into an AMG-owned process is service line committees and workgroups, especially high priority service lines such as maternal health and perinatal medicine, behavioral health, palliative care, patient safety and quality, and ad hoc work groups such as those established during the onset of the COVID-19 pandemic. Ethics integration into these service line committees and workgroups at both the national and ministry market levels contributes to both improved awareness and utilization of ethics services as well as the ability to respond real-time to ethical considerations that arise within the context of the committee’s scope of work. In addition, it has proven to contribute to collaboration in other areas such as education, policy development and review, and both organizational and clinical consultations.

Another significant area of integration has been AMG processes for recruitment, selection, onboarding, and orientation of new providers. This includes the development of Catholic identity and Ethical and Religious Directives for Catholic Healthcare Services (ERDs), talking points for recruiters, and, in collaboration with AMG, the development of

talking points and other resources for medical directors and physician leaders regarding hiring for fit, ERDs, and Catholic identity, which provide guidance on responses to clinical questions that may be raised by clinicians both in the hiring process as well as during onboarding. In addition, Ascension's Ethics Advisory Community (EAC) developed a standardized, national New Clinician Orientation which is facilitated by an ethicist, but integrated into the existing AMG orientation process. Lastly, as was expounded upon in a previous issue of Health Care Ethics USA¹ the EAC has collaborated with Ascension's Graduate Medical Education (GME) Council to develop and implement a three-year Medical Resident Ethics Curriculum, which is co-facilitated by ethicists, medical residents, and GME faculty from across the system and available live and on-demand to all Ascension associates. These examples illustrate both a responsive and integrative approach to ethics services which, ideally, leads to a self-sustaining model through which ethical considerations are accounted for within the primary clinical or operational processes of AMG itself.

INTEGRATION OF ETHICS INTO THE PROCESS FOR SOCIALLY JUST TRANSACTIONS

Another benefit of integrating ethics into other people's processes is the ability to ensure that ethics services are engaged in the right way at the right time. This enables the ethics services to better facilitate the completion of the individual tasks required to ensure both that the operational outcome is achieved, and that it is achieved in a way consistent with Ascension's

Catholic ministry identity. One area in which this is particularly important concerns those processes in which Church relations has a role and, specifically, when our local ordinaries have input relative to particular decisions or actions. One example of this type of process is an Ascension procedure which governs all transactions including divestitures (and alienation when divesting of stable patrimony). The critical tasks and responsibilities for canon law, ethics, and Church relations have been integrated in each stage of this procedure. Depending on the stage of the transaction, responsibility for ensuring that our commitment to our identity as a healing ministry of the Catholic Church is outlined within the procedure and corresponding process maps associated with the procedure.

By way of example in the context of a transaction that would involve a divestiture, through this integration, we are able to ensure that every divestiture is structured in a such way as to:

- Minimize any potential negative impact on the ability of the community's needs to be met;
- Minimize any potential negative impact on the ability of those who may struggle with economic poverty and/or suffer the effects of social marginalization to access health care;
- Ensure fair and just treatment of the impacted associates consistent with Ascension's own policies and practices;
- Assess any impact on the Catholic presence throughout the community;

- Ensure the transaction is consistent with practices of good stewardship;
- Attend to the canonical requirements of alienation;
- Obtain the support and/or necessary approvals of the local ordinary (i.e., bishop); and,
- Facilitate any potential agreements between the purchaser and the local ordinary relative to any continuing Catholic commitments post-close, should either party desire such.

Some of these tasks require a collaborative effort across some or all members of the transaction team along with subject matter experts in canon law, ethics and Church relations. This approach of integrating into the existing collaboratively-owned procedure results in a seamless integration of considerations regarding Ascension's Catholic identity, mission, vision and values are included throughout the entire process in a way that is not dependent on any one person. This further ensures that the appropriate communications required to secure the support and/or approval of the local ordinary are completed at the appropriate time within the process and in the appropriate way so as to avoid any unforeseen delays.

The PEI paradigm continues to mature across all of Ascension. Through this maturation, we continue to gain new insights that enable us to more clearly articulate the different ways in which ethical considerations (i.e., our mission, vision, values, Catholic social, moral teaching and Catholic moral principles) are integrated into clinical service lines and operations. What we have come to realize through this

maturation, is that the PEI paradigm calls us to think differently about how we do ethics. Within this paradigm, the goal is to influence an organizational culture that prioritizes the fulfillment of our mission, vision, values and Catholic identity amidst competing pressures. PEI, then, is best understood as a systems-thinking approach that includes but goes beyond a "service delivery model" and enables organizational transformation. ✚

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ENDNOTES

1. Kenney, M and Ward, C. "Standardizing virtual medical residency ethics curriculum- a high reliability endeavor. Health Care Ethics USA, Winter/Spring, 2022, 29-32.