

On the Purpose, Role(s) and Function(s) of Catholic Health Care Ethics Leaders

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OUR PRESENT CONTEXT

The pace of change in our national health care landscape has accelerated since the novel coronavirus, COVID-19, made its way from Wuhan, China to American shores. For many in health care, the biggest changes have been not so much *what* we are doing but *how* we are doing it.

Front-line clinical care has increasingly focused on higher acuity areas like ICUs, sometimes limiting resources for non-COVID related care such as elective surgeries, as well as workforce realignment.

Large numbers of administrative or non-clinical personnel have begun working remotely. Virtual meetings are now seemingly the default. Virtual health visits have skyrocketed and are now seen as a standard approach to addressing concerns.

For institutions, public health discussions and plans for allocating scarce resources — such as personnel, protective equipment, ventilators, emergency use drugs and vaccines — have all come to dominate our attention.

At the sociopolitical level, ethical issues related to the common good have become impassioned topics of discussion. Consider the ongoing

tension between the social, economic and health-related damage imposed on people through gubernatorial shutdowns and mandates compared to the benefits of preventing the overrun of health systems and minimizing spread of the disease.

In many ways, COVID-19 has come to dominate not only what health care is focused on, but also, for good or for ill, the lens through which we view life in general. This changing context provides a very practical reason to reflect on the purpose, role and function of ethicists in Catholic health care as well as the appropriate education, training and mentorship of young talent coming into a field and workplace that has experienced rapid change.

SHIFTS IN THE PROFESSION

Such questions, however, are not new or unique to the COVID reality. In response to these issues — both old and new — the Catholic Health Association (CHA) continues to produce helpful resources and information that can help us reexamine these foundational questions.

Consider the surveys of practicing ethicists CHA published in 2009 and 2015.¹ One conclusion drawn from the 2015 survey highlights how, compared to 2009: “The

responsibilities of ethicists seem to be changing with rapid changes in the health care delivery system” and such “developments have implications for the adequate preparation of new ethicists.² The significance of changes to roles and responsibilities is amplified by a simultaneous shift in educational backgrounds among ethicists that is also noted in the 2015 survey. Newer entrants increasingly have degrees in health care ethics multidisciplinary as distinct from the more historically prevalent discipline, theology.³ Indeed, this fact speaks to a relatively recent proliferation of educational programs and professional trainings, starting in the mid-1990s to present.

Not only have the specific roles, responsibilities and educational background of ethicists shifted, but the ‘model’ of the ethics program — how they are attempting ‘do ethics’ in a particular health system — also varies across health systems. In 2004, for instance, Nancy Parent Bancroft wrote about a committee-focused “Next Generation Model” of ethics committees, “which challenges ethics committees to recommit themselves as instruments of ethical change within their institutions. In the spirit of responsible stewardship, the model invites committee members to hold themselves accountable for measurable outcomes.”⁴ In 2019, Matthew Kenney outlined the “Proactive Ethics Integration” model, in which ethicists implement a comprehensive program geared towards improving “institutional capacity to influence clinical decision-making [and non-clinical] in *anticipation* of potential ethical concerns.”⁵

In short, data and experience show that certain points of variability and change in roles or ethics program models, as well as a

lack of shared quality standards and national benchmarks, are present in the field.

WHO ARE WE? WHERE ARE WE GOING?

I raise these points reflecting on the variabilities for two reasons. First, if we are all trying to accomplish the same thing, let’s not continually feel like we must reinvent the wheel or tackle the problem in isolation. Second, articulating an explicitly shared understanding of our role, functions and programmatic objectives will better enable solutions to longstanding pipeline issues, including lack of internships or entry level positions.⁶

With these points in mind, I raise the following questions to prompt further discussion and dialogue within our field:

- Do we have a shared vision (whether explicit or implicit) of what it means to be a leader in Catholic health care ethics? Do we need one?
- Is there/should there be common expectations about the role, purposes and programmatic goals of Catholic health ethics leaders within Catholic health care?
 - Is this different from professionalization (e.g., ASBH)?
 - Do we have clarity around what expectations *others within our organizations* have of us (e.g., administration, clinicians)?
- How do we continue to create a more graduated approach for entry into the field?
- How do we build corresponding practical educational experience for students?

By discussing these questions and discerning the appropriate answer, our field will be better prepared in the future to know who we are, where we are going, and why we are going there.



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CITATIONS

Bancroft, N. P. "The "Next Generation" Model." *Health Progress* 85 (May-June 2004): 27-30.

Bedford, E. L. and E. K. Johnson. "Building a Pipeline: Connect Young Talent with the Ministry." *Health Progress* (Saint Louis, Mo.) 93, no. 3 (2012).

Bedford, Elliott Louis. "Catholic Health Ethics Internships: Lessons Learned from Five Years' Experience." *Health Care Ethics USA* 28, no. 1 (Winter-Spring 2020): 3-4.

Gremmels, Becket. "When to Hire a Clinical Ethicist." *Health Care Ethics USA* 28, no. 1 (Winter-Spring 2020): 16-18.

Hamel, R. "A Critical Juncture. Surveys of Ethicists and Mission Leaders Indicate Concerns About the Future of Ethics in the Catholic Health Ministry." *Health Progress* (Saint Louis, Mo.) 90, no. 2 (2009).

Hamel, Ron. "Ethicists in Catholic Health Care: Taking Another Look." *Health Care Ethics USA* 23, no. 1 (2015): 34-44.
Matthew, R. Kenney. "A System Approach to Proactive Ethics Integration." *The National Catholic Bioethics Quarterly* 18, no. 1 (2018): 93-112.

ENDNOTES

1. See, R. Hamel, "A Critical Juncture. Surveys of Ethicists and Mission Leaders Indicate Concerns About the Future of Ethics in the Catholic Health Ministry," *Health Progress* (Saint Louis, Mo.) 90, no. 2 (2009).
2. Ron Hamel, "Ethicists in Catholic Health Care: Taking Another Look," *Health Care Ethics USA* 23, no. 1 (2015): 43.
3. *Ibid.*, 42.
4. N. P. Bancroft, "The "Next Generation" Model," *HEALTH PROGRESS* 85 (May-June 2004): 27.
5. R. Kenney Matthew, "A System Approach to Proactive Ethics Integration," *The National Catholic Bioethics Quarterly* 18, no. 1 (2018).
6. Cf. E. L. Bedford and E. K. Johnson, "Building a Pipeline: Connect Young Talent with the Ministry," *Health progress* (Saint Louis, Mo.) 93, no. 3 (2012); Elliott Louis Bedford, "Catholic Health Ethics Internships: Lessons Learned from Five Years' Experience," *Health Care Ethics USA* 28, no. 1 (Winter-Spring 2020); Becket Gremmels, "When to Hire a Clinical Ethicist," *Health Care Ethics USA* 28, no. 1 (Winter-Spring 2020).