Briefing

Judy Cassidy
EDITOR

Euthanasia. Abortion. Most Americans are aware of these ethical issues and the deep divisions they have carved in our pluralistic society. But many have not recognized another looming issue that may be even more divisive: rationing or limiting the medical treatments we are capable of providing. Because most people see this problem as more likely to directly affect them or a family member, this issue will be especially difficult to resolve.

For several years Oregon has grappled with designating Medicaid-covered services—an effort some have called rationing. But many people began to think seriously about the implications of reform only recently, with the widespread discussion of various healthcare reform proposals (see pp. 8-9 for a comparison and Jane White's column for analysis).

At a couple of social gatherings during the Christmas season, friends (seeing me as an "expert") bombarded me with objections about the cost of reform. They feared that reform plans will open a bottomless abyss into which taxpayers will funnel huge amounts of money to pay for "unlimited" care for all. In his article, John Cox describes similar experiences. His article pinpoints an urgent task for healthcare providers: taking the lead in helping society formulate answers to tough questions about the ethical use of healthcare resources.

As a society, we also must reconcile our divergent views about assisted suicide and euthanasia. John Collins Harvey and Edmund D. Pellegrino argue against these interventions on philosophical, rather than theological, grounds in order to make a case that holds sway in our pluralistic society.

Jane Mary Trau addresses another controversial societal issue: informed consent in relation to futile treatment and patient autonomy. Her views add an additional dimension to a dialogue on futility that began in the past two issues of *Health Progress*, where James F. Drane and John L. Coulehan exchanged views with Robert M. Veatch and Carol Mason Spicer.

How we care for the dying involves questions about resource use and moral philosophy. Sr. Jean deBlois, CSJ, challenges Catholic healthcare providers to lead in radically changing our technologically oriented approach to dying persons.

Many Americans have not recognized a potentially divisive ethical issue: limiting the medical treatments we are capable of providing.

Mission Leaders in Transition

At a conference I recently attended, a participant said mission leaders have become vulnerable as healthcare organizations cut staff to save costs. How timely, then, is the article by Sr. A. Teresa Stanley, CCVI, CHA's senior associate for mission. Drawing on findings from her survey of mission leaders, she points the way for "adding value" to the organization in today's unpredictable environment.

And R. Wayne Boss shows how mission leaders can use power to enhance their effectiveness, as reported by Managing Editor Susan Hume.

Workplace Diversity

Healthcare organizations can ill afford to ignore differences in gender, race, or cultural heritage in their employees and the people they serve, says Sr. Joanne Lappetito, RSM, CHA's senior associate for corporate and social ethics. Read her article to learn how enlightened organizations—especially those with the Catholic moral tradition—can manage diversity to reap countless benefits for individuals, morale, the bottom line, and the common good. Please send in the reply card (near p. 32) to give Sr. Joanne feedback for shaping CHA's work on cultural diversity.

Persevering through the Earthquake

Although her apartment and office are both uninhabitable, Rhoda Weiss wrote her marketing column for this issue the week after the Los Angeles quake. And artists Curt Dōty and David Tillinghast sent in their illustrations from their damaged homes. Fortunately, they and their families are unhurt, but they face continued disruption of their lives as the aftershocks go on. Our thoughts and prayers—as well as our admiration—are with them and all the Angelenos who are suffering from the quake.