Briefing

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EDITOR

The distressing case of the Lakeberg twins (see p. 16) focused national attention on the choices challenging healthcare providers, both as care givers and members of society. As did the Nancy Cruzan, Helga Wanglie, and Christine Busalacchi cases—not to mention the activities of Dr. Jack Kevorkian—the plight of the conjoined sisters once again raised questions about what constitutes ethical treatment for patients who are severely at risk, about patients' rights to request or refuse treatment, and about how society's healthcare resources can be expended fairly.

Shortly after the Lakeberg case faded from the news, President Bill Clinton introduced his health plan to a clamor of similar questions about equitable allocation of resources and limits on individuals' choices about their care. The "R word"—rationing—figured prominently in analysts' concerns.

Articles in this issue's special section indicate that ethics committees in Catholic healthcare organizations can play a crucial role in helping society and care givers articulate appropriate answers to urgent questions about reform and resource allocation, euthanasia and assisted suicide, and patient autonomy.

A timely study (p. 34), conducted by CHA's Division of Theology, Mission, and Ethics and *Health Progress*, should be a wake-up call for ethics committees, for it shows they devote far more of their attention to bioethical questions than to social and corporate issues. The current climate suggests it is time for committees to expand their activities beyond their traditional role of helping hospitals respond to medicomoral dilemmas.

A recent evaluation of the Corporate Ethics Committee of the Sisters of Mercy Health System, St. Louis, supports this conclusion. The study resulted in recommendations that the committee broaden its activities in social and corporate ethics (p. 44), and authors Sr. Patricia A. Sullivan, RSM, and Sr. Maureen Egan, RSM, predict greater committee involvement in healthcare reform and other contemporary issues, both within and outside the system.

Ethics committees will inevitably be called to work with the community and policymakers as our reformed healthcare system evolves.

Elsewhere, an ethics study group, formed originally to address end-of-life treatment in long-term care facilities of the Sisters of Charity Health Care Systems, Cincinnati, has shifted its focus to patient autonomy issues (p. 40). Listening to facility residents, this ethics group realized it needed to pay attention to how residents were treated in the course of their daily lives, not just in their last moments. It created a four-module program to sensitize staff to residents' preferences and needs. Cornelius Kelly and Alan Lazaroff say the group finds inspiration in the words of Margaret Meade: "Never doubt that a small group . . . can change the world." Although the group will be satisfied if it changes only a small corner of the world, we hope their story launches a chain reaction that does change the world.

Bioethical dilemmas will undoubtedly continue to be a major focus of ethics committees, but they will inevitably be called to work with the community and policymakers as our reformed healthcare system evolves.

Church Law and Collaborative Arrangements

Provider networks are a crucial piece in achieving the cost savings and comprehensive care required by healthcare reform. Rev. Francis G. Morrisey, OMI, specifies steps sponsors and institutions should take as they lay the groundwork for cooperative arrangements with other religious institutes or non-Catholic organizations (p. 24). Knowing what canon law permits, he says, is as important as understanding what it prohibits.

On the Edge

Acting on our belief that leaders in healthcare organizations can learn from those in other types of organizations, we are starting "Executive Edge" (p. 65). To stay on the cutting edge, or to gain an edge, don't miss the creative ideas in this regular new department.