

# LESSONS OF MISSION DISCERNMENT

*The Process Renders Decision Making More Participatory and Transparent and Produces Better Decisions, Too*

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**M**ission discernment (also known as ethical discernment or ethical decision making) is emerging as one of the more encouraging recent developments in U.S. health care. Health care organizations have not only chosen a variety of names for the process, they have also introduced it into their structures and operations in varying ways. The common focus, however, is on *responsible decision making* in light of the organization's mission and values.

Experience in operations and at the corporate level with two Catholic health care organizations (Holy Cross Health, South Bend, IN, and Trinity Health, Novi, MI) has provided me with the opportunity to experience the challenges and possibilities of this process—and to have learned some lessons along the way.

## MISSION DISCERNMENT

Mission discernment is concerned with what an organization *might* do. It provides a tool that an organization can use to evaluate its major initiatives: adding or dropping a service line, for example, or divesting itself of a facility, entering into a joint venture, or merging with or acquiring another organization. (Analyzing *existing* programs, processes, or policies in light of the organization's mission and values is, on the other hand, usually described as mission *assessment*. The purpose of a mission assessment is to discover whether, and to what extent, an organization's current operations are aligning with, achieving, or advancing its mission.)

Mission discernment, however, remains a work in progress. Organizations vary greatly in the ways they integrate the process into their decision-making matrix. Naturally, this leads to a variety of expectations concerning what mission dis-

cernment *should* be. That array of expectations also programs the subsequent satisfaction or disappointment with the mission discernment process.

Mission discernment is important to some people because it adds a new, focused, and clearly defined process to an organization's decision-making structure. Others value it as a means of integrating mission/ethical analysis into an organization's decision-making structures as a seamless part of its normal management, planning and, marketing—not something apart from or parallel to them. And, of course, still others contend that mission discernment should do both things. But no matter how discernment is structured along this continuum, it will be buffeted by crosswinds and conflicts.

## DILEMMAS OF MISSION DISCERNMENT

Mission discernment tends to face certain predictable dilemmas, each of which can be illustrated by a catch phrase.

**"Mission Trumps All"** In the recent past, mission leaders argued strongly to be given their rightful place "at the table" with other senior health care leaders. Mission leaders wanted to be decision makers—like the leaders of legal, financial, human resources, planning, and marketing departments—and no longer relegated (as leaders of pastoral care departments are sometimes relegated) to a subsidiary role in the organization.

Often, mission leaders' unspoken assumption was that mission should be (in language borrowed from Rome) *primus inter pares*, first among equals. Mission was sometimes referred to as "the conscience of the organization" (as if no one else in the organization had a conscience, or had mission and values in mind). Making mission *primus inter pares* could, however, put it "above and beyond" the rest of the organization—and, in

effect, segregate mission from the organization's other operations. Mission leaders would then be at the table with the other players, but still potentially isolated in a world of their own. Mission would come to see itself, and especially the mission discernment process, as a trump card, trumping all other considerations, financial, marketing, or legal.

Of course, mission discernment should be seen as a clearly focused and defined process, a process conducted by an identifiable group of people. But neither the people nor the process can be detached from the ordinary decision-making processes of the organization. If the mission discernment becomes too far removed from the organization's ordinary decision-making processes, it can appear to be a parallel process, monitoring and judging the decision makers. When this happens, mission discernment assumes the role of moral watchdog over the organization's other functions—and the mission-discernment team is seen as a kind of independent review board. Those participating in mission discernment may come to see themselves as guardians and protectors of the organization's values, giving mission's "thumbs up" or "thumbs down" to a project. Mission discernment then runs the risk of irrelevance, becoming too detached from the ordinary decision-making processes.

**"But It's All Mission"** Another perspective is that all of the organization's departments—legal, financial, clinical services, and the others—are about mission too, that mission is the monopoly of no single department or person. No one has a monopoly on mission, and all have a responsibility for it. Integrating mission and values seamlessly into culture and operations is a goal for most faith-based organizations. Values become habits; habits become culture. The ideal of that model is that the values become completely integrated into the culture of the organization. The danger is that they might become so integrated as to become invisible, indistinguishable from good financial, legal, clinical, and other practice.

But if mission is not identifiable and doesn't have clearly articulated "markers" in these other professional areas, how can we know that we are

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doing it? The challenge is to identify and articulate the issues and concerns of mission and values as they are woven into the discussion of legal, finance, human resources, and other functions. Mission discernment must, early in the process, identify the questions in marketing, finance, and other functions that are value-laden and may have implications for mission.

If these questions are not clearly identified and addressed, the mission leader may be left with the task of going back and doing a "retrospective" mission discernment, claiming that the mission issues were implicitly addressed all along in discussions of finance and other functions. This will appear to the audience reading the report as a search-and-justify operation. A "retrospective" mission discernment is usually viewed with mistrust (no matter how accurate it may be). Worse, it may be seen as a decision already made (usually as the result of financial constraints) and then "baptized" with mission language. As such, it will lack much credibility.

**"Trust Us"** Usually matters that are very confidential or sensitive for an organization (e.g., the sale of a long-term care facility, the elimination of a service line, or the outsourcing of a department such as laundry) are discussed and decided by only a few—the organization's board and senior managers—without consulting the rest of the "community of concern."\*

When such a decision is announced, those who were not included in the decision-making process may ask, "Was a mission discernment done, and, if so, who did it?" The reply is usually: "Yes, mission and values issues were central to our discussions from the beginning, and we did the discernment ourselves." But, unless the decision makers have followed a clearly defined process and come up with a clearly identifiable product, skeptics may wonder how the analysis of mission and values was done. If there was no clearly defined process and no mission discernment report to

\*The phrase is John W. Glaser's. See his article, "The Community of Concern" (*Health Progress*, March-April 2002, pp. 17-20).

accompany the business plan, then accepting that plan becomes a matter of faith and trust in the leadership and its integrity. And even if excluded stakeholders trust and have confidence in the organization's leaders, they will feel no less "out of the loop" concerning the decision made.

**"But There Is No Alternative"** Dedicated workers and managers of a financially strained facility will struggle with enormous challenges to keep the mission alive for the people in need of their care. The downside of such dedication is that it may mean hanging on until it is too late and no option remains but to close the facility or discontinue one of its lines of service. Then the response from those who made the effort to keep the doors open is often: "It was simply a financial decision" (which doesn't mean it wasn't also a responsible mission/stewardship decision, painful though it may have been for the stakeholders directly affected by it). Senior managers never want to make such a decision, but may be faced with inevitable financial realities.

What possible good would a mission discernment do in this situation? Selling or closing is inevitable; the decision has already been made. Why do a mission discernment? It would be dishonest to pretend that the decision was based on factors other than finance.

Although mission leaders generally loathe being confronted with this situation, they might find it useful to conduct some form of mission discernment anyway. The question then becomes: Given the fact that we cannot keep the doors open, how can we best handle the transition? Who is going to be affected (patients? employees?), and how do we assist them in the transition? Who is the buyer in this divestiture, and what is the buyer's reputation? What values/criteria do we establish in order to select a buyer? How do we choose well? In some ways, given the situation, mission discernment is all the more important when only a few options remain open to the organization. A painful situation needs to be handled sensitively and well. The care of patients and employees in transition is critical.

### LESSONS TO BE LEARNED

Six lessons can be learned from such dilemmas.

- Leaders should keep the discernment process distinct enough from the decision making as to be identifiable but not so separate as to be irrelevant to it.
- When leaders are considering a new initiative, they should early on decide whether it qualifies for a mission discernment. Mission discernment should not be the last step in a major initiative;

nor should it be done "retrospectively" on a decision already made. Mission discernment should not be seen as simply the moral "Good Housekeeping Seal of Approval" of a decision already taken on other grounds.

- Leaders should clearly identify those who will participate in the mission-discernment process. They should appoint an identifiable leader or facilitator who will be the lead in the process. The group processing the mission discernment should, on one hand, include some decision makers (or staff members able to provide valuable information or perspective) and, on the other hand, be sufficiently broad-based to have access to the information and opinions (from, e.g., finance, legal, and human resources) necessary for an informed decision. (One mission discernment in which I was recently involved had more than 100 participants, including employees, volunteers, and community members.) The nature of the project will determine the extent of the involvement needed.

- In discussing an initiative, leaders should clearly identify the issues of mission and values. These will often be found in the proposal's details and will tend to be articulated in legal or financial—not mission—terms. Whether the initiative involved is a strategic plan, a budget, or a benefits package, it will inevitably be value-laden. Identifying the operative—but often unexpressed—values is the task of a mission discernment group. This identification can be done in one of two ways:

1. With a discernment instrument or tool (either developed in the organization or acquired by it) that articulates questions or areas of concern.

2. As a result of conversation with stakeholders. Even organizations that employ a mission-discernment instrument find that the most practical and important issues often arise in focus group discussions (or even from demographic studies). Hospital leaders I know were surprised to learn of the presence of a large deaf community in a neighborhood they were considering for physician offices and a clinic. They accordingly adjusted their plans to provide special services that would address the needs of that population.

- Rely on the participants. Most people invited to participate in a mission-discernment process are delighted with the opportunity. They are honored to learn that they are the bearers of the organization's values and that their perspective and opinion are valued. Those who are involved in operations may possess insights and questions

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## CASES IN GENETICS

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## as the executive team considered hiring a geneticist or genetic counselor?

What mechanisms does management have in place to ensure the clinical quality of new offerings by physician collaborators? More specifically, how does management ensure that testing is appropriately ordered and that physicians are adequately prepared to interpret results?

Has the executive team considered creating a position for a geneticist or, at the very least, a genetic counselor? If genetic testing is occurring in your facility and you do not have a genetic counselor, who is doing the counseling? Is that person adequately prepared? Is there some testing being done without counseling?

### QUESTIONS FOR THE ETHICS COMMITTEE

How much self-education has the ethics committee undertaken on ethical issues in genetic testing?

One of the most egregious findings of the Giardiello team was the lightness with which informed consent to testing seemed to have been taken, although informed consent was identified as important. How visible is the ethics committee in acting as an advocate for and educating about informed consent, particularly with regard to new challenges posed by genetic testing?

Is the facility's informed consent policy sufficient to address genetic testing?

### GUIDING ETHICAL PRINCIPLES

The following principle and norms are intended to provide some moral guidance to discussions around the questions above. They are not exhaustive of those that might be relevant to the case and the questions raised. They should, however, be of some help.

**Promote and Defend Human Dignity** Because each person is created in the image of God, each one is sacred and possesses inalienable worth, and is social by nature and finds fulfillment in and through community. Catholic health care, therefore, treats individuals—and their families and various communities—with profound respect and utmost regard.

- **Beneficence** Our decisions and actions should contribute to the well-being of others.

- **Nonmaleficence** Our decisions and actions should not harm others.

- **Informed consent** When making decisions about diagnostic and/or therapeutic measures, individuals should have adequate information about the procedure, sufficient understanding of that information, and be able to freely choose to either accept or refuse the intervention.

- **Stewardship** Health care resources should be used prudently (appropriately, efficiently and effectively) and justly.

- **Justice** Justice requires that people be given what is due them. There must be equity in the exchange of goods and services (commutative justice).

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### RESOURCE

New York State Task Force on Life and Law, *Genetic Testing and Screening in the Age of Genomic Medicine*, Albany, NY. See the chapter on "Informed Consent."

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that have escaped the attention of managers and executives.

- Clearly communicate the values operative in whatever decision or choice is arrived at. More than once I have heard leaders say, "We made the right choice and for the right reason. But our communications with the stakeholders were poor and we met with a lot of opposition or mistrust." Not many decisions will meet with unanimous approval; members of the organization understand that. What they want to know is *why* that particular course of action was taken. What justifies it? What end or need does it serve? What values does it advance?

People understand that priorities must be established, especially in cases that involve competing values. Why, they ask, was this value (stewardship of resources, for instance) chosen over that (compassion, say) in these particular circumstances? People understand a decision better if they can see the mission and values that were operative in the decision-making process. They are, by the same token, suspicious of a business decision that is "baptized" in mission language.

### UNDERSTANDING AND COMMITMENT

Those who have used an ethical-discernment process will remember the awkwardness that often accompanied the process's introduction into the organization. They will recall that co-workers did not recognize the process's terminology and did not feel competent to do what was being asked of them. But the whole premise of such discernments is that the people in our organizations *do* have the professional skills, knowledge, and competencies, *as well as the values*, to provide a critical analysis of a proposed initiative from a mission perspective. They learn to trust both the process and their own contributions to it. And, through the process, they discover the meaning and value of their own work and its place in the organization's mission. □

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