

Forum

SHARED CORPORATE ETHICS COMMITTEE

Two Systems Collaborate To Enhance Ethical Decision Making

New ethical dilemmas—from end-of-life issues to personnel policies—emerge daily in all facets of operating a multi-institutional healthcare system. To enhance their ethical decision making, Cincinnati-based Mercy Health System and Radnor, PA-based Eastern Mercy Health System have formed a Shared Corporate Ethics Committee (SCEC).

Each system had been thinking about creating its own ethics committee but believed a shared committee would be more efficient. SCEC is the first ethics committee at the system level for both systems. Local facilities will retain their own ethics committees but benefit from the guidance of

the shared committee.

SCEC, which meets two to four times a year, is dedicated to collaboration, responsible stewardship of resources, and high-quality healthcare delivery. By sharing the systems' human and financial resources, the committee will help develop the systems' approach to ethics and identify policies and activities in which values and ethics are critical. The **Box** describes SCEC's specific responsibilities.

Each system's board of trustees appointed five representatives to serve on the committee. SCEC members include board representatives, facility chief executive officers (CEOs), and ethics committee members.

The two boards jointly appointed one committee member from outside the two systems.

PRELUDE TO SCEC

After the two systems' executive and management staffs met to discuss how they could collaborate more in areas such as accounts receivable, collections, ethics, insurance, investments, and quality management, Sr. Patricia Forret, RSM, Eastern Mercy's senior vice president of sponsorship, and Sr. Beverly McGuire, RSM, Mercy's senior vice president of mission services, were asked to develop a plan that involved ethics, leadership development, and mission education. One of their goals was to establish a shared ethics

committee, something both systems' CEOs and boards of trustees approved.

The two systems introduced SCEC to local facility ethics committees' members by sponsoring three ethics educational sessions. These sessions gave participants an opportunity to meet and discuss common issues, noted SCEC's chairperson, Susan Hill, MD, of Saint Joseph's Hospital, Atlanta. "Educational session participants experienced a high level of energy in addition to being interested in sharing where their facilities were on dealing with certain issues," said Hill. "Rather than letting each hospital repeat painful experiences, we decided we could gain insight from one another," she added.

The educational sessions were such a success that "it did not take much selling" to obtain support for the idea of a shared ethics committee, explained Sr. McGuire. "SCEC was viewed as a helpful service," she added.

Planning for SCEC began in 1992 through facilities' needs assessments. First, Sr. Forret and Sr. McGuire interviewed local facility ethics committee members to find out what they needed from a joint ethics committee.

According to Hill, the various institutions expressed similar needs, demonstrating that most healthcare providers are concerned about similar issues. To ensure that SCEC would address ethics needs that staff *throughout* the two systems perceived to be important, Sr. McGuire and Sr. Forret also surveyed facility CEOs and boards of trustees.

MANAGED CARE

SCEC met for the first time in December 1993 to discuss how the committee would operate and what issues it would address. Initially SCEC tackled the ethical challenges of managed care and the changes in the insurance network. "When payers and businesses are concerned about the bottom line, how can we ensure that high-quality services are provided, needs are met, and ethical treatment of all patients occurs?" queried Hill. She said that another important question is, How should Catholic hospitals negotiate these managed care contracts to stay competitive in the marketplace?

SCEC is developing a practical checklist of ethical issues and the principles on which those issues are built to guide local facilities

Shared Corporate Ethics Committee's Responsibilities

SCEC will advise the boards of trustees of Mercy Health System, Cincinnati, and Eastern Mercy Health System, Radnor, PA, by:

- Articulating key components and principles of Judeo-Christian and Catholic ethics
- Recommending policies to guide operations or policy development
- Articulating criteria and processes for ethical decision making
- Initiating reflective studies on ethical issues
- Recommending guidelines for the development of ethics programs
- Identifying and developing resources for consultation throughout both systems

negotiating managed care contracts, noted Sr. Forret. To help SCEC develop the list, scheduled to be completed by the end of the year, a facilitator at its April meeting reviewed all aspects of managed care contracts, added Hill.

OTHER ISSUES

Other areas of concern "address all spheres of healthcare problems in our communities," Hill pointed out. "We're trying to come up with a set of values that hospitals should take into account when facing these issues."

SCEC has identified the following additional priority issues:

- Persons who could "fall through the cracks" of the reformed healthcare system
- Challenges raised by increasingly sophisticated prenatal testing and genetic engineering
- End-of-life issues such as physician-assisted suicide
- Ways to maintain human dignity in the reformed healthcare system

GUIDANCE AND RECOMMENDATIONS

Although SCEC will offer guidelines to local facility ethics committees, the shared committee's intent is not to tell them how to handle particular



Members of the Shared Corporate Ethics Committee (left to right): Sr. Beverly McGuire, RSM, senior vice president, mission services, Mercy Health System (MHS), Cincinnati; Susan Hill, MD, committee chairperson, Saint Joseph's Hospital, Atlanta; Sr. Patricia Prinzing, RSM, director, mission effectiveness, St. James Mercy Hospital, Hornell, NY; Daniel F. Russell, ex officio committee member, president and chief executive officer (CEO), Eastern Mercy Health System (EMHS), Radnor, PA; Thomas Ruthemeyer, senior vice president, finance, MHS-Greater Cincinnati Region; Sr. Patricia Forret, RSM, senior vice president, sponsorship, EMHS; James Reber, president and CEO, St. Rita's Medical Center, Lima, OH; Robert Iseman, JD, corporate board of directors, EMHS; Sr. Marie Parker, RSM, vice president, mission, Mercy Hospital, Wilkes-Barre, PA; Sr. Patricia Talone, RSM, ethicist, Mercy Health Corporation, Bala Cynwyd, PA; Rev. Michael Place, STD, research theologian for the Curia, Archdiocese of Chicago; Robert Stanek, CEO, Mercy Hospital, Buffalo, NY; Patricia Davidson, administrative assistant, governance, EMHS; Jack Gallagher, committee facilitator, director, corporate ethics, Holy Cross Health System, South Bend, IN; Dale Schumacher, MD (not pictured), board of trustees, MHS.

cases. SCEC will suggest experts with whom they can consult on specific issues and describe what they need to think about when working through a problem, said Hill.

This is a "hands-off" committee, noted Sr. Forret. For example, she said, SCEC may offer guidelines on how a facility can conduct a high-quality ethics educational program. Local facilities can turn to SCEC as a "clearinghouse" of

information on speakers who have expertise in areas of interest.

SCEC's goal is not to reproduce what local facility ethics committees are doing, explained Sr. McGuire. "This committee is going to address the broader issues and the principles involved." SCEC will make recommendations on ethics policies, which the system boards will review. The boards have the option of accepting, amending,

or rejecting those recommendations.

ENRICHING EXPERIENCE

"I wondered whether this new venture would work, what the chemistry would be like when we brought together persons of various backgrounds from a variety of organizations, but it has been wonderfully successful," said Sr. McGuire.

Sr. Forret pointed out that she had wondered whether "system lines" would be an

obstacle to the committee's success. Her fears were unfounded—such biases do not exist. "We have found that it doesn't matter who belongs to what system," she emphasized.

—Michelle Hey

For additional information on SCEC, call Sr. Patricia Forret, RSM, Eastern Mercy Health System, 215-964-3416, or Sr. Beverly McGuire, RSM, mission, Mercy Health System, 513-559-3815.