Ethics Case Study: Competing Service Lines

Discussion Guide

CEO

CMO

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CMIO

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REFLECTION QUESTIONS

1. How are major decisions such as these vital to the future of the ministry?
2. In what ways can the language of mission, values and the founding charism contribute to the conversation?
3. In what ways can a spiritual discernment process be included in the decision-making process, making it distinct from non–faith-based institutions?
4. How can you, in your unique role, guide the organization in the future?

KEY ISSUES

Facilitator's note: If the following key issues and pertinent ethical terms are not intuitively incorporated into discussion, use the follow-up questions below to prompt conversation.

Preferential option for those who are poor and marginalized:

This principle of Catholic social teaching, inspired by the Gospel and Jesus' own poverty and concern for the poor, serves to remind us that those who are oppressed by material or spiritual poverty are of special concern to God and therefore merit our special concern as well. See also *Preference for the Poor* on reverse side.

Follow-Up Questions

1. In considering the potential effects of each of the options this executive team is considering, who or what is being given preference?
2. How might this team give preference to the poor and marginalized through their decision-making?

Values-based decision making:

The team in this scenario is struggling to strike a balance between serving a population in dire need (those in need of behavioral health care), who wouldn't otherwise receive care, with the reality that serving this population will result in a net loss financially. Not only this, another option discussed includes improving an existing service line (cardio and orthopedics) to save current patients who benefit from these services from having to travel long distances for care.

Follow-Up Questions

1. What different values do these approaches highlight?
2. How might these competing values highlight the role of business acumen in coming to a decision?
3. How might spiritual discernment contribute to the decision-making process?

PERTINENT ETHICAL TERMS

- ***Allocation:*** The distribution of limited health care resources.
- ***Beneficence:*** Decisions and actions should contribute to the well-being of others.
- ***Common Good:*** Ensuring that the fundamental dimensions of social life — political, economic, religious, etc. — contribute to the flourishing of individuals and communities; contributing to the well-being and flourishing of the larger community (cf. ERDs, Part One, Introduction).
- ***Community:*** Recognition that we are inherently social beings and, because of this, we have responsibilities to others and to the larger community and society; contributing to the common good.
- ***Justice:*** Contributing to the realization of people's basic human needs; ensuring their participation in the human community; operating out of a sense of equity (not equality); fairness in agreements and exchanges; advocating for those for whom justice is not being done; and advocating for the change of structures that inflict injustice. Right relationships in all human interactions.
- ***Preference for the Poor:*** Giving priority to the marginalized, vulnerable and disadvantaged, especially regarding basic human needs and social structures and systems that exclude them from full participation in the community (cf. ERDs, Part One, Introduction, Directive 3).
- ***Professionalism:*** The provider-patient relationship is professional in nature and therefore implies a fiduciary responsibility to those being served, that is, the well-being of those being served takes precedence over the interests of health professionals and health organizations. The professional responsibility of clinicians and health care organizations also requires that patients are provided only with care that is needed and beneficial (cf. ERDs, Part Three, Introduction).
- ***Veracity:*** Honest and truthful communication and behavior.

BACKGROUND

The Ethical and Religious Directives for Catholic Health Care Services (ERDs)[1] provide guidance drawn from the Catholic Church's theological and moral teachings on various aspects of health care delivery. Additionally, Catholic Health in Buffalo, N.Y., offers a helpful abbreviated overview[2] of some key directives. For a complete list of other key terms that might further build a framework for discussion, consult CHA's Ethics Glossary[3].

1. http://www.usccb.org/about/doctrine/ethical-and-religious-directives/
2. https://www.chsbuffalo.org/sites/default/files/files/mission/catholic-health-ethical-and-religious-directives-summary-july-2018.pdf
3. https://www.chausa.org/ethics/ethics-glossary