COMMUNITY ETHICS

THE RETURN OF THE NEWSLETTER
by Rosa Lynn Pinkus, Ph.D.
Director, Consortium Ethics Program

It's been a long time since the CEP has published "Community Ethics." Eighteen months, in fact. That was when I served as "guest editor" to an "All CEP News"-letter and acknowledged the leaving of the two people on staff who not only carried their weight in terms of their "job descriptions," but who also were the CEP's best "promoters." Conceiving of a CEP web page before it was commonplace to have these electronic sites, and crafting stylish overviews that described the CEP's accomplishments in 30 words or less, 3 pages or less, or article-length manuscripts, Mark Kuczewski and Alan Joyce formed the half of our 4-person team that took promotion to new heights. The retreats, seminar classes, enrollment campaigns, continuing education credits, accounting, and secretarial tasks were also in part handled by Alan and Mark—and of course by Jody and me—but placing the name and the accomplishments of this outstanding ethics education network into the community (national as well as regional) was an art perfected by the team of Kuczewski and Joyce.

When they left, my skills as an administrator came into play, but being a historian didn't hurt either. For I knew that we'd get back on track eventually—or on a different but equally as valuable track—but that this would take time. First things first, I said. Keep the integrity of the program, pay attention to the members and the classes, the retreats, the budget, select a top-notch search committee and interview and hire GOOD people!!!!!! So, that's what we did (We, now being Jody and I). The search committee (Bob Arnold, Debbie Ference, Andy Thwman and I) interviewed amazingly qualified candidates and selected the best of the best: Mark Aulisio as Assistant Director. Of course Mark, a top notch analytical philosopher and a politically savvy young man, trained by serving as executive director of the SHHV-SBC Task Force on Standards for Bioethics Consultation, had never actually edited a newsletter before, and, while clinically experienced, needed to get some additional "front-line experience" before he could fully take part in all CEP activities—never to worry—this will get done.

And Betsy Stow, well, so what if she wasn't all that comfortable with the web page technology (she didn't even know what HTML stood for) or PageMaker, the nifty program that lets us do desktop publishing—she was smart, eager to learn, trustworthy, creative—having an MA in musicology—and really nice.

And you know what? Eight months have passed and Mark is as clinically astute as the best clinical ethicist. (That's what consultations will do!) He gets excellent responses to the teaching he does at our CEP hospitals, in our classes, and at the retreat, and is STILL publishing articles that are the envy of established analytical philosophers. I hope he's also proud of his first newsletter! And Betsy (after only four months) has literally soaked up the computer courses she attended and now is doing all of our desktop publishing—witness the flyers for the January 21st ethics mini-course—attending CEP classes and videotaping, as well as sitting in on and contributing to sessions at the Riverview Ethics reading group. Now what exactly ARE Mark's and Betsy's job descriptions?

My point here is that while communication, promotion, getting the word "out there" about what the CEP does, is doing, will do etc. is certainly important, it's not AS important as what the CEP actually DOES. As Director of this ethics education network, I am truly enriched by the accomplishments, generosity of spirit and talent of all those around me. Jody Chidester remains the all-time, consistent, good-humored, kind, rock-solid ground on which the program stands. Every representative—be they in the basic, advanced or associate's track—and CEO who supports the CEP in the way of time, money and ideas provides us with NEWS TO REPORT!!!!!! Our core faculty, comprised of Bob Arnold, Alan

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*Visit the CEP on the World Wide Web! http://www.pitt.edu/~cep/
ALLOW ME TO INTRODUCE MYSELF...

Mark Aulisio, Ph.D.
Assistant Director, Consortium Ethics Program

Since January, I have had the privilege of serving as your “new” Assistant Director, replacing Mark Kuczewski, Ph.D., who has moved on to become the Director of Graduate Studies in Bioethics at the Medical College of Wisconsin in Milwaukee. Though by now I have met nearly all of you and have worked with you in the advanced and basic class series, and given ethics presentations at many of your institutions, I have not had the opportunity to formally introduce myself. This, the return issue of Community Ethics, is the perfect opportunity to do so.

Prior to coming to the Consortium, I served as Executive Director of the Society for Health and Human Values-Society for Bioethics Consultation Task Force on Standards for Bioethics Consultation. The Task Force was comprised of twenty-one nationally recognized leaders in the field of health care ethics. These included representatives from the American Medical Association, Joint Commission on Accreditation of Health Care Organizations, American Hospital Association, Department of Veterans Affairs, American Association of Critical-Care Nurses, and a wide variety of other academic, health care, and bioethics organizations. The mission of the Task Force was to explore issues surrounding standards for those who conduct ethics consultation. The project has now drawn to a close with the release of our final report, Core Competencies for Health Care Ethics Consultation, which has been adopted by the new bioethics society, the American Society for Bioethics and Humanities (see pages 8 and 9 for more information on the Report). As Executive Director, I was responsible to coordinate the day to day work of the Task Force, plan conferences, set agendas and recruit speakers, develop quarterly and annual reports, participate in and coordinate the work of multiple subcommittees, and manage a fairly large budget. In addition, I was actively involved in the substance of the project, the identification of core competencies for conducting ethics consultation, which is importantly relevant to the work of the CEP. This experience has proved to be very valuable thus far in my work with the Consortium and I believe that it will continue to help me meet the challenges we face as we work to maintain the excellence of the CEP.

Meeting the challenge of being Assistant Director of the CEP has required that I draw on my educational and research experience as well. My teaching experience includes courses in logic, ethics, philosophy of law, legal reasoning, and clinical ethics. I have also made numerous bioethics related presentations at professional conferences and colloquia. I have conducted research and published articles on the intention/foresight distinction, the doctrine of double effect, the foundations of bioethics, organ transplantation, home care ethics, and ethics consultation. My work has appeared in philosophy, bioethics, geriatrics, and medical journals. More importantly, all of my research has implications for clinical bioethics and, therefore, has helped me to grow toward being the kind of effective educator that you have come to expect from the CEP.

To the challenge of being Assistant Director, I have also brought valuable experience in clinical bioethics. This experience includes an internship in the Department of Bioethics at The Cleveland Clinic Foundation. This internship afforded me the opportunity to participate in, among other things, rounds on various units, ethics consultations, special informed consent processes, and the work of the ethics committee. Out of my internship experience, I later worked to formally develop and establish The Cleveland Clinic Foundation’s internship program in bioethics. While working as Executive Director on the Task Force project, I was afforded the opportunity to gain more experience in clinical ethics by participating in the ethics consultation service (for UPMC Presbyterian and the Children’s Hospital of Pittsburgh) and the teaching of medical students here at the University of Pittsburgh. This experience in clinical bioethics has been indispensable for me as I have tried to meet the challenges of being your Assistant Director.

I want to emphasize that I, like you, believe that ethics services make an important contribution to the delivery of health care. Those offering ethics services, however, find themselves faced with an increasingly complex array of multifaceted issues. Patients, families, surrogates, and health care providers deserve assurance that when they need ethics services, those offering assistance are able to meet their needs. It is this assurance that the Consortium Ethics Program is specifically designed to give. Indeed, the CEP is a model program that others are seeking to emulate nationwide and I remain challenged and honored to be part of it.

Finally, as a new year begins, I want to close by thanking Rosa Pinkus, Andy Thurman, Deborah Ference, and, most importantly, all of you who make up the Consortium, for giving me the opportunity to take up the challenge of being your Assistant Director this past year. I very much look forward to working with you in the months and years ahead to ensure that the CEP continues to grow and flourish. On behalf of Rosie, Jody, Betsy and myself, I wish each of you a happy, healthy, and fruitful New Year.
The Reading Circle

Elizabeth J. Stow
CEP Staff/Editorial Assistant

You know, I’ve been reading all my life...

As a small child, I read (or at least admired the pictures in) cloth books about bunnies. As a grade-schooler, I read primers about Tip and Jan, and gradually graduated, first to Willy Wonka’s chocolate factory, and then to Nancy Drew. High school years introduced me to Shakespeare, Ibsen, Steinbeck, and Hardy. I devoured murder mysteries by Agatha Christie, outlandish sci-fi tales by Douglas Adams. I enjoyed piecing together the puzzles of translation via Ovid and Virgil.

In college my reading set the stage for my future musicological studies: I read music theory texts; I read music history texts; I read music. I read stories (no two the same) about an infamous English soprano named Elizabeth Billington. My more literary pursuits: Schindler’s List, Jane Eyre, Ellen Foster.

Grad school days I spent diving into journals, treatises, and other reference tools of my intended trade—in short, the bulk of my reading was academic, an attempt to grasp the many new concepts put before me. I realized that I favored the historical/literary side of musicology; often more interesting to me than the theoretical analysis of a particular piece was its history—why it was composed, for whom, in what tradition. Any piece with a literary background was especially fascinating.

Then, last year, as I worked in library at the elementary school I attended, having completed my degree and having told myself I was taking a break from academics for awhile, I realized I had come full circle—here I was again, reading picture books about bunnies.

But the great thing about a circle is that it doesn’t end...I’m still reading. Though I still indulge in plenty of classic fiction these days (my latest adventure: The Brothers Karamazov), my reading has expanded its interests to articles about the ethics of forgoing life sustaining treatment, books about ethics in nursing homes. And I’ve listened to your discussions about the issues raised there—often wanting to jump out of my seat and say something myself. Which I will do soon enough: I’m looking forward to reviving the “Truly Useful Literature” column here in Community Ethics.

So, hello all, and thank you for allowing me the opportunity of being a part of such an important educational network. I’m excited to learn about the work you do, and incredibly pleased to be a part of the CEP reading circle!

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Meisel, Mark Wicclair, David Kelly, Rhonda Hartman, Maryanne Fello, Beth Chaitin, Andy Thurman, Alan Steinberg, Mary Therese Connors, Gene Hirsch, David Schrader, and Jack Coulehan, continue to add their unique perspectives on both old and new ethics issues.

Because of all these people steadily working for the CEP, when we were finally ready to get this newsletter out, there was no lack of material to include—in this issue or in those to come. For now, we are back on track—in a different but terrific way—and will stay there until we get derailed again. And you know what? When that happens it will be an opportunity to have other ideas and talent contribute to our network. That’s what keeps it vital, adaptive and fun. So, a humble “thanks,” and best wishes for the New Year! —Rosa Lynn Pinkus

Ladies Hospital Aid Society Supports the Jewish Association on Aging for Bedside Ethics Program

Thanks to the financial support of the Ladies Hospital Aid Society of Western Pennsylvania (LHAS), staff of the Jewish Association on Aging (JAA) have begun a reading and discussion group on “everyday ethics” in nursing home care.

The project is being guided by Rosa Lynn Pinkus, Director of the University of Pittsburgh’s Consortium Ethics Program, which already has provided intensive ethics training to several key JAA employees. The current reading group of fifteen JAA staff members has begun reading and discussing the book, Everyday Ethics: Resolving Dilemmas in Nursing Home Life, by Rosalie Kane and Arthur Caplan.

Through their discussions of ethical dilemmas encountered regularly in long-term care facilities, the group is preparing to educate their staff members, such as nursing assistants, to recognize and resolve these dilemmas at the bedside. Starting from the assumption that the quality of life for each resident can be improved greatly if each has a say in matters of daily living as well as end of life care, this program promises to enhance the caregiving abilities of staff at the JAA’s new Charles M. Morris Nursing and Rehabilitation Center and throughout the JAA’s many programs.

Eileen M. Freitag, President and CEO of the JAA, first discussed the concept of a practical ethics program with Pinkus a year ago in anticipation of the move into the new facility. According to Freitag, the everyday ethics program offers caregivers new tools, and a different way of thinking, that will benefit the residents in their care. “we are grateful to the Ladies Hospital Aid Society for their continuing financial support of the JAA,” said Freitag. “Ethical dilemmas occur regularly in long-term care, and this program empowers our staff members to focus on the best outcomes for our residents and participants.”

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THE CEP is now 39 INSTITUTIONS strong!

We extend a warm welcome to our newest members...

Charles Cole Memorial Hospital
UPMC Beaver Valley
Westmoreland Health System

...And a hearty thank-you to all our returning members...

MEMBERS SINCE 1996
Frick Hospital & Community Health Center

MEMBERS SINCE 1995
Clearfield Hospital
Conemaugh Memorial Hospital
Corry Memorial Hospital
East Liverpool City Hospital
Forum Health Hillside Rehabilitation Center
Good Samaritan Hospital
Jewish Association on Aging
Kane Community Hospital
Punxsutawney Area Hospital
Suburban General Hospital
UPMC Braddock
UPMC McKeesport
UPMC Southside

MEMBERS SINCE 1993
Armstrong County Memorial Hospital
Greene County Memorial Hospital
Highlands Hospital & Health Center
Somerset Hospital
St. Clair Hospital
The Uniontown Hospital
The Washington Hospital
United Community Hospital
UPMC Passavant
UPMC Shadyside
UPMC St. Margaret
West Penn Hospital

MEMBERS SINCE 1990
Bradford Regional Medical Center
Butler Health System
Clarion Hospital
D.T. Watson Rehabilitation Services
Indiana Hospital
Jameson Memorial Hospital
Latrobe Area Hospital
Meadville Medical Center
Sewickley Valley Hospital
South Hills Health System
Do You Know Where Your AIDS Manual Is?*
by Rosa Lynn Pinkus, Ph.D.

Perhaps it's on your shelf in your office. Or maybe it's in the library...do you know where your AIDS manual is?

What do you think of Case #1, "Intentions vs Ends" in the Duty to Treat section? This could actually happen at your hospital! So, was the cardiologist practicing state of the art non-invasive surgery (after all, the patient didn't need the cath.)? Or was this blatant discrimination? Or was he/she protecting his/her staff from unwarranted risk of exposure to a lethal virus? Is this making any sense to you? If not, get that manual out. Read the case and think about these issues. We talk about the role of theory, principles, and cases in understanding ethics problem-solving. This is probably one of the more dramatic examples of applied ethics in action. How would you resolve this case?

Look now on page 17 of the Introduction. We talk about fostering patient autonomy as a key principled way to direct patient care. Could you be as compassionate, non-judgmental, and clinically responsible as the healthcare professionals who wrote this case? Think of the fact that this patient was one of literally hundreds that these caretakers follow... She certainly didn't march to their regimen or to their routine. You know what? She lived her life in spite of beneficent recommendations of her caretakers. She enjoyed looking good in her swimsuit and wanted to be at home as long as she could to take care of her children. Yet, when she refused to come in for follow-up tests to monitor possible drug related complications from the treatment of CMV retinitis, her caretakers "drew the line." They let it be known that their professional compassion had limits when bounded by her routine. You know what? She lived her life in spite of beneficent recommendations of her caretakers. She enjoyed looking good in her swimsuit and wanted to be at home as long as she could to take care of her children. Yet, when she refused to come in for follow-up tests to monitor possible drug related complications from the treatment of CMV retinitis, her caretakers "drew the line." They let it be known that their professional compassion had limits when bounded by professional competence and responsibility. This is not an easy statement to articulate or to put into practice. AIDS serves as a microcosm for the toughest of the tough ethical issues. The manual is not just about ethics and AIDS. It provides a model for how to make ethical decisions in medicine generally.

Finally, the good news. Review the section devoted to "End of Life Decisions: Advanced Directives and Surrogates." How, you may ask, can this be good news? From 1992, when the Jewish Healthcare Foundation first funded the "AIDS and The Community" project, to the completion of this manual, AIDS earned the descriptor: "chronic disease." Once synonymous with a rapid and certain death sentence, AIDS within the United States saw a specific change in its history in 1996. Years of research have produced a new regimen of combination anti-virals known as the "cocktail," and they have begun having dramatic results in select patients. While not a cure, the treatment has given second chances to many with the disease and will almost certainly help minimize the stigma tied to testing and caring for people with AIDS.

If all of this is new to you and you want to learn more, why not take that manual off the shelf? Bound in a loose-leaf notebook, the pages are "camera ready" for slides or overheads. A call to the CEP office can provide you with a video to accompany a presentation to your hospital staff or local community. Even local high school students would benefit from discussing cases. The cases were selected from those written by AIDS caretakers in Western Pennsylvania, and the resolutions reflect their reasoned, seasoned, spirited discussions. Commentary is provided by yours truly. Pertinent articles and other reference sources are included. So, the next time you spot that eye-catching red cover...

DID YOU KNOW?

Members of the CEP are familiar with the ethics training and education programming services offered—from the annual retreat to on-site lectures to the main class series—but here are a few more "searchable" resources available to CEP representatives...

Library of Articles
The CEP maintains an extensive article collection, ranging across a broad spectrum of topics in biomedical ethics. Among the subjects found in our library are Advance Directives, Managed Care, Futility, Autonomy, Surrogate Decision-Making, AIDS, Informed Consent, Forgoing Life-Sustaining Treatment, and Truth-telling/Confidentiality.

Video Library
We are currently in the process of cataloging our video library. Tapes are being reviewed for quality and entered into a database to expedite searches by topic, by title, and by speaker. Members who want to review important topics, would like to catch missed lectures, or wish to use recorded talks in their educational sessions are encouraged to contact the CEP and borrow the video!

Medical Ethics: Policies, Protocols, Guidelines & Programs
This manual, published by the Aspen Reference Group, is a collection of model policies, guidelines, and procedures developed by various healthcare institutions in the United States and Canada, and covering such topics as Genetics and Reproduction, Advance Directives and DNR Orders, Ethics Committees, and Hospice Care.

*AIDS and the Community: A Resource Teaching Manual for Community Hospitals on Biomedical Ethics and AIDS*
Representing the results of a series of workshops funded by the Jewish Health Care Foundation (JHCF) of Pittsburgh, AIDS and the Community brings together, in an important educational resource, articles, cases, teaching outlines, and practical commentary. A limited number of manuals are still available on a first come, first served basis. To request a copy of the manual, please contact the CEP office at (412) 647-5834.
The Ladies Hospital Aid Society of Western Pennsylvania
Current Controversies in Medical Ethics Conference
and the Ira R. Messer Memorial Ethics Lecture
by Michael DeVita, MD and Mark P. Aulisio, PhD

This year the CEP has been promoting and supporting a number of extra-CEP activities such as the Organizational Ethics Series of Hospital Council, the Duquesne University/St. Francis Health System/ Pittsburgh Mercy Health System Medical Ethics Conference and our own Bioethics Mini Course for ethics committee members. We firmly believe this collegial and collaborative approach has served the CEP and the ethics community of Western Pennsylvania very well. In the continued spirit of collegiality and collaboration, the CEP is pleased to announce that The Ladies Hospital Aid Society of Western Pennsylvania (LHAS) Current Controversies in Medical Ethics Conference and the Ira R. Messer Memorial Ethics Lecture will be held on April 12, 1999 at the University of Pittsburgh Medical Center’s Presbyterian Hospital. This conference is intended to increase awareness of ethical issues in health care and foster communication between practitioners and their patients. Each year a different unifying theme is considered. Diverse and opposing opinions are presented with moderators who foster a lively dialog between the speakers and the audience. Speakers of regional and national stature are selected in an effort to allow the audience to become aware of the complexity of the issues and their regional, national, and international impact.

The organizing committee specifically attempts to highlight local programs that affect the lives of community members. The audience, a diverse group of concerned community members, clergy, social workers, nurses, physicians, philosophers, students and administrators, should gain a well-rounded understanding of the issues presented and how they can support and make use of local and national resources.

This year our focus will be the crisis in organ transplantation. Waiting lists for vital organs are rapidly growing, and many will die before an organ is available. As a result of this emergency, pressure is mounting to find more organs. New legislation and regulations, such as presuming consent to donate or excluding from transplant those who are themselves unwilling to donate, have been proposed with the aim of creating new classes of donors. These initiatives are gaining momentum, even while there is no consensus regarding their appropriateness. Public trust in healthcare is in the balance and national leaders are now, more than ever, scrutinizing organ allocation regulations and the donation process.

The 1999 conference will contribute to this critical public discussion by addressing a variety of critical issues in organ donation and transplantation. Pioneer in organ transplant, Thomas E. Starzl, MD, will discuss the history of transplantation and how social and moral considerations have evolved in the last few decades in his talk “Organ Transplantation: Forty Years of Controversy and Crisis.” This year’s Messer Lecture will be given by nationally renowned ethicist, James Childress, Ph.D., who will address the ethical justification for and implications of organ allocation in “Organ Allocation: Who Lives? Who Dies? Who Decides?” Other presentations by local and nationally renowned ethicists and health care professionals will cover issues such as: “presumed consent” and “required refusal”; involvement of prisoners in donation/transplantation; non-heart beating organ donation; the sale of organs; living related donation; religious and cultural perspectives on donation/transplantation; and more.

For more information about the April 12 conference, please contact conference planner Marsha Shisman, (412) 647-8216, Fax: (412) 647-8222, E-mail: shismanms@msx.upmc.edu
There are exciting new developments at the Center for Medical Ethics. Our name will be changing soon. First, we will be changing from “Medical Ethics” to “Bioethics” to suggest our somewhat broader area of interest than clinical medical ethics. Second, we will be adding “Health Law” to the name. This will reflect the establishment of closer programmatic and structural ties between the School of Law and the Center, and it will reflect the inescapable fact of contemporary American society that ethical issues and legal issues frequently intersect, and this is certainly true in bioethics. In addition to operating the Masters in Bioethics, the Center will administer the Joint Degree in Bioethics and Law, the Joint Degree in and Bioethics and Medicine, the Joint Degree in Law and Public Health, and the Health Law Certificate Program. The Center is also planning to undertake new degree and certificate program initiatives in the coming years. The net result is the “Center for Bioethics and Health Law.”

As a result of this change, we welcome law professors Lawrence Frolik, Karen Engro, Martha Mannix, Stella Smetanka, and Anne Schiff to the Center’s faculty. Professor Frolik is a nationally-known authority in legal problems of the elderly and in law and biology. He was a delegate to the White House Conference on Aging in 1995, and was the co-director of the Gruter Institute Teaching Conference on Law, Biology, and Human Behavior in 1996. He is currently chair of the American Bar Association Real Property, Probate, and Trust Section Committee on Guardians and Conservators. Professors Engro, Mannix, and Smetanka teach in the law school’s Family Support Clinic in the areas of disability, guardianship, and health law respectively. Professor Schiff is an authority on legal aspects of reproductive technologies and served on the New Jersey Bioethics Commission before coming to the University of Pittsburgh.

Beginning this fall, our masters degree program has undergone a major transformation. Last year, the Department of History and Philosophy of Science, which had served as the academic home for the Masters Degree Program in Medical Ethics, made a decision to end its connection with the program. The commitments of Provost Maher and former Senior Vice Chancellor Detre to the preservation of the program were highly instrumental in the development of a new arrangement for its continuation.

The program has been renamed the Interdisciplinary Master’s Program in Bioethics. Its academic home is the office of the Dean of the Faculty of Arts and Sciences rather than any particular department. However, the program is physically housed in the Center and operated by Center faculty and staff.

We at the Center are thrilled by this new undertaking and by the wonderful show of support not just from Provost Maher and Dr. Detre but from the academic leadership of the Faculty of Arts and Sciences—former Dean Peter Koehler, current Dean John Cooper, and Dr. DeWalt, and from Dr. James V. Lennox, the Director of the Center for the Philosophy of Science and former chair of the Department of History and Philosophy of Science.

This new arrangement has permitted us to add a faculty member to the Center to teach in the program, Dr. Bradley Lewis of the Department of Psychiatry, and to increase Dr. Mark Wicclair’s involvement in the Center and the master’s program. Regrettably, Rachel Ankeny, whom we welcomed to this program just a year ago, has left the University of Pittsburgh and so will not be continuing with us. Dr. Lisa Parker remains the Center’s Director of Graduate Studies and continues to teach in the program.

An important new initiative for the Center is Dr. Robert Arnold’s establishment of the Palliative Care Service at UPMC-Presbyterian and UPMC-Shadyside. In addition to filling a void with an important new clinical service, this program will also provide new educational and research opportunities for Center faculty and students.

Another important development this year was the establishment of the Pediatric Ethics Program, thanks to the foresight of the Chairman of the Department of Pediatrics, Dr. Mark A. Sperling. Acknowledging that the gap left by last year’s departure of the department’s medical ethicist, Dr. Joel Frader, needed to be filled, Dr. Sperling has provided the resources for a significant series of lectures and seminars for medical students, house staff, and faculty and fellows in ethical issues in clinical pediatrics and pediatric research.

The faculty and staff at the Center wish you all a happy (and, of course, healthy and ethical) New Year.
The CEP Co-sponsors Organizational Ethics Series with Hospital Council of Western Pennsylvania

The Hospital Council of Western Pennsylvania has been a sponsor of the Consortium Ethics Program since 1990. This fall, in the spirit of this flourishing collaboration, the CEP and Hospital Council co-sponsored the series "Organizational Ethics: Challenges for Health Care." The four-session program brought to Western Pennsylvania nationally recognized speakers to present on important issues raised in the area of organizational ethics.

The first program of the series, "From the Bedside to the Boardroom: Integrated Ethics," was designed to describe in detail a method for moving from a code of ethics to an integrated ethics model where core institutional values are routinely incorporated into decision-making throughout a health care providing organization. Seminar leader Myra Christopher, President of the Midwest Bioethics Center, described the five steps necessary to develop an integrated ethics program and present a model ethics infrastructure. She encouraged participants to move beyond notions of compliance with JCAHO's organizational ethics standard to the spirit that underpins these requirements, by including examples of how organizational ethics and clinical ethics interface and directly impact the experience of patients and their families.

Peter French, Ph.D., the Marie E. and Leslie Cole Chair in Ethics and Professor of Philosophy at the University of South Florida, discussed the signs of managerial moral sickness in organizations in the second program, entitled "Teleopathic Sicknesses of Management and Their Ethical Antidote in the Organization." Dr. French analyzed the popular versions of organizational moral failure (such as short-term, cost/benefit approaches to ethical decision-making), and offered suggestions for short and long-term improvement of organizational decision making which would combat tendencies to exclude moral considerations of means, obligations, and responsibilities in a wider organizational context.

Stuart J. Youngner, M.D., Professor of Medicine, Psychiatry and Biomedical Ethics at Case Western Reserve University, led the third seminar: "Organizational Ethics: Promises and Pitfalls." His presentation recognized the desirability of blending traditional clinical ethics, which have focused on the immediate relationships between health care providers and patients with minimum regard to cost of care, and organizational ethics, which grow out of business and corporate practices. Youngner pointed out that since health care providers, patients, and families can and should no longer ignore financial realities, organizational ethics and clinical ethics must ultimately inform each other. He further explored the role of ethics committees and clinical ethicists in organizational ethics, with particular regard to the potential promises and pitfalls of that role.

The final program of the series, "Organizational Ethics: The Joint Commission Perspective," featured Paul M. Shyve, M.D., the Senior Vice President of JCAHO. Dr. Shyve described some of the reasons that ethical conflicts and uncertainties in organizational ethics have lately been cast into particular relief, and discussed JCAHO's expectations for how health care organizations should respond to the ethical challenges raised by the merging of clinical and business ethics. He defined the health care organization as an entity with three main functions: patient care, community health promotion, and the financing of health care, and explained that these three domains have each identified their stakeholders, identified their value conflicts, and established their societal ethical boundaries. As these three domains have been merged into a common management—and a common accountability—value conflicts between functions have created various uncertainties in ethical decision making. Dr. Shyve's suggestions for the resolution of these uncertainties required that first, the value conflicts be acknowledged; second, there must be discussion to set new boundaries—with an organizational focus on ethical decision-making; third, the organization must conduct an objective evaluation of its ethical performance; and finally, the results of that performance should be publicly disclosed.

The Consortium Ethics Program is proud to have been a part of the Organizational Ethics Series, and looks forward to the further growth of its collaboration with Hospital Council in the future.
BASIC ISSUES IN MEDICAL ETHICS: A MINI COURSE
Hospital Council of Western Pennsylvania
Thursday, January 21, 1999
8:30 AM Registration
9:00 AM - 4:30 PM Conference

This day-long series is an intensive review of basic topics in medical ethics--from general ethical theory to specific problems in informed consent, confidentiality, and end-of-life decision making. If you are a member of your hospital ethics committee, or if you participate in medical ethical decisionmaking at your institution, you are encouraged to attend this conference.

Program Objectives:
1. Identify the basic issues in contemporary medical ethics;
2. Analyze basic frameworks for addressing issues in medical ethics;
3. Recognize the role of the major ethical principles in resolving ethical dilemmas;
4. Identify the role of informed consent in medical decision-making and analyze its relationship to the consensus on forgoing life-sustaining treatment;
5. Apply the major ethical principles and frameworks to problematic cases.

Course Directors:
Rosa Lynn Pinkus, Ph.D.
Associate Professor of Medicine/Neurosurgery
Director, Consortium Ethics Program
University of Pittsburgh

Mark P. Aulisio, Ph.D.
Research Assistant Professor of Medicine
Assistant Director, Consortium Ethics Program
University of Pittsburgh

Local Faculty:
Rhonda Hartman, J.D.
Assistant Professor of Law
Duquesne University

Michael DeVita, M.D.
Assistant Professor of Anesthesiology
and Critical Care Medicine
University of Pittsburgh

Alan Meisel, J.D.
Director, Center for Bioethics and Health Law
Dickie, McCamey, & Chilcote Professor of Bioethics
Professor of Law and Psychiatry
University of Pittsburgh

Registration Form
Registration Deadline: January 11, 1999

Name: ____________________________
Degree: __________________________
Institution: ________________________
Address: __________________________
Telephone: _________________________
Social Security Number: ______________
Certification requested: ( ) MD ( ) Nursing ( ) Social Work ( ) CEU

Note: The University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences will not be able to track credits for you unless you provide a social security number.

Registration fee:
☐ Physicians: $65
☐ Other Healthcare Professionals: $55
Lunch: $12
☐ Please provide Lunch:
☐ Vegetarian
☐ Non-vegetarian
☐ I will provide my own lunch.

Total amount enclosed: $ ____________

Please make checks payable to the University of Pittsburgh.

Cancelled registrations made at least 72 hours before the program will be fully refunded. Cancellations made less than 72 hours before the program will not be refunded, but a substitute is permitted.
What was the SHHV-SBC Task Force on Standards for Bioethics Consultation?
The Society for Health and Human Values - Society for Bioethics Consultation (SHHV-SBC) Task Force on Standards for Bioethics Consultation included 21 scholars in the field of health care ethics, policy, and patient care. These scholars came from a variety of professional fields including medicine, nursing, law, philosophy, and religious studies. In addition to representatives of SHHV and SBC, representatives from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Medical Association, the Society for Healthcare Consumer Advocacy of the American Hospital Association, the Department of Veterans Affairs, the College of Chaplains, and the American Association of Critical-Care Nurses served on this Task Force. Funded by a grant from The Greenwall Foundation and contributions from numerous other organizations, centers, and networks, the mission of the Task Force was to explore standards for health care ethics consultation. The work of the Task Force was motivated by the belief that when patients, health care providers, or others seek the assistance of health care ethics consultants, ethics consultants should be competent to offer that assistance.

What was the focus of the Task Force?
The focus of the Task Force was health care ethics consultation. The report is divided into five main sections that: (1) define the nature and goals of ethics consultation, i.e., what ethics consultation ought to be and aim to achieve; (2) identify the types of skills, knowledge, and character traits (core competencies) that are important for conducting ethics consultations; (3) address the emerging area of organizational ethics consultation; (4) discuss the importance of evaluating ethics consultations; and (5) underscore some of the special obligations of consultants and institutions.

At the outset, three points should be noted:

- Ethics committees and individual ethicists typically offer services that include education, research, policy development, and consultation. This report addresses only issues surrounding consultation.
- "Standards," for the purposes of this work, refers to the "core competencies" that the Task Force has identified as necessary for doing ethics consultation. Though there may be considerable overlap between competencies required for ethics consultation and those necessary for other ethics services, the latter are not addressed in this report.
- The report remains neutral on the question of whether ethics consultation is best performed by individuals, teams, or committees.

Who is the intended audience for the report?
The report is relevant for (1) those who do ethics consultation, (2) educational programs that help to prepare individuals, teams, or committees to do ethics consultation, and (3) health care organizations that offer ethics consultation services.

How was the report developed?
The Task Force functioned as a consensus panel. It held six, three-day meetings over a two-year period from May 1996 to March 1998. The major objectives of the first two meetings were to provide background information on ethics consultation and to identify issues that needed to be addressed in subsequent meetings. In meeting three and four, subcommittees met to discuss the skills, knowledge and character traits required for consultation. Competency standards and certification issues were also addressed. A preliminary report was then drafted and discussed at meeting five. More than 1400 copies of a "discussion draft" then were distributed to various members of the bioethics community. Their feedback was collected and incorporated into a major revision of the report which was circulated and discussed by Task Force members at meeting six. A revised draft was distributed again following the meeting. A final draft was then reviewed and approved by all Task Force members. Because the Task Force was sponsored by SHHV and SBC, and included the president of the American Association of Bioethics in its membership, the report was then reviewed and adopted by the American Society for Bioethics and Humanities, the successor to these three organizations, on May 8, 1998.

Is the Task Force Report important for CEP member institutions?
The Task Force Report focuses on the core competencies that are important for doing ethics consultation in contemporary health care institutions and other related issues. At present, there is a great deal of interest in the Report because it represents the first major consensus statement on health care ethics consultation in the United States. The Report was developed by a broad base of scholars in health care ethics, from a wide variety of professional and disciplinary background and has been adopted by the major bioethics society (American Society for Bioethics and Humanities) in the United States. All CEP member institutions should obtain a copy of the report as a resource for those who do consultation (whether they be individuals, teams or committees) in their institutions. Several CEP activities are being planned to address the core competencies, and other issues, identified in the Report. All members of ASBH, along with institutions and organizations who supported the project, were mailed a complimentary copy of the report. There appears to be a great deal of interest in the Report nationally. Inquiries have been received from major HMO's, health systems, and numerous health care institutions. To order copies of the Report see the order form on the following page.
Order Form
Core Competencies for Health Care Ethics Consultation

Name_________________________
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Happenings in Ethics

Local...

CEP Advanced and Associate Class Series: Medical Ethics in Clinical Practice

"Religion and Ethics: The Islamic Perspective"
Monday, March 22, 1999
12:00 - 4:00 PM
Aziz Sachedina, Ph.D.
Department of Religious Studies
University of Virginia

"Moral and Semantic Distinctions at the End of Life"
Friday, April 9, 1999
12:00 - 4:00 PM
Peter Ubel, MD
Division of General Internal Medicine
University of Pennsylvania

"Creating a Common Ethic for Health Care"
Friday, June 7, 1999
8:30 AM - 12:00 PM
Larry Churchill, Ph.D.
Department of Social Medicine
University of North Carolina

CEP Basic Class Series:
Introduction to Medical Ethics

"Surrogate Decision Making, Advance Directives, & DNR Orders"
Monday, March 22, 1999
8:30 AM - 12:00 PM
Rosa Lynn Pinkus, Ph.D.
Director, Consortium Ethics Program
Alan Steinberg, Esq.
Attorney, Hory, Springer, & Mattern, PC

"Truthelling & Confidentiality: People Say the Darnedest Things"
Friday, April 9, 1999
8:30 AM - 12:00 PM
Peter Ubel, MD
Division of General Internal Medicine
University of Pennsylvania

"End of Life Decision Making: Principles, Applications and Policies"
Monday, June 7, 1999
12:00 - 4:00 PM
Mark Wicclair, Ph.D.
Adjunct Faculty, Department of Medicine
Associate, Center for Medical Ethics
University of Pittsburgh

CEP Associates Meeting:
Ethics Consultation, Policy Formation, and Futility
Tuesday, February 9, 1999
(Snow date: February 16, 1999)
9:30 AM - 4:00 PM
University of Pittsburgh
#1103 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261

This special session for CEP Associate Members focuses on the ethical implications for the issue of futility in healthcare. Speakers Rosa Lynn Pinkus, Ph.D., and Mark P. Aulisio, Ph.D., will discuss the role of ethics consultants in clinical settings in futility cases and examine the ethical issues surrounding the concept of futility. They will identify the skills and knowledge needed for doing ethics consultation regarding medical futility in clinical settings, as well as the role played by ethics committees or consultants in several major legal cases. The session will also involve the participants in a critical assessment of a model futility policy of the New York State Task Force.

The Seventh Annual Conference on Medical Ethics & Religion

"Professionalism and Caring in Today's Healthcare Environment: Jewish, Catholic, and Protestant Perspectives"
Wednesday, May 12, 1999
8:00 AM - 4:00 PM
Bayer Learning Center, Duquesne University
Registration Fee: $60*

Sponsored by Duquesne University, St. Francis Health System, and the Pittsburgh Mercy Health System

Faculty will include:
William J. Coyne, Congressman, 14th District, State of PA
Edmund D. Pellegrino, MD, Director, Center for Clinical Bioethics and the John Carroll Professor of Medicine and Medical Ethics, Georgetown University Medical Center, Washington, DC
Abraham J. Twerski, MD, Founder/Medical Director Emeritus, Gateway Rehabilitation Center, Aliquippa, PA
David H. Smith, Ph.D., Director, Poynter Center for the Study of Ethics and American Institutions, Bloomington, IN

*Discount registration offered for CEP representatives.
Association for Practical and Professional Ethics
Eighth Annual Meeting
Washington National Airport Hilton, Washington, D.C.
Feb. 25 - Feb. 27, 1999

The Annual Meeting, open to APPE members and nonmembers, provides an opportunity for persons from various disciplines and professions to discuss common concerns in practical and professional ethics. The meeting is a chance to meet practitioners, professionals and scholars who share your interests. For more information, contact the APPE, 618 East Third Street, Bloomington, IN 47405. Phone: (812) 855-6450; FAX: (812) 855:3315. E-mail: appe@indiana.edu. Web site: http://php.ucc.indiana.edu/~appe/callnap.html.

3rd International Symposium on Coma and Death
Havana, Cuba
February 22-25, year 2000

The "3rd International Symposium on Coma and Death" will be held at the Havana International Conference Center, on February 22-25, 2000. Along with the symposium will be held the "Third Meeting of the Network on the Definition of Death" of the International Association of Bioethics.

MAIN TOPICS

HUMAN DEATH AND RELATED ISSUES
- Conceptual approach to human death
- Brain death criteria in different countries
- Ancillary tests in brain death
- Brain death in childhood (anencephalics)
- End-of-life dilemmas: persistent vegetative state, dementia, terminal patient, euthanasia, etc.
- Legal considerations, brain death and related states
- Philosophical, theological, sociological, historical and cultural considerations of human death.
- Brain death and organ transplantation

COMA
- Pathophysiology of consciousness generation
- Clinical evaluation of comatose patients
- Ancillary tests for predicting outcome in coma
- Neurointensivism
- Neurononitoring
- Neuroprotection

More details and a call for abstracts will be sent out soon; to be included on the mailing list, please contact: Professor Calixto Machado, MD, Ph.D. Instituto de Neurologia, Neurocirugia Apartado Postal 4268 La Habana 10400, Cuba Tel: 537-553022 Ext. 18 Fax: 537-219496/228382 E-mail: braind@infomed.sld.cu

Summer Seminar in Health Care Ethics
University of Washington
Seattle, Washington
August 2-6, 1999

Sponsored by the Department of Medical History & Ethics, University of Washington School of Medicine. This annual one-week seminar provides an intensive introduction to the concepts, methods, and literature of health care ethics. It is directed to, and registration is limited to, physicians, nurses, social workers, chaplains, teachers, and others involved in the care of patients or the education of providers. The Seminar is designed to sufficiently familiarize health care professionals with the field of bioethics, and to provide participants with skills and information sufficient to enable them to make competent ethical decisions in clinical situations. Albert Jonsen, faculty and chairperson in the Department of Medical History & Ethics, will lead the Seminar.

The cost of the Summer Seminar is $695 for health care professionals with degrees in Law or Medicine, and $670 for other health care professionals, if payment is received by July 1, 1999. After July 1, 1999, fees increase to $745 and $720, respectively. The fee includes daily catered lunches and breaks, a catered reception, and all instructional materials. We will be applying for Category 1 AMA credit hours and CNE nursing contact hours.

A detailed brochure with application form will be available in March 1999. To receive a Seminar brochure please contact:
Marilyn J. Barnard, Program Coordinator
Medical History & Ethics
Box 357120
School of Medicine
University of Washington
Seattle, WA 98195-7120
Tel: (206) 616-1864
Fax: (206) 685-7515
E-mail: mbarnard@u.washington.edu.

As always, we welcome comments, questions and suggestions from our readers. Please feel free to contact us!

Consortium Ethics Program
3708 Fifth Avenue, Suite 300
Pittsburgh, PA 15213
Phone: (412) 647-5834
FAX: (412) 647-5877
E-mail: cep+@pitt.edu
As always, we extend special words of thanks to Vira I. Heinz Endowment for contributing the seed money to establish the Consortium Ethics Program. We are also deeply indebted to the Hospital Council of Western Pennsylvania and the University of Pittsburgh Center for Bioethics and Health Law for their continued co-sponsorship.

If you have suggestions or questions regarding the Consortium Ethics Program, wish to submit information for an upcoming edition of Community Ethics, or wish to receive this newsletter, contact Mark Aulisio, Ph.D., Consortium Ethics Program, 3708 Fifth Avenue, Suite 300, Pittsburgh, PA 15213, phone (412) 647-5734, FAX (412) 647-5877, e-mail <cep+pitt.edu>.