From the Director
Aviva Katz, MD, MA

I want to thank all of the CEP representatives for making me feel so welcome in my first year as director of the CEP. This has been a very exciting and busy year for me, and I am grateful for the kindness and patience everyone has shown as I learn the ropes.

I feel that I have been preparing for this position for a number of years. I trained in pediatric surgery after completing a residency in general surgery, including time spent in surgical research. Throughout my time in training, I was troubled by the many ethical dilemmas that I encountered in clinical care and didn’t have the proper tools to address them. After entering practice as a pediatric surgeon, I was able to follow my passion and gain education and experience in ethics. Relocating to Pittsburgh allowed me to take advantage of the rich ethics environment that exists here. I completed the Master’s in Bioethics program at the University of Pittsburgh while continuing my practice as a pediatric surgeon at Children’s Hospital of Pittsburgh of UPMC. My work at Children’s is enriched by my work directing the ethics consult service, allowing me to maintain my skills in clinical ethics. I am also active in academic endeavors and chair the Committee on Bioethics for the American Academy of Pediatrics, which provides an opportunity to work with and learn from extremely experienced pediatric ethicists. Additionally, I am a member of the Clinical Ethics Consultation Affairs Committee for the American Society for Bioethics and Humanities, providing an opportunity to learn more about advances in the field of ethics consultation.

My goal as director is to take advantage of my experiences in both clinical medicine and ethics, and work with members in crafting premier ethics educational resources that meet the needs of the varied practitioners who participate in the CEP. I am motivated by the energy and dedication that I see our representatives bringing to educational sessions, and I hope to be able to grow and strengthen the program with you.

Return of the Newsletter

In 1994, the CEP launched Community Ethics, a newsletter with the goal of linking member institutions and assisting them in sharing ethics resources with each other and with professionals throughout Western Pennsylvania. A little over 20 years since the first issue was launched, the CEP is bringing it back. This quarterly newsletter will highlight what’s happening within the CEP as well as what’s happening at member institutions.

In this issue you will read about the revitalization that UPMC Passavant’s ethics committee experienced that included the formation of an ethics consultation service. In “Truly Useful Literature,” we dive into the hot topic of Ebola, offering articles related to ethical issues surrounding the virus. We also highlight the Interfaith Advisory Panel that has been set up with a grant from the Nazareth Family Foundation and announce the annual weekend retreat, “Health Care Ethics & the Humanities in Medicine,” this coming September.

We welcome you to contribute to this newsletter as well. If you have an idea for a story or want to write a piece, please contact Sarah at sas10@pitt.edu.
Revitalizing a Community Hospital Ethics Committee at UPMC Passavant

The ethics committee at UPMC Passavant today is a much different committee than it was two years ago. In prior years, the committee received about six consults per year. Now, the committee has experienced a revitalization with over 30 consults per year. How did they do it? Jill Kelley, MSN, RN-BC, CCRN, Clinical Education Specialist, explains.

In the summer of 2012, UPMC Passavant’s Chief Nursing Officer and Vice President of Patient Care Services, Susan Hoolahan, asked for an assessment of the Medical Ethics Committee. At the time, UPMC Passavant had an ethics committee, but the institution was unsure as to whether the committee was truly reflecting its mission, vision, and values. The task of performing the assessment was given to the Director of Nursing, Melanie Heuston, RN, DNP, who initiated the assessment by interviewing members of the committee with the assistance of a graduate student in healthcare ethics from Duquesne University. The format was structured, but allowed for open ended questions and dialogue. Each of the 18 participants were asked to share the current consulting process for ethics, clarification process, external activities that involved ethics function and education, mechanism for communication, and how they felt the process could be improved.

During this time, there had been many changes at UPMC Passavant, including new leadership as well as turnover in the ethics committee, so it was a fresh start to launch a new, functional committee. Dr. Heuston created an interdisciplinary committee consisting of physicians, nurses, care managers, palliative care, and members from the quality and risk department. In addition, leadership of the committee was established including Dan Sullivan, MD, JD, MBA, serving as the committee’s lead physician, and Dr. Heuston serving as the chair of the committee. The inaugural meeting of the new committee was held in January 2013. Prior to this meeting, Dr. Heuston asked a few of the newly appointed members to conduct a literature search regarding community hospital ethics committees. The committee needed to expand their knowledge on the regulatory requirements and determine best practices for a community hospital’s medical ethics committee. Through this literature search, barriers were identified, including defining what exactly “ethics” meant, literally, to each of the members. Realizing the first barrier made the committee aware of a few others: the medical ethics committee needed to be educated, a small team of consultants would need to be selected, frequency and types of consults needed to be reviewed, and other institutional health care staff needed to be educated.

To tackle the barrier of educating members of the committee, Dr. Heuston immediately reached out to the CEP to discuss an ethics educational plan, which included onsite education centered on the function of ethics committees, conducting ethics consults, law and ethics, and advance directives. Drs. Heuston and Sullivan also sought out the expertise of Elizabeth Chaitin, DHCE, MSW, Director of Quality and Ethics at UPMC Palliative and Support Institute, to be the committee’s mentor. Both the membership with the CEP and guidance by Dr. Chaitin have been great resources to the team, providing educational opportunities as well as mentoring the committee members through this journey. After the first meeting convened in January 2013, the committee decided to meet monthly in order to establish goals and develop guidelines for consults.

Seven members of the committee were chosen to serve as ethics consultants. These consultants received focused education to ensure that they were equipped with the tools and knowledge to perform ethics consults. In April and November of 2013, the entire team took part in a simulation exercise with Dr. Chaitin. Actors were brought in to perform ethically-challenging scenarios for the consultants. This exercise prepared the consultants to have a better understanding of the types of consults they might face and the tools needed to assist in consults like the ones presented.

In tackling the task of educating the rest of the health care staff in the institution, the ethics committee realized that there was a definite lack of awareness within the institution that the ethics committee even existed. It was evident that a “why” medical ethics awareness campaign needed to occur. It was imperative for the medical and nursing staff to be aware that the committee not only existed, but that the committee has experienced a renaissance, including a newly-formed team of trained consultants who were available and ready to perform ethics consults. This knowledge was expanded through the institution in a few ways. Drs. Sullivan and Heuston delivered this news to the Medical Executive Team and Dr. Heuston presented to the Department Head meeting. And in August 2013, the consultants developed an hour-long talk for Nursing Grand Rounds entitled, “UPMC Ethics Committee: What they can do for Patients, Families, and Staff,” in which many nurses attended. Information about the revitalized committee was also presented at the institution’s Professional Practice Council and the Patient Care Leadership Counsel.

Offering advice to other institutions attempting to rejuvenate their ethics committee, UPMC Passavant suggests engaging enthusiastic members to create in interdisciplinary team. Interdisciplinary teams bring knowledge from all aspects of health care. Experience, knowledge, and a passion for caring and doing what is right are all qualities of a high-functioning ethics team. Building this type of team is necessary when responding to an ethics consult as these consults cover a multitude of issues. Also, the committee suggests establishing a relationship with experts in ethics, such as the CEP. It is these experts who, through education, can help your committee mature into a robust and highly credible team.

Has your committee gone through a revitalization? Want to share your committee’s story? Contact Sarah at sas10@pitt.edu to be featured.
Grant Funding Creates Interfaith Advisory Panel

This past year, the CEP was awarded a small educational grant from the Nazareth Family Foundation whose mission is to support programs that create communities of love and hope, celebrate the oneness of the human family, and enhance the quality of family life and promote the rights of the disadvantaged.

With this grant, we launched a program in the Law and Ethics Year that was centered on deepening our representatives' understanding of various faith/religious/cultural traditions in order to facilitate more meaningful conversations at the bedside. By better facilitating these conversations and understanding the impact of religious and cultural traditions on health care decision making, representatives may be able to help alleviate some stress felt by the patient and family during the decision making process.

We created an Interfaith Advisory Panel of religious experts from various faith traditions practiced in the Western Pennsylvania region who were available to representatives when a question or issue arose in the care of a patient or family regarding a specific religious or cultural tradition. These Panel members were also available to present onsite programming. In addition to creating the Panel, we also included specific sessions at the retreat, during classes, and hosted two webinars regarding religion, culture, and spirituality.

As a result of this grant, representatives have told us that they are incorporating the information learned at these educational sessions into their daily practice, including having more focused conversations with patients/families during health care decision making processes. Below are some specific examples of how the education supported by this grant enhanced representatives’ daily practice and enhanced patient care:

- A daughter was trying to decide whether to place a tube for feeding for her elderly mother based on Catholic doctrine. She spoke with the patient’s parish priest who assured her she did not have to place the tube. We had long discussions as she struggled with the decision for a few days. I felt better able to address her religious views and concerns and not just focus on the facts regarding poor outcomes in dementia patients who get feeding tubes.

- I specifically spoke with a patient regarding her concern about being made ‘comfort measures only’ as it was not in keeping with her Catholic belief in the ‘sanctity of life’ as she understood it. I shared with her readings and information provided by Claire Horner, and she was at peace with her decisions after that.

- I was able to provide information to clinicians as to how a Muslim patient and family would face health care decision making and patient care at the end-of-life, including the need for ritual washing of body and facing the dying patient towards Mecca.

Members of the Interfaith Advisory Panel are available to consult with if an issue arises at your institution and/or if you wish to schedule an onsite program with one of them. Please contact the Jody or Sarah for more information.

Are you using your onsite education? Institutional members are entitled up to 6 hours of onsite programming that can range from staff education in the basic issues of health care ethics to more targeted training for ethics committee members and consultants. Contact Jody at joc10@pitt.edu to set up your next onsite program!
It is now over one year since the start of the Ebola outbreak that raged in Liberia, Guinea, and Sierra Leone resulting in over 27,000 persons infected with the virus and over 11,000 deaths. A total of four cases were identified in the United States, with one death due to Ebola.

The prolonged difficulty encountered in controlling the spread of disease in Africa, the spread of Ebola to two nurses caring for the first patient with Ebola in the U.S., and the high lethality of this viral infection all contributed to a heightened level of fear relative to the real risk of Ebola here in the U.S. While new cases of Ebola continue to be identified in Guinea and Sierra Leone, there have been no cases confirmed in Liberia and certainly no further cases in the U.S. Although there have been multiple influenza pandemics over the past century, including most recently the H1N1 pandemic in 2009-2010, the Ebola outbreak was for many in the general public their first appreciation of the very real risk of global spread of infectious disease. Although the Ebola outbreak has been significantly controlled, we are reminded of this risk by more recent events that have occurred.

In May, a person who had traveled to the U.S. from Liberia died of Lassa fever within one week of his arrival here. He had been evaluated and discharged from a hospital emergency room prior to his eventual admission and subsequent death. More recently, a traveler from India was found to have extensively drug-resistant tuberculosis several weeks after her arrival in the U.S., following travel through several states. Due to the extended course of treatment with multiple drugs required to treat this uncommon strain of TB, the patient has been placed in isolation in a hospital under the care of the N.I.H.

It is clear that the ready availability of air travel and the extensive movement of populations results in the potential for rapid global spread of infectious diseases. The initial response of politicians in the U.S. to the Ebola outbreak, identified by WHO as a public health emergency of international concern, raised significant ethical concerns. Although health officials were clear that travel bans would be detrimental to care in the most affected areas and ineffective in containing the Ebola outbreak, many called for a restriction on travel from the affected West African countries to the U.S. There was a very real concern in the international health community that a travel ban would severely limit support from U.S. health care workers critically needed in Guinea, Liberia, and Sierra Leone, without increasing the safety of the U.S. population.

A related concern was the call to quarantine health care workers returning from the affected areas. Quarantine is an effort to separate from the population those who have been exposed to and are suspect of carrying an infectious disease. There is always a tension between the need to respect fundamental civil liberties and individual autonomy and the need to protect public health.

Unfortunately, during the Ebola outbreak, decisions regarding travel bans and quarantine were made by elected officials and served political purposes while these decisions should have been the responsibility of public health officials. There needs to be a balance between the restriction of individual rights and liberties and the protection of public health. In the Ebola outbreak, there was not sufficient risk to public health to justify the restrictions imposed by quarantine.

Limitations should respond to a pressing public health need rather than a political need, and be proportionate to the goal to be achieved. Additionally, any limitation or quarantine should include the least restrictive means available to meet the public health need. Not only was quarantine and unnecessary burden to be borne by returning health care workers, there was a reasonable concern that this infringement on individual liberty would deter some from serving in affected areas. Stopping the Ebola outbreak is dependent on controlling it at its source, requiring thousands of health care workers with support from the international community.

The Ebola crisis has been a public health challenge, occurring in an extremely poor region with an extremely fragile health care infrastructure. Although Ebola, Lassa fever, and extensively drug-resistant TB have been seen in the U.S. due to international travel, they are unlikely to become global health threats, in part due to the medical resources available in the U.S. and Europe. We do have a societal obligation to provide humanitarian assistance to help with the control of this and of future outbreaks, and we can provide effective assistance without significant financial sacrifice. These recent events highlight the interconnectedness of the world and the obligations of global justice, recognizing that people everywhere are entitled to share in health care resources.

Bibliography:
- Ulrich CM. Ebola is Causing Moral Distress Among African Healthcare Workers BMJ 2014;349:g6672

Have a topic that you’d like to see featured in Truly Useful Literature? Let us know!
Save The Date! Annual Weekend Retreat

“Health Care Ethics & the Humanities in Medicine”

September 25-27, 2015
Oglebay Resort & Conference Center
Wheeling, WV

**Visiting Faculty**

**Katherine Burke, MFA**
Project Coordinator,
Devising Healthy Communities
Cleveland Clinic

**Sandra Bertman, PhD**
Distinguished Professor
Thanatology, Palliative Care and Art
National Center for Death Education

**Martin Kohn, PhD**
Director
Program in Medical Humanities
Cleveland Clinic

**Affiliated Faculty**

**Lucy Fischer, PhD**
Director of Film Studies
University of Pittsburgh

**Alex London, PhD**
Director
The Center for Ethics and Policy
Carnegie Mellon University

**Sandra Bertman, PhD**
Distinguished Professor
Thanatology, Palliative Care and Art
National Center for Death Education

**Valarie Satkoske, MSW, PhD**
Director of Ethics
Wheeling Hospital

**Aviva Katz, MD, MA**
Director
Consortium Ethics Program

**John Rief, PhD**
Visiting Assistant Professor
Communication & Rhetorical Studies
Duquesne University

**Denise Stahl, RN, MSN, ACHPN**
Executive Director
UPMC Palliative & Supportive Institute

**Rev. John Welch, MDiv, PhD(c)**
VP for Student Service and Dean of Students
Pittsburgh Theological Seminary

**Mark Wicclair, PhD**
Adjunct Professor of Medicine
University of Pittsburgh

Oglebay Room Rates: $120 per night for Standard Room + tax | $179 per night for Premium Room + tax.

Registration Fee: $175 CEP Members and those from member institutions | $350 Non CEP Members | $75 Students

Additional information, including a registration brochure, is available. Contact Sarah at sas10@pitt.edu for more information.

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**Are you using the Online Teaching Modules?**

One of the major goals of the CEP is to provide representatives with education that you can take back to your institution and use on the frontlines. One of the ways that we are meeting this goal is the development of “Bringing the Basics Back to Your Institution” online teaching modules located on our CourseWeb page. There are six educational modules in the basic issues of health care ethics: Informed Consent and the Physician-Patient Relationship, Decision Making Capacity, Surrogate Decision Making, Advance Directives, End-of-Life Issues, and Confidentiality. Each module consists of a slide presentation, handouts, case for discussion, and instructions on how to facilitate the case discussion. These modules are not self-study but are designed to help you teach these topics to your ethics committee or other members of your institution’s staff. Continuing medical education credits and social work credits can be made available for these presentation. For more information, including instructions on how to access these modules, please contact the office.
Ethics Consultation Conference Introduces Simulation Training

This past April, the CEP hosted a one-day conference, “Developing Clinical Ethics Consultation Skills: From Theory to Practice,” aimed at enhancing the skills of those currently performing health care ethics consults as well as proving the foundation for those who wish to become ethics consultants.

Sessions for the day included “Building a Clinical Ethics Service” by Valerie Satkoske, MSW, PhD, director of ethics for Wheeling Hospital, “Our Greatest Challenge in Ethics Consultation and What to Do About It” by Mark Aulisio, PhD, professor and interim chair of the department of bioethics at Case Western Reserve University, “Call the Ethicist? No, Call General Counsel! Contrasting the Roles of Ethics vs. Law in the Hospital” by Valarie Blake, JD, MA, visiting professor of law at Duquesne University (now associate professor of law at West Virginia University), and “Ethics Consultation Simulations” by Kathryn Wilt, BSN, MSN, PhD, independent consultant.

The simulation exercise allowed participants to practice their ethics consultation skills with a group of actors who played the roles of patients and family members in ethics consult scenarios. These simulations challenged the participants to identify ethical concerns, develop effective communication strategies with patients and families, and clarify value concerns.

This simulation exercise can be made available for new or current ethics consultants at your institution. If you are interested in setting up a program, please contact the Jody at joc10@pitt.edu.

Faculty News

Last year we welcomed several new faculty members!

Valarie Blake, JD, MA
Assistant Professor of Law
West Virginia University

Kate Molchan, JD, MA
PhD Student in Healthcare Ethics
Duquesne University

John Rief, PhD
Visiting Assistant Professor
Communication & Rhetorical Studies
Duquesne University

Sarah Stockey, DHCE(c)
Clinical Ethics Fellow/Supervisor
Duquesne University

Rebecca Zukowski, PhD, RN
Associate Academic Dean
Nursing Division Chairperson
Mount Aloysius College

Claire Horner, JD, MA, of Horner Law Firm, who has been a part of our teaching faculty since March 2012, has received a bioethics fellowship at the Alden March Bioethics Institute at Albany Medical College in New York. We are excited for her, but sad to see her go. We wish her the best!

The CEP is currently accepting new members into the program for the 2015-2016 Humanities and Health Care Ethics Year! Please contact the office to discuss membership options!

Contact Us!

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