

An Introduction to Health Care Ethics: From Theory to Practice

February 10, 2016
8 am – 4 pm

Healthcare Council of Western Pennsylvania
500 Commonwealth Drive
Warrendale, PA 15086

This day-long conference will provide an intensive review of ethical issues that arise in contemporary health care practice. This program is aimed at providing health care professionals with a basic introduction to the frameworks needed for understanding and addressing ethical issues within their institutions and in health care in general. Topics will include general principles in health care ethics, patient autonomy, informed consent, decision making capacity and end-of-life decision making. Information will be presented through both lecture and case-based discussion.

Presenting Faculty:

Randy Hebert, MD, MHA
Chief Medical Officer
AHN Forbes Hospice

Amy VanDyke, MSW, LSW, PhD
Vice President, System-wide Ethics
Mount Caramel Health System

Alan Steinberg, JD
Partner
Horty, Springer & Mattern, PC

Mark Wicclair, PhD
Professor of Philosophy
West Virginia University

This conference is open to all health care professionals. If you are a member of your institution's ethics committee or just have a special interest in health care ethics, we encourage you to attend.

\$75 for Nonmembers/ \$60 for CEP Members. CME, CLE, and SW accreditation will be available. To receive a full conference brochure, contact Jody Stockdill at joc10@pitt.edu.

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!

Contact Us!

Consortium Ethics Program
5230 Centre Avenue
Suite 211, North Tower
Pittsburgh, PA 15232

Phone: 412-623-2033
Fax: 412-623-3592
Email: cep@pitt.edu
www.pitt.edu/~cep

Aviva Katz, MD, MA, Director
Jody Stockdill, Administrator
Sarah Sudar, Marketing/
Communications Specialist

COMMUNITY ETHICS

The Newsletter of the University of Pittsburgh Consortium Ethics Program

December 2015

From the Director

Aviva Katz, MD, MA

I remain excited by my work with the CEP and supported by the energy that all our members bring to our classes. While I am very proud of and thankful for our diverse and skilled faculty, it is the interactions between all members of the CEP that is the true strength of the program. Every session is an opportunity for us to learn from each other, about ethics, about teaching styles, and most importantly, how to better care for our patients and each other. The annual retreat at Oglebay was a wonderful example of this synergy, with conversation and peer learning continuing after the sessions and on through dinner, with friends both new and old.

I hope that the CEP can continue to build on this energy and create learning opportunities that best meet member needs. The CEP is dependent on the strength and input of everyone, members and faculty, and we need to hear from you! What are your education goals? What are you anxious to learn about next? How can the CEP best support your institution's needs?

There are many advantages of the CEP model of ethics education, as compared with a formal graduate program in ethics. One critical difference is our ability to personalize education for member's needs. I urge all members to utilize this unique opportunity. Please reach out to me and Jody and let us know how we can best support you. My goal is to continue to increase the flexibility of the CEP, extending our reach to new members outside of our historical membership base of community and teaching hospitals and finding new and diverse faculty. While there are critical issues that I believe that the CEP needs to address, such as education on cultural diversity and its impact on health care issues and medical decision-making, it is important that we hear from you, to create the programming that you need and desire.

Retreat Recap: Health Care Ethics & The Humanities in Medicine

The CEP held its 26th Annual Weekend Retreat, "Health Care Ethics & the Humanities in Medicine" at Oglebay Resort and Conference Center in Wheeling, WV. This year's theme focused on the contribution of the arts, humanities, and social sciences to health care ethics.

Martin Kohn, PhD, Director of the Medical Humanities Program at the Cleveland Clinic, started the retreat with a medical humanities sampler, demonstrating a variety of ways in which medical humanities and the arts, especially poetry, can enhance medical education and practice. Other invited national speakers included Sandra Bertman, PhD, FT, Distinguished Professor of Thanatology, Palliative Care and Art for the National Center for Death Education, who presented two sessions "Last Rights/Last Rites: The Healing Power of Hope, Humor, and Grief," and "Look Again! Techniques for Reflective Practice, Community Building, Renewal," which focused on using visual thinking strategies and discussed techniques to use them in both clinical and educational settings. Katherine Burke, MFA, Program Coordinator at the Cleveland Clinic Lerner College of Medicine, presented a reader's theater with CEP Director, Aviva Katz, MD, MA, entitled Wings, which was extremely well received. Several CEP representatives participated as actors in this play centering on the language disorder and perspective of a stroke patient. Another well received session was by Mark Wicclair, PhD, Professor of Philosophy at West Virginia University, and Lucy Fischer, PhD, Distinguished Professor of English at the University of Pittsburgh, which focused on cinematic and philosophical perspectives of impending death through various movie clips. (Continued on next page)

In This Issue

- Retreat Recap: Health Care Ethics & The Humanities in Medicine
- Member Spotlight: Butler Health System
- Truly Useful Literature: Mandatory Influenza Vaccination
- Save the Date! Intro to Health Care Ethics

Retreat Recap Continued:

Other sessions held throughout the weekend included discussions of “professionalism” in the unique relationships between physician-patient and physician-society and discovering how the art of listening and the role of nonfiction writing impacts both the provision of health care and the education of health care professionals. Faculty included: John C. Welch, MDiv, PhD(c), Vice President for Student Services & Dean of Students at Pittsburgh Theological Seminary; John Rief, PhD, Visiting Assistant Professor of Communication and Rhetoric at Duquesne University; Denise Stahl, RN, MSN, ACHPN, Chief Clinical Officer, Center for Palliative and Supportive Care at UnitedHealth Group/Optum; Amy VanDyke, MSW, PhD, Vice President, System-wide Ethics at Mount Carmel Health System, and Alex John London, PhD, Professor of Philosophy at Carnegie Mellon University. Classes scheduled throughout the remainder of the educational year will focus and build upon the retreat sessions.

Member Spotlight: Butler Health System

Butler Health System was one of the 12 initial members of the CEP when the program started in 1990 with a generous grant from the Vira I. Heinz Endowment. The goal of this program was and always has been to provide a cost-effective approach to educate health care professionals, their institutions, and the community develop and sustain and expertise in clinical health care ethics.

When Butler first joined the program, the institution had a newly formed ethics committee and their primary reason for joining was to educate themselves in health care ethics and then expand education to staff throughout the institution.

During the first three years of membership, Butler also reviewed their policies on DNR and Foregoing Life Sustaining Treatment, and with guidance from the CEP, was able to revise policies regarding resuscitation, brain death, hydration and nutrition, and withholding ventilator assisted breathing.

Butler continued with their membership until 2011 when the institution decided to discontinue their participation due to budgetary concerns. During the four years out of the CEP, ethics consults continued but the continued education became lacking.

With the addition of a palliative care service, rejuvenating the ethics committee was seen as an important part of the hospital’s mission of providing excellent care, and Butler rejoined the CEP in 2015. One of the two designated CEP representatives is John Malec, respiratory therapist, chair of the ethics committee, and a veteran to the CEP, having been a representative since 1998. With Butler reactivating their membership with the CEP, he says that it’s the hospital’s responsibility to maintain competence in ethics to assure patient-centered care.

“Receiving the latest news and court cases regarding ethics in health care is important,” says Malec. “The way ethics is presented in history, literature, film, religion, and every day life has been greatly over looked.” He also says that the CEP presents an invaluable forum where cases/information are discussed in a group among other ethics committee members throughout the region where they can freely express their feeling and concerns.

With membership reinstated, Butler hopes to continue patient-centered care with the utmost respect and dignity

If you are interested in becoming a CEP member, please contact our office at 412-623-2033 to discuss membership options.

Welcome New Members!

Nicole Black
LIFE Lawrence County

Matthew Bridgman
Penn Highlands Dubois

Kristin Clayton
LIFE Beaver County

Lisa Doverspike
Butler Health System

Sandra Fleck
Children’s Hospital of
Pittsburgh of UPMC

John Malec
Butler Health System

Joanne McCamey
LIFE Beaver County

Raquel Oldaker
LIFE Lawrence County

Wendy Olean
LIFE Butler County

Marianne Verrett
Heritage Valley Beaver

Lianne Vighetti
Heritage Valley Sewickley

Diane VonArx
LIFE Butler County

Truly Useful Literature: Mandatory Influenza Vaccination

Aviva Katz, MD, MA

Vaccinations have been a hot topic in the lay and ethics literature for a number of years. Vaccinations hold a relatively unique position within the realm of healthcare. Prevention of disease by immunization is by far the greatest overall success story for modern medicine, saving millions of lives over the past century with benefits seen in both developed and developing countries. Vaccination straddles the fields of public health and personal medical care, as vaccination against disease protects both the patient being immunized and their surrounding community. This is a significant difference between vaccination and other medical treatments.

Vaccination has also been a subject of controversy ever since its acceptance by the medical community. Benjamin Franklin had deferred smallpox inoculation, relatively newly introduced to health care, for his son. In 1736 he wrote “...I lost one of my sons, a fine boy of four years old, by the small-pox, taken in the common way. I long regretted bitterly, and still regret that I had not given it to him by inoculation” in response to those opposed to inoculation. Despite vaccination against smallpox being declared one of the nation’s first public health priorities, there remained some public objection to participating in vaccination. In 1905, in *Jacobson v. Massachusetts*, the United States Supreme Court upheld the authority of the states to enforce compulsory vaccination laws. The Court found that the freedom of the individual must sometimes be subordinated to the public’s welfare. While the concerns of the anti-vaccination lobby may have changed over time, controversy persists despite the science supporting the safety and effectiveness of vaccines.

Influenza vaccination differs from the other vaccines that are part of standard medical care. As the genetics of the influenza virus varies from year to year, the vaccine is updated yearly to provide as good a match as possible to the circulating virus. This generally results in a vaccine that is somewhat less effective than the vaccines available for other communicable illnesses and also the need for yearly seasonal vaccination for protection. Health care workers, including all those with patient contact, have been identified as a critical population for influenza vaccination. The goal is to protect both health care workers and their patients, some of whom, due to young age or underlying disease, may not be eligible for vaccination. A high level of community vaccination is necessary to protect those who are vulnerable, our patients, who may not be able to receive that vaccine, or for whom the vaccine was not effective due to the variability in the match between the vaccine and circulating virus. This concept of herd immunity, or cocooning, provides the medical support for mandatory influenza vaccination of health care workers.

Despite the benefits for both themselves and their patients, many health care providers do not voluntarily complete influenza vaccination. For this reason, and in an ef-

fort to bring immunization rates to greater than 90%, an increasing number of health care institutions are turning to mandatory influenza vaccination for their staff. While some providers have objected to mandatory vaccination as a violation of their autonomy, there is robust ethical support for this policy. There is good evidence that health workers can transmit influenza to patients and that voluntary vaccination programs do not result in adequate vaccination uptake, while mandatory vaccination programs do. In consideration of the guidelines of public health ethics, there is clear medical value from the intervention to the individual and an adequate public health benefit to justify this minimally restrictive intervention with limited infringement on personal autonomy.

Clinical bioethics also supports mandatory vaccination based on the fiduciary duty that health care workers have to patient well-being. Influenza vaccination decreases the risk of transmitting illness to patients and co-workers and clearly falls under the principle of nonmaleficence. Finally, the principle of justice can also be applied to this problem. Justice allows for individual rights and freedom, but limits autonomy when it negatively impacts on others. The principle of justice allows for the creation of a framework for fairly distributing burdens and benefits throughout society. Fairness and equity are critical aspects of justice, recognizing that we are each responsible for a role in supporting and caring for others. Mandatory influenza vaccination for health care workers, in an effort to maximize protection for all, including the most vulnerable, clearly fits in this understanding of justice.

Bibliography:

- Influenza Immunization for All Health Care Personnel: Keep it Mandatory Committee on Infectious Diseases Pediatrics Vol 136 pp809-818 2015
- Adding justice to the clinical and public health ethics arguments for mandatory seasonal influenza immunization for healthcare workers Lee LM J Med Ethics Vol 41 pp682-686 2015.