



Winter 2010 Health Decisions

A publication of the Vermont Ethics Network
Working to increase awareness and understanding of ethical issues in health care

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New Study Finds Ethical Conflict Harms Hospitals' Bottom Line

by Cathy Suskin, ESQ

It goes without saying that preventing ethical conflict is good for patients. The last thing anyone needs in the midst of a medical crisis is a dispute over whether his or her chosen course of care is morally appropriate. But now a new study suggests that preventing ethical conflict is good for a hospital's bottom line as well. The study, *The Organizational Costs of Ethical Conflicts* (Nelson, W. A., Weeks, W.B., and Campfield, J.M., 2008, *The Organizational Costs of Ethical Conflicts*, Journal of Healthcare Management 53 (1): 41-52) suggests that ethics conflict can significantly affect a hospital's overall success in delivering quality care.

The paper offers a financial analysis of the impact of common ethics conflicts, such as end-of-life decision-making, conflicts of interest and truth-telling after adverse events. Many such conflicts are predictable and recurrent, the study said, and they often impose direct, indirect, and long-term financial costs on the institution. For example, when an ethical conflict arises, the institution may incur direct costs associated with the diversion of staff time and energy

away from normal duties. Efforts to resolve the conflict may require staff to spend time reviewing patient records and talking with the patient, his or her family and other staff. Often, the institution's ethics committee is consulted, consuming their time as well. Committee members take time away from their regular duties to address the ethics conflict. Because of the potential overlap between ethics and legal issues, there may also be direct or indirect legal and risk management costs, including attorney and/or court fees, settlements and malpractice premiums. In addition, the institution may incur costs associated with containing negative publicity or, longer-term, repairing a damaged reputation. Moreover, ethical conflict takes a toll on staff morale. It adds to the stress, burn-out and turnover that can require an institution to hire more staff and pay wages reflective of high-demand, high-stress work. It can also negatively affect patient satisfaction, with long-term effects on public perception, rates of self-referral and the institution's market share.

To reduce ethical conflict and its

Message from the Executive Director

Vermont Ethics Network is in the midst of an exciting start to 2010. *Paving the Way to Real Progress: A Statewide Summit on Palliative Care and Pain Management*, is only a few weeks away and promises to be an exciting and productive event. We are hopeful that the outcome of this one-day meeting will lay the groundwork for future improvements across the state.

On April 16, VEN will work with our partner organizations and communities to join a national effort to raise awareness about the importance of advance care planning and advance directives. National Health Care Decisions Day offers an opportunity to engage organizations, individuals and policy makers to take a more active role in educating about the importance of health care decision-making.

In May we will address a topic that continues to generate discussion and

confusion among individuals and health care providers alike—medical decision-making in the absence of a health care agent, particularly when issues of decisional capacity are in question.

On May 14 at Central Vermont Medical Center, VEN will host an educational workshop for hospital ethics committees and other interested individuals to review relevant decision-making statutes and then to apply those laws in a variety of complex clinical situations. Issues of assessing decisional capacity, withholding and withdrawing life sustaining treatment, guardianship, and surrogate decision-making will all be discussed.

We will also make available our newly updated booklet entitled, *When You Must Make Medical Decisions for Someone Else*. This new resource will be available both on-line and in printed copy. *Cindy Bruzzese, Executive Director*

New Study—Continued from Page 1

associated financial costs, the authors suggest, hospitals should shift their approach “upstream” – that is, away from the common practice of just reacting to ethics conflicts, and toward a proactive, system-oriented approach aimed at preventing ethical conflict. For example, because ethical conflicts tend to recur, hospitals should actively monitor situations that repeatedly trigger the same basic ethical issue. Then they can institute policies and ethics practice protocols likely to reduce their occurrence and/or minimize their effect. And when an ethics conflict does occur, hospitals would benefit from having their ethics committee take time after responding to the specific case to explore the root cause(s) of the ethics issue. After assessing the root cause, actions can be taken that might prevent a recurrence of the ethics conflict.

The paper suggests that the goal of ethics programs should be to focus on enhancing the quality of patient care by cultivating clinical and administrative ethics practices throughout the institution. Such efforts, the study concluded, could enhance a hospital’s overall success, including its bottom line.



NATIONAL HEALTHCARE DECISIONS DAY

★ *your decisions matter* ★

April 16, 2010

The Vermont Ethics Network, along with other national, state and community organizations, invites you to take part in an effort to highlight the importance of advance healthcare decision-making on April 16th—National Healthcare Decisions Day.

DID YOU KNOW?

Despite recent gains in public awareness of the need for advance care planning, studies indicate that most Americans have not exercised their right to make decisions about their health care in the event that they cannot speak for themselves.

According to the 2006 Pew Research Center's study:

- 71% of Americans have thought about their end-of-life treatment preferences.
- 95% had heard of a living will.
- 29% have a living will.

WHAT CAN INDIVIDUALS DO?

- Talk to others about your future health care decisions.
- Complete your advance directive.
- Encourage your friends, colleagues, and employees to complete their advance directive.
- Register your advance directive with the Vermont Advance Directive Registry.

WHAT CAN HEALTH CARE PROVIDERS DO?

- Provide information about health care decision-making.
- Ask all patients if they have an advance directive.
- Educate staff and community about advance directives.

Want to receive this Newsletter via e-mail?

If you would like to receive this newsletter via e-mail, please send us your first and last name and your e-mail address. This would help VEN "Go Green" and save money in printing and mailing expenses, and save a tree in the process!

We Want To Hear From You!

Please share your thoughts and ideas for topics to be included in future VEN newsletters. We strive to provide helpful articles on issues important to you. Please e-mail your ideas to us at: ven@vtethicsnetwork.org.

Meet VEN's Executive Board

Rev. P. McCoy is an ordained United Methodist minister who has served as Director of Chaplaincy at Dartmouth-Hitchcock Medical Center since 1993. Rev. McCoy holds the Master of Divinity degree from Duke University Divinity School and the Master of Philosophy degree from Yale University. He is certified as a clinical pastoral education supervisor by the Association for Clinical Pastoral Education, Inc. Rev. McCoy has served on the hospital ethics committees at DHMC and at Iowa Methodist Medical Center, and on the Institutional Review Board at Iowa Methodist.

Judith A. Cohen, PhD, RN is a Burlington native who received her undergraduate education at UVM. After graduation in 1975, she was on active duty with the United States Navy for three years at the National Naval Medical Center in Bethesda, MD, in charge of a 32 bed enlisted medical-surgical ward and later a cardiovascular surgical unit. She stayed within the Naval Reserve after leaving active duty, and went to the University of Michigan, completing a master's degree in nursing in 1981 in cardiovascular nursing. She returned to Vermont in 1981 to teach at the UVM School of Nursing within the associate degree program and taught within that program for 15 years until its closure in 1996. After having achieved tenure, she obtained her doctorate at Wayne State University in 1994. During Operation Desert Storm, she was recalled to active duty in February, 1991. She remained active in the Naval Reserve for thirty years, and was Commanding Officer of the Medical Unit at the Naval Reserve Center in Burlington and later in Albany, NY. She retired from the Naval Reserve in 2004 at the rank of Captain (O-6). As a Professor, she continues to teach in the Department of Nursing's baccalaureate and graduate programs. She is active in the governance of the university, and is presently the Vice President of the Faculty Senate, and serves on the Senate Executive Council. She has served as past president of the Vermont State Nurses Association and is presently Vice President of the Vermont Ethics Network, Vice President of the Champlain Valley Area Health Education Center (AHEC), and has an active professional membership in the American Nurses Association, Vermont State Nurses Association, Sigma Theta Tau, Eastern Nursing Research Society, Vermont Association of Nurse Leaders, National League for Nursing, and the International Association of Human Caring.

Kevin Veller has been the Director of Outreach and Enrollment for Health Care Reform for the State of Vermont since March 2007. She served as the Director of Health and Disability Policy for United States Senator Jeffords from 1999 to 2006. Prior to that she was the Executive Director of the Vermont Association of Business, Industry and Rehabilitation for ten years, providing job placement services for people with disabilities and workers' compensation claimants, as well as managing state and federal contracts with the Vermont Departments of Vocational Rehabilitation, Corrections and Welfare, and the United States Department of Education. She holds a BA in Communications from the University of Vermont and a post-graduate degree from the University of Oslo, Norway.

Elizabeth (Betsy) J. Davis, RN, MPH, LLD (Honorary) has worked in the field of home health and hospice care as a staff nurse and CEO for over 40 years, with 35 years in Vermont (five years in NYC with the VNS of New York) first at the Burlington VNA and later as CEO at the VNA of Vermont and New Hampshire.

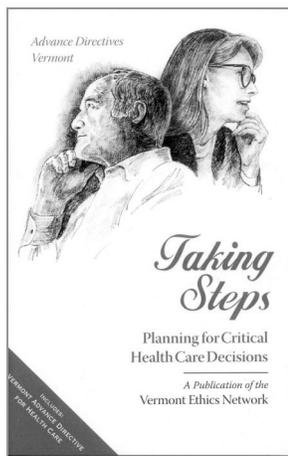
Since retirement in 2002, Betsy has worked with the State and PACE Vermont on contract to establish PACE in two locations in Vermont. She is also working on contract with the Vermont Health Foundation and with the Cathedral Square Corporation in developing enhanced coordinated services in housing for seniors who are aging in place.

Other Activities include membership on several Boards and Committees – VNA of Chittenden and Grand Isle Counties Adult Health Committee, FAHC Board, Community of Vermont Elders Policy Committee and continues to be adjunct professor at the School of Nursing, UVM. Enjoys grandchildren, gardening, sailing, painting and hiking.

New Pricing for *Taking Steps*

As of February 1, 2010, VEN has updated the pricing for *Taking Steps* booklets to accurately reflect shipping and handling costs, as well as the costs associated with the reprinting of this resource.

There are three ways to order *Taking Steps* booklets: (1) Call VEN at 802-828-2909, (2) Download the order form from www.vtethicsnetwork.org and Fax it to VEN: 802-828-2646, or (3) Send your request via e-mail to: lhatcher@vtethicsnetwork.org.



If you are interested in sponsoring the next printing of *Taking Steps*, please contact us. We welcome your support!

Registering Your Advance Directive

HAVE YOU REGISTERED YOUR ADVANCE DIRECTIVE?

In several easy steps, you can register your Advance Directive with the **Vermont Advance Directive Registry** and have your documents immediately accessible when they are most needed.

- Step 1:** Complete your Advance Directive. It must be signed and properly witnessed.
- Step 2:** Complete and sign the Registration Agreement. This gives the registry permission to send a copy of your advance directive and emergency contact information to those authorized to access them.
- Step 3:** Mail or fax your completed Advance Directive, along with your signed Registration Agreement to:

Vermont Advance Directive Registry
523 Westfield Ave/PO Box 2789
Westfield, NJ 07091-2789
Fax: 908-654-1919

All forms can be found on the VEN web site at: www.vtethicnetwork.org



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To:

Check us out online at
www.vtethicsnetwork.org

Mark Your Calendars for These Events

March 22, 2010: Statewide Palliative Care and Pain Summit at VT College Chapel

In partnership with the Palliative Care and Pain Management Task Force per Act 25, VEN is presenting: *Paving the Way to Real Progress: A Statewide Summit on Palliative Care and Pain Management*. This event is by invitation and spacing is limited.

April 16, 2010: National Health Care Decisions Day

The Vermont Ethics Network, along with other national, state and community organizations, is taking part in an effort to highlight the importance of advance healthcare decisions-making on April 16th, National Healthcare Decisions Day.

Monday, April 19, 2010: VT and NH Ethics Meeting at DHMC, Auditorium E

The 31st Meeting of the VT and NH Hospital Ethics Committee Network. For more information, please visit <http://ccehsl.dartmouth-hitchcock.org/files/index.html>.

Monday, October 4, 2010: VT and NH Ethics Meeting at DHMC, Auditorium E

The 32nd Meeting of the VT and NH Hospital Ethics Committee Network. See link above for more information.

Friday, May 14, 2010: Medical Decisions Workshop and Panel Discussion at CVMC

Presentation and Panel Discussion on relevant decision-making statutes and how to apply those laws in a variety of challenging clinical situations.