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Inside this issue:

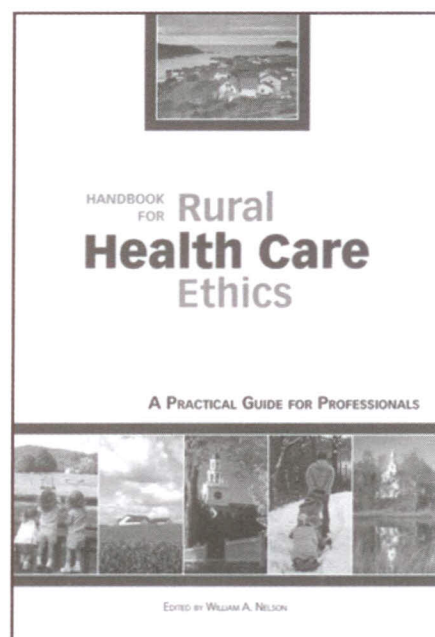
Director's Message	2
Health Care Ethics	2
Health Care Ethics	3
Meet the Board	4
Meet the Board	5
Order Taking Steps	5
Register Your AD	5
Upcoming Events	6

NEW Resource for Rural Ethics

Handbook for Rural Health Care Ethics: A Practical Guide for Professionals

Health care delivered in a rural context—in closely-knit, tightly interdependent, small community settings—poses unique ethics considerations for clinical practitioners. A provider in a resource-poor rural setting may be faced with treating a family member, friend, business associate or neighbor, since the role separation between clinician and patient that predominates in the urban setting is less likely to occur in a small town. It is difficult for a provider to protect patients' privacy when their care occurs in clinics where neighbors, friends, and relatives may work. Similarly, it is difficult to establish a professional clinician-patient relationship when the patient is the doctor's former grade school teacher, or a member of the nurse's local parish. Ethical aspects of care are especially relevant and sensitive when the patient's health problem is stigmatizing, such as mental illnesses or infectious diseases. Because of the unique rural context, the solutions that health care providers develop to resolve complex ethics dilemmas may differ from solutions derived in urban areas.

The *Handbook For Rural Health Care Ethics* is designed to fulfill that purpose, and contains a case-based approach to analyzing, solving and anticipating health care ethics dilemmas. The *Handbook*, edited by William A. Nelson, is authored by physicians, nurses, ethicists, and hospital administrators who all have scholarship or experience in rural ethics, and was funded by a grant from the National Institutes of Health (NIH) National Library of Medicine. To access the contents of the handbook, go to: <http://dms.dartmouth.edu/cfm/resources/ethics/>.



Message from the Executive Director

It has been a busy start to the fiscal year for Vermont Ethics Network. In July, we moved the office to its new location on 61 Elm Street in Montpelier. August was met with the arrival of Lindy Hatcher - our new Manager of Operations, and in September we welcomed four new members to our Board of Directors. These changes are all part of the organizations' long range plan to increase effectiveness and visibility as ethical issues surrounding quality care, societal values, individual goals and preferences, and stewardship of health care resources become focal points of ongoing health care discussions.

From a programmatic standpoint, VEN will become more engaged in supporting the work of hospital ethics committees. To better understand the issues as they play out in rural settings, we recently met to conduct a needs assessment of rural facilities in an effort to enhance the role of ethics committees across the state. A summary of that meeting and recommendations for moving forward will be the basis for ongoing and future work of the organization.

The new palliative care and pain management legislation (Act 25) precipitated another new area of focus for Vermont Ethics Network this year. Network planning and development as it relates to palliative care and pain management services across the state were seen as ongoing needs to be addressed. To initiate this work, VEN distributed a short questionnaire to providers asking for information related to current structure, gaps, and

recommendations for improvement. Nursing homes, residential care facilities, assisted living facilities and insurance companies were also queried. Responses are being compiled and the information will be used as part of our report to the legislature in January. This information will serve as background data for a statewide meeting in March. VEN will sponsor a gathering of professionals and other stakeholders who have an interest in shaping systemic improvements to palliative care and pain management services across the state. The goals of this meeting will be to briefly review the current understanding of how these services are being accessed and delivered; to prioritize common themes that emerge relative to gaps and recommendations; and finally to map out a statewide plan for improving palliative care and pain management for all Vermonters.

Our work plan is lofty but we are grounded in our core mission. As you know, the Vermont Ethics Network has been involved in health care ethics for nearly 25 years. Our work dates back to the time when medical ethics first moved out of its traditional home among academics and physicians and into public discourse, and we have been "doing ethics" ever since. But what exactly does it mean to "do" health care ethics? Every so often it's good to pause and reflect upon what we do and why and how we do it. The following article represents for some a "review," and for others, an introduction into why this work is essential to the future of health care.

Cindy Bruzzese, Director

Understanding Health Care Ethics: A Review

Many providers work in settings where ethical issues arise daily. Others are exposed to ethics quite unexpectedly, as when abruptly faced with a difficult choice about their own or a loved one's care. But what exactly *is* health care ethics? At its simplest, health care ethics (a/k/a "medical" ethics or "bioethics") is a set of moral principles, beliefs and values that guide us in making choices about medical care. At the core of health care ethics is our sense of right and wrong and our beliefs about

rights we possess and duties we owe others. Thinking carefully about the ethical aspects of health care decisions helps us make choices that are right, good, fair and just.

Our ethical responsibilities in a given situation depend in part on the nature of the decision and in part on the roles we play. For example, a patient and his or her family play different roles and owe different ethical obligations to each other than a patient and his or her physician.

The 4 Principles

In the US, four main principles define the ethical duties that health care professionals owe to patients. They are:

- 1) Respect the patient's decisions and values. Every adult patient of sound mind has the right to decide what is to be done to his or her own body. This includes the right to have the information needed to make an informed decision and an absolute right to refuse unwanted treatment. (*Autonomy*)
- 2) Do good. Help the patient advance his or her own good. (*Beneficence*)
- 3) Do no harm to a patient, either intentionally or indirectly. (*Nonmaleficence*)
- 4) Be fair. Treat like cases alike and work for fair distribution of medical benefits and burdens among all people. (*Justice*)

All 4 duties are considered to be in effect at all times. In theory, each duty is of equal weight or importance. In practice, however, at least in the US, respect for patient autonomy (Principle 1) often takes priority over the others.

Isn't This Just Common Sense?

At first glance, the four principles may seem like they are just "common sense." After all, it seems obvious that a physician has an obligation to help his or her patients and to not harm them, etc. The problem is that sometimes the various ethical principles come into conflict with one another, creating an ethical dilemma. For example, a patient with terminal pancreatic cancer may be offered a round of chemotherapy, which the physician believes could add 3-6 months to the patient's life. The patient, however, wants to spend his final months going fishing in Montana and saying goodbye to his friends and family. The physician's obligation to respect the patient's preference (autonomy) is in conflict with the obligation to try and help him medically (beneficence). Therefore, a choice needs to be made, and choosing one means that the other may not be honored.

Growing Importance

Issues related to choices in health care are of growing importance in our lives. For centuries, when a patient sought a doctor's care, there was little for anyone to "decide." Medically, little could be done if you suffered a stroke or contracted tetanus from stepping on a rusty nail. Now, however, advanced medical science and technology make it possible to extend life beyond natural limits, sometimes far beyond. Increasingly it is possible to extend life past the point that most people say they would want to live it. This is a profound change. Survival is no longer the issue; quality of life is. And this change can greatly complicate medical decision-making. The basic question often is no longer "What *can* be done?" but rather "What *should* be done?" Should invasive surgery be performed on a terminally ill patient who is near death when doing so will only prolong the dying process? Does a patient have a right to care regardless of expense? When patients' needs exceed available medical resources, how should those resources be distributed?

Everyone's Responsibility

Discussion of these questions is not just for health professionals. Moral choices in medicine are the responsibility of patients, families and the wider society as well. Some ethical decisions can be made only by the patient. For example, only the patient, in consultation with a physician, can decide what quality of life is acceptable to him or her. Other decisions – like health care reform – can be made only by society as a whole, at the level of public policy. Part of our job as citizens is to inform ourselves about ethical issues in health care and to understand the ethical implications of the care choices we make both as individuals and as a society. Cathy Suskin, ESQ

We Want To Hear From You!

Please share your thoughts and ideas for topics to be included in future VEN newsletters. E-mail your ideas to: ven@vtethicsnetwork.org.

Meet the Newest VEN Board Members

Denis Barton is the Vermont Director of Public Policy for Bi-State Primary Care Association (Bi-State). Bi-State is a not-for-profit association that represents Community Health Centers and other safety-net providers and is dedicated to expanding access to health care for all. Combined Bi-State members provide preventive and primary care services to over 146,000 patients at over 60 sites throughout Vermont.

Prior to joining Bi-State, Denis served as the Director of the Vermont Office of Rural Health and Primary Care within the Vermont Department of Health. He has served the State of Vermont in other management activities since joining state service in 1996. Immediately before moving to Vermont, Denis served as Executive Director at the Rhode Island Psychological Association and the Rhode Island Pharmacist's Association. He has served as an elected School Board member and as a Board Director for many non-profit organizations. He has a Master of Business Administration in Health Care Management from the Boston University Graduate School of Management.

Linda Cohen is a health care attorney at Dinse Knapp & McAndrew, advising clients on a variety of regulatory, transactional and litigation matters. Ms. Cohen's practice concentrates on client counseling and litigation involving a wide range of provider reimbursement issues relating to commercial as well as government payers. She has substantial experience in commercial contract negotiation and payment related litigation for large health systems. Ms. Cohen has arbitrated, mediated and litigated several provider reimbursement disputes through conclusion and has appeared before the Provider Reimbursement Review Board.

Additionally, Ms. Cohen handles issues relating to Medicare fraud and abuse laws, Medicare reimbursement, compliance issues, federal Anti-Kickback law, physician contracting and state regulatory compliance. Immediately before joining the firm, Ms. Cohen served as the Director of External Appeals and as a regulatory compliance attorney for the Health Care Administration, a Division of Vermont's Department of Banking, Insurance, Securities and Health Care Administration. At BISHCA, Ms. Cohen was primarily responsible for enforcement of health insurance laws and regulations relating to insurers and managed care organizations. She also ran the external appeals program which affords consumers an independent appeal of claims denied by commercial insurers.

Before relocating to Vermont, Ms. Cohen practiced in the health care and commercial litigation departments of Cozen O'Connor in Philadelphia. While at Cozen O'Connor, Ms. Cohen participated in the representation of national health care systems in reimbursement disputes and a class action related to billing practices. She also represented large and small providers in contract negotiations, fraud and abuse matters and provided regulatory compliance advice. Ms. Cohen represented a variety of commercial clients in contract related disputes for a wide range of issues including title insurance, real estate leasing, non-competition agreements and anti-trust. Several of those actions included trials and arbitrations to conclusion. Ms. Cohen also participated in product liability defense of manufacturers of fire prevention and detection products.

Judy Peterson, RN BSN is President and CEO of Central Vermont Home Health and Hospice (CVHHH) in Barre, Vermont where she has worked for 26 years. The agency is a not-for-profit, full-service, Visiting Nurse Association offering a wide variety of community health services to the Residents of Washington and Orange Counties.

Judy graduated from the University of Vermont with a Bachelor's degree in Nursing in 1973 and promptly

joined the Peace Corps where she served in Latin America for almost 3 years. Upon return to the U.S., Judy began working at CVMC in Barre, VT but quickly returned to home and community based health services in a variety of Vermont locations and also Philadelphia, PA.

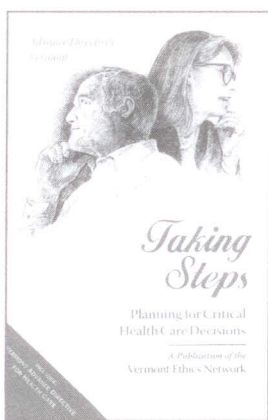
Over the years, Judy has aided in development of a wide range of new programming at CVHHH, including Hospice, Long Term Care, Traumatic Brain Injury, Private Duty services, and telehealth. She has participated on many community and state level boards and task groups including COVE, TBI Advisory Council, Nursing Facilities for the 21st Century, DAIL's Long Term Care Sustainability Study, Woodridge Nursing Home, Project Independence, Association for Cerebral Palsy, and many others. Judy is currently a Trustee for the Central Vermont Medical Center and has recently become a board member for the Vermont Ethics Network.

Judy has appeared as a guest presenter at the American Society on Aging national conference in Chicago, IL and Anaheim, CA, addressing issues related to providing high quality care to the frail elderly and people with permanent disabilities. She has also served as a trainer for the Department of Aging and Independent Living's Case Management Program and Successful Aging Conferences.

Cathy Suskin is an attorney with longstanding personal and professional interest in hospice, end of life care and medical ethics. She has worked in both the public and private sectors, serving early on in her career as a civil rights investigator in the Vermont Attorney General's Office, a judicial clerk in Vermont District Court and an instructor in legal writing at Vermont Law School, and more recently as Associate General Counsel to the Vermont Environmental Board and in private practice. She also does freelance writing and editing. Cathy has a graduate certificate in Bioethics from the Medical College of Wisconsin and sits on the Ethics Committee at Central Vermont Medical Center.

Coming Soon - Order *Taking Steps* Online

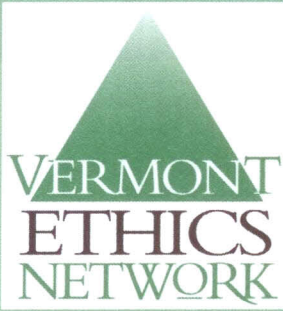
We are updating our website in order to facilitate ordering our *Taking Steps* booklets. Soon, you will be able to order this helpful resource to advance care planning and other important information related to medical decision-making online at the VEN website: www.vtethicsnetwork.org.



Health Care Planning is for Everyone!

- **TALK** to others about your values and future health care wishes.
- **GO** to www.vtethicsnetwork.org for the Vermont Advance Directive Forms and for comprehensive information about Advance Care Planning and Advance Directives.
- **COMPLETE** your Advance Directive.
- **REGISTER** your Advance Directive with the Vermont Advance Directive Registry—an easy and secure way to give your health care providers immediate access to your wishes about health care decisions.

For more information about the Vermont Ethics Network or to order our *Taking Steps* Booklet, contact us at 802.828.2909 or via e-mail at ven@vtethicsnetwork.org.



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To:

Mark Your Calendars for These Events

March 22, 2010: Statewide Palliative Care and Pain Meeting at Gifford Hospital

VEN will sponsor a gathering of professionals and other stakeholders who have an interest in shaping systemic improvements to palliative care and pain management services across the state. Contact us for more information at ven@vtethicsnetwork.org.

April 16, 2010: National Health Care Decisions Day

The National Healthcare Decisions Day initiative is a collaborative effort of national, state, and community organizations committed to ensuring that all adults with decision-making capacity in the United States have the information and opportunity to communicate and document their health care decisions.

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

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

Monday, November 1, 2010: Bioethics Training Day at DHMC, Auditoria E & F

For more information on the Bioethics Training Day, visit the Center for Continuing Education in the Health Sciences website: <http://ccehsl.dartmouth-hitchcock.org/files/index.html>.