A PUBLICATION OF THE CENTER FOR HEALTHCARE ETHICS, ST. JOSEPH HEALTH SYSTEM, ORANGE CALIFORNIA

ETHICAL DIMENSIONS

A NEWSLETTER ADDRESSING THE INDIVIDUAL, INSTITUTIONAL AND SOCIETAL DIMENSIONS OF ETHICS

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Collaborating on Care

Mrs. Anderson (Mrs. A.) has been chronically ill with COPD for many years and has been hospitalized many times. During her most recent hospitalization, she was cared for by one of the hospital's new "hospitalists." The hospitalist discharged Mrs. A with orders specifying a comprehensive treatment plan for home health (e.g., infection control, skin care, diet, respiratory support). Once discharged to home health, however, Mrs. A's medical care was automatically transferred to her primary care physician who placed her on the same medication plan she followed prior to the recent hospitalization. When asked about the other care plan, the primary care physician told the home health case manager and staff nurses that he objected to the hospital's ploy in creating "hospitalists" and that he would not allow them to infringe on his practice outside of the hospital. The home health case manager and staff nurses are now concerned that Mrs. A is not receiving the level and extent of care and follow-up she needs. Mrs. A is unaware of this conflict: neither the hospitalist nor her primary care physician have explained in any detail their care plans or how one might conflict with the other. Mrs. A liked and trusted the hospitalist and has always liked and trusted her primary care physician. The home health representatives have presented the case to the hospital's ethics committee.

This case can be considered from the perspectives of individual ethics, institutional ethics, and societal ethics. Respond to the statements below using the following scale:

❑ Strongly Agree ❑ Agree ❑ Not Sure ❑ Disagree ❑ Strongly Disagree

Individual Issues

1. The hospitalist violated Mrs. A's right to informed consent by not explaining his plan of care for her upon her discharge.

❑1 ❑2 ❑3 ❑4 ❑5

2. Her primary care physician violated Mrs. A's right to informed consent by not explaining that he would not carry out the hospitalist's discharge orders.

❑1 ❑2 ❑3 ❑4 ❑5

3. The home health representatives violated Mrs. A's rights when they informed the ethics committee of her case without her prior knowledge and approval.

❑1 ❑2 ❑3 ❑4 ❑5

4. The hospitalist might have prevented the conflict in this case by simply phoning the primary care physician and working out a discharge plan with him.

❑1 ❑2 ❑3 ❑4 ❑5

5. The primary care physician might avoid exacerbating the problems in this case by simply phoning the hospitalist to share his concerns and his own ideas about managing Mrs. A's care following discharge.

❑1 ❑2 ❑3 ❑4 ❑5

Institutional Issues

1. The use of "hospitalists" in coordinating the care of patients, especially acutely ill patients, is of no significance to the hospital's ethics committee.

❑1 ❑2 ❑3 ❑4 ❑5

2. This case is ultimately about quality of care issues and should be addressed by the quality management committee, not the ethics committee.

❑1 ❑2 ❑3 ❑4 ❑5

3. This case is ultimately about physician professional conduct and should be addressed by the medical staff's executive committee or medicine committee, not by the ethics committee.

❑1 ❑2 ❑3 ❑4 ❑5

4. A hospital's ethics committee has no purview over and thus no legitimate interest in the care of patients once they are discharged from the hospital.

❑1 ❑2 ❑3 ❑4 ❑5

5. Since home health agencies cannot expect assistance from hospital ethics committees, home health agencies should have their own ethics committees.

❑1 ❑2 ❑3 ❑4 ❑5

Societal Issues

1. The medical profession needs to establish clear standards and rules requiring complete collaboration of physicians in the care of patients.

❑1 ❑2 ❑3 ❑4 ❑5

2. It is better, as a matter of social policy, to have a healthcare delivery "system" that maximizes choice and freedom for patients and providers, even if it lacks coordinated and collaborative care for patients.

❑1 ❑2 ❑3 ❑4 ❑5

3. It is better, as a matter of social policy, to have a healthcare delivery "system" in which care for patients is coordinated and collaborative, even if it limits choice and freedom for patients and providers.

❑1 ❑2 ❑3 ❑4 ❑5

4. Laws should be changed or enacted to allow greater flexibility regarding who may provide what has traditionally been designated as "medical" treatment.

❑1 ❑2 ❑3 ❑4 ❑5

5. The best way to resolve these types of conflicts is to return to a healthcare system with indemnification insurance coverage and full fee-for-service reimbursement for physicians.

❑1 ❑2 ❑3 ❑4 ❑5

R&M SEMINARS

OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.