



# ETHICAL DIMENSIONS

Issue #30

## Starting Over . . .

Summer 1999

Imagine it is 1975. The New Jersey Supreme Court plans to issue an opinion in the case of Karen Ann Quinlan within a year. For several years, American healthcare has been thick with concerns over how physicians may mistreat patients in research studies and in clinical practice. Hospitals have become a place where people seem to die—often with some extended course of interventions. The “rules” of medicine and hospital care are no longer clear. The president and CEO of your hospital has assigned you—a senior manager and someone widely respected by the medical staff—the responsibility for creating an “initiative” or “program” in ethics that will address the emerging challenges of medical practice and healthcare delivery. (In your imagination) you have the opportunity to build, from the ground up, a program in healthcare ethics for this institution. None of the developments of the last 25 years (after 1975) have occurred, thus there is nothing to encumber your work. (In your imagination) you do, however, enjoy the benefit of knowing what you know now (1999 and beyond) about the possibilities for ethics in healthcare.

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:

1 Strongly Agree     2 Agree     3 Not Sure     4 Disagree     5 Strongly Disagree

### Individual Issues

1. Your program should be based on Beauchamp and Childress, *Principles of Biomedical Ethics* (1974, 1<sup>st</sup> Edition).

1    2    3    4    5

2. There is no special training that you or anyone assisting you would need in order to develop or work in this program.

1    2    3    4    5

3. Your program should be about the needs and preferences of individual patients and their families.

1    2    3    4    5

4. Your program should be focused on end-of-life care.

1    2    3    4    5

5. Your program should be focused on the legal rights of patients.

1    2    3    4    5

### Institutional Issues

1. Your most important allies in this program will be medical and nursing staff members who are enthusiastic to discuss ethical issues in medicine and healthcare.

1    2    3    4    5

2. Your most important allies in this program will be the recognized clinical leaders in the medical staff.

1    2    3    4    5

3. Your program should be created as part of the medical staff's traditional governance structure.

1    2    3    4    5

4. Your program should be created as part of the hospital's clinical operations and management.

1    2    3    4    5

5. It would be foolish to attempt to begin this program without a substantial commitment of staff and financial resources to the program.

1    2    3    4    5

### Societal Issues

1. From 1975 on, ethics issues in medicine and healthcare should be addressed primarily on a community or societal basis, since they involve conditions and relationships that extend beyond any single institution.

1    2    3    4    5

2. From 1975 on, the courts should not influence nor be open to litigation about issues in healthcare ethics.

1    2    3    4    5

3. From 1975 on, ethics issues in medicine and healthcare should be addressed primarily in academic institutions by trained scholars in moral philosophy and moral theology.

1    2    3    4    5

4. From 1975 on, lawyers and philosophers should be the leaders in society in addressing ethical issues in medicine and healthcare.

1    2    3    4    5

5. From 1975 on, ethical concerns regarding the care of the individual patient should drive all developments in healthcare.

1    2    3    4    5



**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.**