

## Editor's Note

Since the last issue of FOCUS the summer has come and gone, and with it not only the warming sun, but also the worst flooding in US history. Nebraskans and other Midwesterners are bearing the brunt of the toll on human life, health and well-being that it exacted.

At the same time, the Clinton Health Care Reform plan has been released for public and Congressional debate. Powerful stories of peoples' lives are at the core of both events, and at the basis of the work we continue to build at the Center. We invite you to share our activities and concerns by reading about some of our projects in this issue, and by attending our professional events.

—Ruth B. Purtilo, Ph.D., Editor



1993 Institute participants.

## DIRECTOR'S REPORT

### *The Summer Institute*

This past June, the Center conducted its third **Institute on Ethics and Health Policy**. As in previous Institutes, Center faculty led an energetic group of adult participants through the maze of theoretical and practical problems raised by the changing health care scene. The Institute's content reflected that scene—from the struggles of hospital ethics committees to assure optimum care for sick and dying individuals to the social challenges of creating a more just and efficient health care system. A range of interdisciplinary methods were employed including formal lectures, case analyses, and plenty of open-ended discussion.

The Institute again covered a diversity of particular topics including ethical principles, death and dying, parents' perspectives on NICU care, cultural issues in clinical care, advance directives, public health issues, justice and rationing questions, and ethics committee consultation. New this year were sessions on feminist ethics, bioethics and literature, children and health care, and a mock legislative hearing on euthanasia legislation. A special highlight of the week was a presentation by Dr. Joyce Lashof. (see article by D. Mondragón).

Participants had high praise for the week. Here are some comments they left for us to share publicly. For one participant, the Institute was a "wonderful opportunity to learn...and to be renewed." Another wrote that it provided an "extremely comprehensive ethics education...with open down-to-

earth friendliness." The week "integrated the didactic with the practical," said another. One participant left this complimentary prose: a "basic, bold, creative, hospitable week shared with caring people." Another personalized the point this way: "a thoughtful beginning for a changed me." The faculty certainly shared this positive assessment. There was confidence that those who participated left better able to improve health care and the system that delivers it. And the faculty learned as well as taught. It was a good week.

With the completion of the 1993 Institute the Center now has 70 alums of the program. Understandably, many of them have come to Creighton from Nebraska and our neighboring states of Iowa, Missouri, South Dakota, and Wyoming. But alums also hail from Illinois, Minnesota, Oklahoma, Pennsylvania, Maryland, and Virginia. Each summer extends our geographic reach a bit further. Participants also represent a plurality of backgrounds and careers, including nurses, physicians, pharmacists, dentists, clergy, social workers, hospital and HMO administrators, attorneys, philosophers, theologians, volunteers, and students.

The annual **Institute on Ethics and Health Policy** evolved from a tentative notion that the Center might have a contribution to make in the area of adult education in ethics. In three years, it has increased its national scope to become one of our most important annual efforts.

—Charles J. Dougherty, Ph.D.

## Health Care Reform Task Force—and Beyond

Ruth B. Purtilo, Ph.D., P.T., is Professor of Clinical Ethics at the Center, in the School of Medicine. Dr. Purtilo is past President of the Society for Health and Human Values, and current President of the American Society for Law, Medicine, and Ethics. She is the author of six books and more than seventy articles.

During the spring of 1993, I had the opportunity to be a member of the Clinton Health Care Task Force headed by Hillary Rodham Clinton. President Clinton had appointed a five hundred member task force to help in the preparation of the health care reform bill which is now before Congress.



Purtilo

I was a member of a working group entitled, "Ethical Foundations." It consisted of approximately twenty-five people including physicians, lawyers, nurses, religious leaders, ethicists and public policy officials. Among our tasks was

to work on the preamble for the plan and to develop basic principles and values by which health care reform could take root. We also worked extensively with other working groups on specific projects.

Much has transpired since my first trip to Washington during the largest spring storm in the East Coast's history! Work that the Task Force did while the snow melted, cherry blossoms bloomed, and first hot days of early summer appeared is now being discussed publicly.

Our working group identified basic values and principles for the new system: *universal access* to allow for health care for everyone without financial or other barriers; *comprehensive benefits* to help address the health care needs of everyone effectively; adherence to *high quality service*; the value of *individual choice*, (including choice of plans, of one's doctor and other professionals); *responsibility* for ones own health; the protection of the *integrity of health professionals*; and

the development of a system which would not only be consumer friendly, but also would *protect the professional-patient relationship*. Several additional principles were directed to financing and costs: a system whereby *uneven costs and burdens would be shared* across the entire community, and not fall disproportionately on the shoulders of the sicker members, or any other group; a system of *progressive financing* based on ability to pay; and a principle of *prudence* regarding the use of resources.

These principles and values need further interpretation for success at a policy level. However, we argued that this was the place to start.

My opportunity to participate brought together many years of work and reflection regarding ethical challenges that face health care today. And, it provided each member of the group an opportunity to reflect on their own positions more critically than ever before.

## APHA Past President Visits Omaha

June 16, 1993, was a wonderful day at the Center for Health Policy and Ethics. We joined with the Nebraska Public Health Association and the Department of Health to bring Dr. Joyce C. Lashof, immediate past president of the American Public Health Association to Creighton University. She spoke as one of this year's Medical School Distinguished Lecturers. The public lecture was also transmitted to physicians in rural areas. The Center hosted a breakfast for policy-makers and community leaders with Dr. Lashof, and the Governor declared June 16, "Nebraska Public Health Day."

Dr. Lashof, who has also served as an Assistant Secretary of Health, and as Dean of the School of Public Health at the University of California, Berkeley, remarked that this country has been discussing reform since 1912. She said that the only other industrialized country without a plan is South Africa.

Emphasizing that cost and access are no longer problems only of poor people, she outlined six principles that a reform plan must contain to be acceptable to the 50,000 member American Public Health Association:

1. Coverage must be universal.
2. It must be comprehensive, i.e., care must include mental health, addictions, catastrophic illness, etc.
3. Benefits must be equal, so that all are treated according to need.
4. Financing must be progressive, both to payers and providers.
5. The administration of the plan must be rational.
6. Cost controls must be built in.

Dr. Lashof then focused on the major issues of improving health status. Citing statistics, she demonstrated the cost-effectiveness of disease prevention and health promotion. She spoke of the disparity in the health status of

the poor. She asserted that we must deal with the conditions of low income—housing, employment, education—factors that build health.

Since Dr. Lashof's talk Hillary Rodham Clinton's working groups have been sent home. The basic framework of the plan has been released. As is now known, it will be a variation of "managed competition," in which all belong to regional insurance-purchasing "health alliances." Besides the usual coverages, according to reports 100% of the cost of 70 specified preventive services including well-child care and mammograms would be covered. The health care plan does not address the conditions of low income such as housing and employment mentioned by Dr. Lashof, but the glimpses at the plan, coupled with the enacted economic blueprint, indicate an historic advance for justice in health and health care.

—Delfi Mondragón

## Teaching Ethics in Nursing

*Winifred J. Pinch, Ed.D., R.N. is a Professor at the Center, in the Schools of Medicine and Nursing. She serves on the Advisory Board to the American Nurses Association, Center for Ethics and Human Rights. Other research interests include the elderly's perception of ethical decision making, AIDS and confidentiality, and feminist ethics.*

One of the most rewarding aspects of teaching ethics is the opportunity to share one's research and other scholarly activities related to ethics with one's students. As a member of the Saint Joseph Hospital Ethics Committee, the Creighton University Institutional Review Board, the Nebraska Nurses' Association Ethics Committee, and the Advisory Board to the American Nurses' Association Center for Ethics and Human Rights, I have a pulse on selected nursing actions and concerns at the local, state, and national levels.

For example I am conducting a five year longitudinal research project with parents of high-risk neonates. In the Parent-Child Nursing course my retelling these parents' stories and dilemmas helps students to temper clinical decision making with knowledge about possible family perspectives.

In addition, my research project on ethical dimensions of treatment decision making by the elderly has multiple applications. Their perceptions provide important insights for students because so many of the acutely-ill hospitalized patients that students see are elderly. Furthermore, the older population is often the target of community health nursing projects. And there is a gerontological major in the graduate nursing program.

I use a variety of strategies when focusing on ethics in the nursing curriculum at the undergraduate and graduate level. Student experiences in the classroom and clinical settings provide challenges to explore both theoretical and practical aspects of ethical decision making.

In the nursing classroom, lectures and discussions draw on knowledge obtained by the students in courses completed to meet the values con-

sciousness requirement in the University's General Education Component. Ethical theories and principles, and selected critiques of these fundamental premises, are applied to issues related to a course's focus. For example, in the undergraduate nursing management course, dilemmas between and among nurses, patients, and other health care professionals that arise in relation to leadership responsibilities are targeted, so that whistle blowing is one ethical dilemma addressed in the course. In a graduate level course on chronic illness the debates surrounding extraordinary versus ordinary treatment frequently are included. The Health Care Issues Course combines both undergraduate and graduate students and is an ideal setting to explore some of the scholarly critiques of traditional approaches to ethical decision making. Current, high-profile dilemmas are used as test cases for determining the implications of traditional and less traditional approaches.

The clinical setting requires a somewhat different set of strategies for integrating ethical concerns in pre or post clinical conferences. The participants in these conferences vary from time to time. On most occasions, they include students and their clinical instructor. Sometimes staff nurses add another interesting dimension to the discussion. The different experiences of these nurses serve to remind students of their future roles and responsibilities in ethical decision making. These nurses provide enlightening examples of both positive and negative experiences related to ethics and the realities of clinical practice. Some of the issues addressed in past conferences included allocation of scarce resources; withdrawing and withholding life support, nutrition and hydration, and other treatments; access to primary health care; Do Not Resuscitate (DNR) orders; patient abandonment; and conflicts between family preferences and patient choices.

Ethical dilemmas across the entire life span and encompassing every clinical practice where students are assigned provide potential areas for discussion and debate. The ethical dimension of professional practice for students in the School of Nursing forms a theme throughout the program.

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### Announcements

5th Annual Women & Health Lecture, Byllye Y. Avery, The National Black Women's Health Project, November 9, 1993



5th Annual Hospital and Institutional Ethics Committee Workshop, March 18, 1994



Narrative Workshop, May 2, 1994. (See article by Brown and Haddad)



4th Annual Summer Institute on Ethics and Health Care, June 13 through June 17, 1994



Schedules are available for the Fall 1993 Clinical Ethics Series co-sponsored by the Center



For more information, please call 402/280-2017

## Logic of the Psyche

Kate Brown, Ph.D., is an Associate Professor at the Center, in the School of Medicine. Amy M. Haddad, Ph.D., R.N., C., is a Faculty Associate at the Center and Associate Professor and Chair of the Department of Administrative and Social Sciences in the Creighton University School of Pharmacy and Allied Health Professions.

*"How many dead babies must I hold?  
I feel shriveled and empty inside  
And wonder if the parents can tell?..."*

Our writing group is meeting for the first time. One of the members has brought a poem to read. She explains that she wrote the poem in the NICU, only hours after she held a baby taking the last breaths of life. Her voice cracks once as she reads aloud. Others around the table also feel the effects of her words. Her poem continues in aching clarity, a duet of cruelty and care familiar to all who work in such settings . . .

With support from the Nebraska Humanities Council and the Center for Health Policy and Ethics, the writing group will publish an anthology of our (and other women's) poems, stories, and dramatic vignettes

to provide caregivers and ethicists with a resource for literary discussions, moral reflection, and creative expression about ethical dilemmas in health care. On May 2, 1994, the writing group will hold a day-long public workshop for others interested in writing and using narrative in bioethics.

The project builds on a growing appreciation of the role of emotions, relationships, power dynamics, diversions, scarce resources, bureaucratic constraints, ambiguity, and happenstance play in ethical considerations. Stories, poetry, and plays have the power to engage readers in the thick of an ethical dilemma, as though we ourselves were participants in the drama. A dynamic relationship is established between the author's words and the reader, providing a rich springboard for interpretation and personal reflection.

The writing group's intent, therefore, is to call forth the messy, real life features of ethical reasoning in our writings— or, in the words of Carol Gilligan, to provide a source for

moral reasoning that is guided by the "logic of the psyche... an associative logic, the free flowing logic of dreams, poetry, and memory." Our anthology will provide an important and rare (if not the only) collection of women's writing for ethicists and health care professionals.

The group consists of seven women from different health professional backgrounds who share a love of literature and writing.

Perhaps you have written something suitable for the anthology yourself? We would love to review your stories, poems, "thick" cases, or plays for possible inclusion in the anthology. Please send them to us in care of the Center for Health Policy and Ethics.

### Focus

*Focus* is published twice a year in the Spring and Fall by the Creighton University's Center for Health Policy and Ethics, Criss II, Room 232, 2500 California Plaza, Omaha, NE 68178; Telephone (402) 280-2017.

Editor . . . . . Ruth B. Purtilo, Ph.D.

**CREIGHTON  
UNIVERSITY**



Center for Health Policy and Ethics  
2500 California Plaza  
Omaha, Nebraska 68178

#### Faculty

Kate H. Brown  
Charles J. Dougherty  
Amy M. Haddad  
Robert J. McQuillan  
Delfi Mondragón  
Winifred J. Pinch  
Ruth B. Purtilo

#### Staff

Nanci J. Borg

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