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The

# CENTERLINE

A NEWSLETTER OF THE PARK RIDGE CENTER FOR THE STUDY OF HEALTH, FAITH, AND ETHICS

*From the President*

## Health Care Reform: An Act of Faith?



Laurence J. O'Connell,  
President and CEO,  
The Park Ridge Center

The failure of the president and Congress to initiate any meaningful restructuring of the American system of health care delivery is disappointing. That opinion is shared by most people who care deeply about health care in the United States, whatever their political persuasion.

If politics is the art of compromise, what prevented politicians from achieving an acceptable consensus? Political pundits have been busily assigning blame. The subversive maneuvers of individual politicians, the election-year tactics of the major political parties, the influence of special interest groups, as well as the length and complicated nature of the Clinton proposal are frequently listed as the culprits. These factors may have contributed to the collapse of health care reform, but I would conjecture that there is a deeper, more pervasive force at work that supports these individual elements of divisiveness.

The divisions that mark the health care debate are symptomatic of a deeper reality: We live in a morally and culturally diverse society that is increasingly polarized. It should be no surprise, then, that politicians are incapable of crafting legislation on health care reform. They simply reflect the lack of moral consensus in the nation and thus give concrete visibility to the seriously conflicted soul of the body politic. When the U.S. Congress declared health care reform dead in 1994,

it sent a message to the whole nation: Coherent public policy demands we give substantially more attention to identifying foundational values and then building a broad ethical infrastructure that will support needed reforms.

Without a sense of shared values with regard to particular areas of concern, the political process lacks direction. It is vulnerable to the particular interests of individuals and groups. These individuals and groups, and the values they embrace, gain strength until they can shatter any collective vision. Health care reform failed at this juncture because we could not cut through competing interests to a deeper level of our common life.

Until we surface, acknowledge, and critique competing moral values and establish major priorities, meaningful health care reform will elude us. It is important to understand those underlying values that divide us as well as the shared values that might serve as the moral foundation of a new approach to health care.

Civic-minded institutions—churches, hospitals, foundations, corporations—need now to create the space, both physical and intellectual, where competing values can be brought to the surface and evaluated in terms of their effect on critical public issues such as health care reform. For example, the traditional American value of individualism deserves reassessment in light of the need for a shared sense of social responsibility. We need not abandon our treasured individualism, but the current crises in health care requires that we reconceive our understanding of it.

Since its inception, the Park Ridge Center has recognized and worked with important communities of moral reflection: religious institutions, health care

organizations, schools and seminaries, professional societies, and more.

Religious congregations, in particular, are logical places to facilitate education and reflection on the values associated with health and healing. First, congregations are locales where many people seek information, discuss questions, and find meaning. Second, congregations draw on enduring traditions of religious reflection and practice related to health and healing. Third, congregations are composed of a diverse population. Fourth, congregations are one of the few remaining forms of community. Finally, congregations can model the truly communal nature of health and healing and promote activities that foster well-being.

Religious congregations will have an even greater role if they work with one another and with other civic-minded organizations. We need each other to determine appropriate moral insights and shared values. Belief in the timely emergence of a renewed, more adequate health care system in the United States requires a genuine act of faith and the willingness of the faithful to act.

### *In this issue:*

- What is clinical ethics?
- *Second Opinion* focuses on health and violence
- Achenbaum joins the Center as new scholar in residence



# RESEARCH

## Senior Associate Dan Dugan discusses clinical ethics

*Daniel O. Dugan, Ph.D., senior associate for healthcare ethics and director of the Center's Healthcare Ethics Consulting Service (HECS), was recently interviewed on the topic of clinical ethics. Dugan shares his perspective below and explains the Center's program.*

**CenterLine:** What is clinical ethics?

**Dugan:** Doing clinical ethics in health care settings is a means of assisting patients, families, providers, and administrators with difficult choices, when trade-offs among matters of importance must be made. It is ethics practically applied, in the form of educational programs, case consultations, and policy review and development—all with the aim of enhancing the ethical quality of patient care.

Clinical ethics helps to identify, clarify, and analyze ethical problems and to resolve conflicts regarding those problems when they arise—sometimes by providing relevant information (legal, health policy), sometimes by improving the quality and tone of communications, sometimes by suggesting educational or policy initiatives, and always by providing a forum for a respectful exchange of concerns and suggestions by all persons involved in a particular situation.

**CenterLine:** How are clinical ethics programs structured in health care settings?

**Dugan:** A clinical ethics program can take the form of an ethics committee, an ethics educational program sponsored by a local medical school or university, an ethics consultation team, or an individual ethics consultant. Some ethics programs coordinate two or

more of these forms. All ethics programs evolve in the context of the particular cultures of the organizations they serve.

**CenterLine:** How can clinical ethics programs “make a difference” to patients, families, and health care providers?

**Dugan:** The existence of such a program signals an organization's aware-

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“Clinical ethics programs  
signal an organization's  
awareness of the human  
side of health care.”

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ness of the human side of health care, sending a message to everyone that doing right by patients and families is central. This message is “delivered” in a variety of ways:

- when a group from the ethics committee meets with a physician and the parents of a dying child to assist in deciding how much longer to “try everything”;
- when the family of a 91-year-old man with many health problems meets with an ethics consultant to decide whether they should authorize major surgery;
- when an ethics committee sponsors an all-day workshop for physicians and nurses from the ICU to foster deeper appreciation of one another's feelings and perspectives on end-of-life decision making;
- when the ethics committee helps the staff from dialysis services develop a better form for patients to indicate their wishes for treatments should they ever be unable to speak for themselves.

**CenterLine:** How is the Park Ridge Center's ethics consulting service unique?

**Dugan:** Our program is a clinical arm of a well-established ethics center distinguished for its research and publications. It differs, first, in structure. Most other ethics consulting programs are based in academic or medical centers. Most other ethics research and publication centers do not offer clinical ethics consulting services. Second, it differs in mission. The Center's program actively fosters an appreciation of multiple religious and cultural perspectives in ethical decision making, working constructively and creatively with religious values when they contribute to ethical dilemmas or concerns (for example, abortion policies). Finally, our programs differ in the range of services. The Center's program can draw on the expertise of the Center's research staff to help clients with their specific needs.

**CenterLine:** What challenges are on the way for clinical ethics programs in health care organizations?

**Dugan:** Health care reform, whatever its eventual shape, means that patients, families, physicians, and other health care providers will interact in managed-care environments. The orientation in these environments is toward quality care with an emphasis on cost effectiveness, efficiency, and outpatient services. New mechanisms for protecting patient well-being and nourishing the traditional ethical commitment of physicians to their patients will need to evolve. In this new environment, the challenge will be to eliminate ineffective and marginally effective treatments and to distribute available resources ethically. Ethics programs can help.



# PUBLICATIONS

## ***Second Opinion* focuses on health and violence**

The October issue of *Second Opinion* addresses the spiritual roots and consequences of violence, now recognized as a significant health problem worldwide.

### **"Female Circumcision/Genital Mutilation and Ethical Relativism,"** by Loretta M. Kopelman

The ritual practice among some cultures of excising parts of the female external genitalia has been the subject of heated debates. The author addresses the arguments of those who hold that intercultural criticism has no moral authority, but finds herself in agreement with the World Health Organization and the American Medical Association—both of which advocate eradication of the practice.

### **"On the Genesis of Hate: An Interview with Elie Wiesel"**

In this sobering reflection, Holocaust survivor Elie Wiesel identifies fanaticism as the most serious threat to world peace. He delves into the origins of racial hatred and compares its tenacity in society to the tenacity of cancer in the body.

### **"Surviving Sexual Assault,"** by Susan J. Brison

By telling her story of enduring a near-fatal sexual assault, the author hopes to expose the lie that women can remain safe if they don't do anything "foolish." She describes the reaction of family and friends, the societal myths and silences that surround sexual violence, and the long road of recovery.

This article is followed by a theological response to the horror of rape, drawing on the story of Job and the parable of the Good Samaritan. In other stories in the issue, a former Marine platoon



Innocence (also Tessie-Essie). Oil on canvas by Joseph Delaney, 1935.

Collection of the University of Arizona Museum of Art. Gift of C. Leonard Pfeiffer. Reproduced in *Second Opinion*, October 1994.

leader describes killing in the line of duty and compares the killings to euthanasia. In an article titled "Guns and Voices," professor of philosophy Drew Leder interviews inmates about issues of power, faith, and crime. And, in the Case Story section, a pastor tells how his experience of illness brought new insight to his own ministry and new strength to his own faith.

## ***Second Opinion*— January 1995 issue**

This issue will feature several articles prepared in conjunction with a project on population, consumption, and the environment that was funded by the Pew Global Stewardship Initiative.

*Second Opinion* is sent to all subscribing members of the Center.

Back issues of *Second Opinion* may be purchased individually; contact the Center for details.

Also in the issue: a pastoral counselor considers whether some people are too wounded to function as "wounded healers"; a physician outlines the Jewish view toward two ethical dilemmas relevant to AIDS—the duty to treat and the duty to inform; a professor of religion critically examines the new reproductive technologies from the Buddhist perspective; two sociologists explore to what extent moral relativism prevents American society from having broadly shared notions of right and wrong; finally, our Case Story author tells of a dawn run to a terrifying finish.

## **New book published on health and medicine in the Evangelical tradition**

Leonard Sweet's *Health and Medicine in the Evangelical Tradition*—the thirteenth volume in the Center-sponsored series *Health/Medicine and the Faith Traditions*—was published by Trinity Press International in August. The series, edited by James P. Wind and Martin E. Marty, explores ways in which major religious traditions relate to the questions of human well-being.

Sweet, chancellor of United Theological Seminary in Dayton, Ohio, offers the first extensive study of evangelicalism in its connection to a wide range of health issues. One purpose of the book is to enable health care professionals, who themselves come from various religious traditions or perhaps none, to serve their evangelical patients with greater sensitivity. Another purpose is to help evangelicals understand their tradition more fully.

Sweet assigns four characteristics to evangelicalism: biblical faith, the primacy of a personal relationship with God through faith in the atoning death

(continued on back page)



# CENTER NEWS

## Mrs. Arthur J. Feicht: longtime friend of the Center



Mrs. Arthur Feicht with Jim Mueller of the Center staff.

Mrs. Arthur J. Feicht has had a long association with the Park Ridge Center. In one sense she is a founder: It was through her generosity that the Center was able to begin creating its library and to publish its first volume, *Health and Medicine in the Lutheran Tradition*. When asked how her faith relates to her health, Mrs. Feicht replied, "Faith is the strongest thing in the world for illness. I don't know how I would get along without faith in God and realizing that our prayers are definitely being heard. They have certainly helped me in all my years."

Mrs. Feicht graduated from Northwestern University, Evanston, Illinois, with a degree in economics and social sciences. She was the first woman to become a registered securities broker in Chicago. Even in a male-dominated business environment, she earned a reputation as a savvy businesswoman. In 1961 she joined the Union League Club, becoming one of the first women members.

Mrs. Feicht grew up in Oak Park, Illinois, and has long been an active member of Grace Lutheran Church in River Forest, Illinois.

## Center hosts first annual conference on clinical ethics

The Center's Program in Clinical Ethics and Medical Humanities (CEMH) hosted its first annual conference on clinical ethics, "Perspectives in Medical Futility: How Faith and Culture Motivate Patients' Demands for Futile Treatment," on November 3 and 4. A multidisciplinary, multicultural audience composed of clinicians, social workers, pastoral care staff, administrators, attorneys, clergy, and the laity participated in discussions and interactive workshops led by nationally known experts in medicine, nursing, theology, anthropology, philosophy, and pastoral education.

Until recently, discourse on medical futility has centered on the clinical conditions, definitions, and boundaries of medical futility, with little consideration of patients' values and beliefs. This conference was unique in its exploration of the cultural and faith aspects of medical futility, and participants gained a greater understanding of how cultural factors and beliefs influence patients' decision making and drive their requests for medically futile treatments.

## Evening Conversation held on the public obligation of the professional

On November 16, William F. May, Cary M. Maguire University Professor of Ethics at Southern Methodist University and author of *The Physician's Covenant* and *The Patient's Ordeal*, gave a presentation, "The Beleaguered Ruler: The Public Obligation of the Professional," at an Evening Conversation at the Center.

May pointed out that the modern professional sits on a somewhat shaky throne. On the one hand, lawyers, doctors, academicians, business leaders, and other professionals wield enormous power. We might number them among the members of the ruling class. Yet, they do not perceive themselves as power-wielders. They feel marginal, insufficiently appreciated, suspect, harassed, and under siege. Thus they tend not to recognize their own public duties as leaders. They often wield public power for private purposes; that is, they become careerists. This weakened commitment to the public weal is a departure from classical understandings of vocation and profession. It diminishes morally the practitioners of professions and impoverishes their service to the common good.

The discussion explored the terms *profession*, *vocation*, and *career* and offered some applications to medicine, law, business, and other professions. If you are not currently receiving invitations to our Evening Conversations and would like to, please contact Kirston Fortune at the Center.

### 1995 Evening Conversations

**January 25** – Sheila Lyne, R.S.M., commissioner, Chicago Department of Health

**March 23** – Dena S. Davis, J.D., Ph.D., assistant professor of law, Cleveland-Marshall College of Law

**June 13** – William J. Arnold, M.D., chair, Department of Medicine, Lutheran General HealthSystem, and David Edelberg, M.D., founder, Chicago Holistic Center



# CENTER NEWS

## Achenbaum joins Center as new scholar in residence

The Park Ridge Center welcomes W. Andrew Achenbaum, Ph.D., professor of history and deputy director of the Institute of Gerontology at the University of Michigan, Ann Arbor, as its Scholar in Residence for Ethics, Values, and the Meaning of Aging for the 1994-95 term. During the year,



W. Andrew Achenbaum, Ph.D., the Center's new scholar in residence for the 1994-95 term.

Achenbaum plans to write a book titled *Wise Elders: A Study in Gerontology, History, and Religion*. In it, he will examine the lives of a number of individuals born between 1880 and 1910 and about whom several biographies or autobiographies have been written. The book will emphasize the choices associated with critical developments in his subjects' lives, and Achenbaum hopes that the lessons of his book will encourage undergraduates to become both more deliberate and more introspective about choosing their own paths through life.

## Spirituality and aging conference series continues

The Park Ridge Center is offering a series of conferences on aging and spirituality. On June 9, in a conference cosponsored by the Mather Foundation,

participants explored "New Programs, New Possibilities." Through formal presentations and group discussion, the assembly examined the unique spiritual tasks and contributions of the aging and examined how current programs for the elderly support or fail to support the spiritual dimensions of their lives. The participants also explored some innovative ideas for creating in later life spiritual communities similar to monastic communities.

On October 14, a second symposium, "Body, Mind, Spirit: Dimensions of Spirituality and Aging," was held. Drew Leder, M.D., Ph.D., W. Andrew Achenbaum, Ph.D., and Besty Dolgin Katz, Ed.D., led discussions on, respectively, viewing aging—with its diminishments and insights—as a spiritual path; hope, suffering, and the story of Job as an example of the promises and pitfalls of a spiritual journey; and the Jewish tradition of writing ethical wills to explore one's experiences and their meaning. For more information on the series contact Deborah Harris-Abbott at the Center.

## Health and Medicine among the Latter-day Saints wins best-book award

The Park Ridge Center publication *Health and Medicine among the Latter-day Saints: Science, Sense, and Scripture*, by Lester E. Bush Jr., recently won an annual Mormon History Association best-book award. Bush, a physician and recognized scholar of Latter-day Saint intellectual history, examines Mormon teaching relating to dying, well-being, healing, madness, sexuality, caring, and morality. He illuminates the past, present, and future of Mormon thinking on these themes by analyzing in detail the authoritative guidance issued by the church hierarchy during its 150-year history.

## Center cosponsors conference on ethics and health care

The Third Annual Chicago Conference on Ethics in Healthcare Institutions was held August 11 and 12. The meeting was cosponsored by the Park Ridge Center and Loyola University in cooperation with the Chicago Clinical Ethics Programs and the Institute of Medicine of Chicago. The purpose of the conference is to provide a forum for ethics committee members to educate themselves about current developments in clinical ethics and to meet and exchange information with colleagues in other organizations. Center staff members Felicia Miedema, Dan Dugan, Ron Hamel, and Bob Moss gave presentations on mediation strategies in resolving ethical dilemmas, practical approaches to physician-family conflicts regarding futile treatments, models of ethics consultation, religious diversity in ethical decision making, and advance directives. More than 120 persons attended, many from ethics committees in Chicago-area hospitals, skilled nursing facilities, and home health care agencies.

## Organ transplantation book to be published

*Meanings and Realities of Organ Transplantation*, coedited by Renée Fox, Laurence J. O'Connell, and Stuart Youngner, is the soon-to-be-published book on the findings of a Center research project. The project involved scholars from a broad range of disciplines in a collaborative effort to study the deeper cultural, religious, and social factors in human organ transplantation.





On July 19, the Park Ridge Center presented the document "World Religions and the 1994 United Nations International Conference on Population and Development [ICPD]" to Dr. Nafis Sadik, secretary general of the ICPD and director of the U.N. Population Fund, at the United Nations Building in New York. The document is a report of an international, multifaith consultation convened by the Center in Genval, Belgium, to address the constructive role major religious traditions can play in the formation of international policy regarding population and development. Participants included (left to right) Larry L. Greenfield, Christine Gudorf, Martin E. Marty, Nafis Sadik, Laurence J. O'Connell, K. L. Seshagiri Rao, and Amy L. Girst.

If you have a comment or suggestion or if your address has changed, we'd like to hear from you. Please write or call James E. Mueller, Editor, *The CenterLine*, c/o The Park Ridge Center, 211 East Ontario, Suite 800, Chicago, Illinois 60611. Phone: 312-266-2222; fax: 312-266-6086.

## Achenbaum takes a closer look at bioethics

W. Andrew Achenbaum, the Center's newest scholar, undertook a "crash course" in bioethics, using the Center's *A Matter of Principles?* (Trinity Press, 1994) as his text. Here he offers his reflections on the book.

The Encyclopedia Britannica describes a *vade mecum* as "one of the few generalizing influences in a world of overspecialization. It serves to recall that knowledge has unity." Works like *A Matter of Principles? Ferment in U.S. Bioethics* (edited by Edwin R. DuBose, Ron Hamel, and Laurence J. O'Connell) can orient a newcomer like me to major problems and key operational concepts in a field. During my first day at the Park Ridge Center, where I will be a fellow this year, people around the

table kept talking about getting "beyond principlism." It sounded like code. So I borrowed *A Matter of Principles?* eager to build a reading list and hoping for insights into the Center. When I finished the volume, I understood better the ferment in U.S. bioethics.

As a historian and gerontologist who reads eclectically, I knew several contributors to the volume—Christine Cassel, James Childress, Richard A. McCormick, and Stephen Toulmin. And, having studied paradigm shifts in other disciplines and professions, I was not surprised that feminist, African-American, and Latin American liberationist critiques were challenging the prevailing ethos and principles of U.S. bioethics. But there was common ground in *A Matter of Principles?* Nearly all of the contributors recognized the importance of religion. Faith traditions honor the voices and person

hood of those who suffer physically, emotionally, and mentally. They also help those who try to discern meanings in the human face of suffering itself. *A Matter of Principles?* is a valuable *vade mecum*.

## Evangelical book published

(continued from Publications page)

and resurrection of Jesus Christ, a high priority on evangelization, and a belief that truth is more than private meaning. He then shows how the evangelical understanding bears on questions related to faith, sin and suffering, theodicy, sexuality and morality (including abortion), cleanliness, prayer and healing, and aging and dying.

To order a copy of the book, contact Trinity Press International, P.O. Box 851, Valley Forge, PA 19482-0851; phone: 1-800-421-8874; fax: 215-768-2107.

## The CenterLine

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