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The CENTERLINE

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

From the President

Challenging Times, Creative Opportunities



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

The Park Ridge Center was established at a time when the U.S. healthcare system was moving into a period of protracted change and reconfiguration. In its early years the Center was a conduit for the research and writing of scholars and practitioners who were exploring the interface of health, faith, and ethics. We focused upon the spiritual and religious concerns of clinicians and their patients as they encountered illness and sought health and healing. *Second Opinion*—our award winning journal—and other publications were born of the desire to create a place for relating ethics and faith to health issues and illustrating how beliefs shape health-related decisions.

Although we anticipated significant change in American health care in 1985, its scope and swiftness were difficult to predict. In 1996 the reorganization of healthcare delivery systems is radical and irreversible. The rapid development of managed care, the growing presence of investor-owned healthcare corporations, the reorganization of major programs like Medicare and Medicaid, the concerns about the viability of many religiously sponsored healthcare institutions, and the myriad other shifts in the structure, financing, and delivery of health-

related services have shifted the center of gravity. These changes present unprecedented challenges to those who believe that quality health care must be infused with deep humanitarian values and spiritual sensitivities. Something as basic as the patient-physician relationship must be safeguarded, just as the impact of humanistic and religious values on broader systemic issues needs sustained attention.

As the healthcare environment has evolved, the Park Ridge Center has adapted to the change, making necessary adjustments. Our mission to explore and foster the relationship of health, faith, and ethics in the lives of individuals and communities is ongoing; how we carry out that mission is open to constant revision. Thus, we are initiating changes that will align our work with the emerging patterns of individual behaviors as well as the ongoing social and political transformations of our healthcare system. We are promoting an active and formative role for religion and spirituality within emerging structures.

To meet the demands of the new environment and expand our reach, the Center is developing a broad, sophisticated communications strategy. It will include the printed word but move well beyond it through the use of various media and new technologies. We are determined to find new, creative, and appealing avenues for the pursuit of our mission. By redeploying our resources, we hope to reach larger audiences in a more effective, timely fashion. Moreover, as our own schol-

ars, consultants, educators, and other team members position the Center for the future, they are creating integrated working patterns and drafting plans for a new generation of research projects, public engagements, and clinically based initiatives. With the addition of senior staff in the areas of communications and institutional advancement, we will enhance the dissemination of our work and garner support for our ambitious vision.

One area of special interest will comprise initiatives in health care delivery. For example, we will work with healthcare managers as they strive for consistency between their own faith commitments and their daily work. We will continue to explore the implications of religious belief and spirituality in the clinical setting, and also launch a program designed for trustees of faith-based healthcare institutions. These and many other projects at the crossroads of health, faith, and ethics—palliative care, intergenerational health, women's health, institutional ethics, managed care, and congregational life—are rapidly moving towards implementation. We anticipate an exciting year ahead. Your reflections and suggestions are welcome, especially at this time of constructive change.

In this issue:

- Senior Vice President Appointed
- Meaning of Aging Scholar-in-Residence Program Extended
- Rituals and End-of-Life Care

CENTER NEWS

New Senior Vice President Appointed

CenterLine: *Why did you choose to come to the Park Ridge Center?*

Boyle: Amidst my recent upheaval—buying a handy-man special home here, selling a comfortable one on the Hudson River, packing, unpacking, sorrowful good-byes, anxious hellos—one might assume this is not the best time to ask my reasons for coming to the Park Ridge Center. Surprisingly, it is a good time. What the Park Ridge Center has to offer

by way of research opportunities, educational impact, clinical influence—and the added delight of thoughtful, provocative colleagues—far outstrips the passing disturbances. Most alluring, the Center provides a rare opportunity to investigate the underexplored relationship among faith, health care, and ethics. To the mainstream discipline of bioethics, religion and spirituality are often simply peripheral, or at best, they are niche issues. Any sojourner in these United States can hardly avoid sensing how deeply and widely religion cuts through our nation's life. As a person who is curious about, if not engulfed in, the issues raised by religion in life and public controversy, I could think of no better place to spend my working hours than at the Park Ridge Center. The Center's mission is to understand and interpret how religion affects health care, and vice versa.

CenterLine: *What excites you about the work of the Center?*

Boyle: A community of serious scholars who work in an interdisciplinary fashion that balances faith and pluralistic society,



Philip J. Boyle, Ph.D., Senior Vice President and Editor-in-Chief

theory and practice, research and education, all in an effort to make religion practical in patients' and healthcare professionals' lives. Equally enticing is the way the Center works—practitioners mix with scholars in a setting that encourages all to think outside the box, where all ideas receive respectful attention.

CenterLine: *What are the emerging issues?*

Boyle: To name a few: new healthcare systems, new technologies such as genetics, new attitudes towards death and dying. These pose momentous ethical challenges to faith. As faith-sponsored healthcare systems wade into the rapidly evolving managed-care environment and as believers of every tradition are professionally challenged by this environment, old notions such as how to blend religion into a pluralistic society face uncharted moral terrain. The new technologies of nanomedicine, including genetics, are uncovering microscopic details about human life. As this research uncovers information about the physical causes of behavior—that religions have traditionally praised and blamed—religious doctrines about free will and human identity are turned topsy-turvy. New perspectives on dying, most notably clinician-assisted suicide, raise questions for members of denominations who do not speak in unison either among themselves or with each other. Many issues that involve faith and health remain unresolved, including population, sexuality, beginning of life, end of life, and justice for the disenfranchised.

Given this list of issues—new and unresolved—the Park Ridge Center can make significant advances, both intellectually and practically. It will continue to address fundamental controversies of faith, ethics, and health as it makes this research and education accessible in clinical consultation, educational programs, and publications geared to our constituents.

CenterLine: *What is your expertise?*

Boyle: After completing an M.Div. and an S.T.L. in moral theology I had the good fortune to obtain a doctorate in the history of religious ethics, writing on the noted theologian and bioethicist Paul Ramsey. Before coming to the Center, I served as Associate for Medical Ethics at the Hastings Center where I directed interdisciplinary, multi-year projects. The topics ranged from managed care, technology assessment, managed mental health resource utilization, nursing homes, ethics committees, the Patient Self-Determination Act, and setting priorities for genetic services. Before that, I taught—medical students, physicians, nurses, and hospital administrators—at St. Louis University Medical School. I love to teach, to wed clinical practical concerns with theory, and to explore uncharted theoretical issues such as those found in managed care.

CenterLine: *What do you see on the horizon?*

Boyle: The next five years offer everyone in our field expansive opportunities, given the current state of the healthcare system and advances in biotechnology. For the Park Ridge Center, some specific questions emerge. What does it mean to be a faith-based, managed care organization? How will biotechnology or new provocative clinical practices challenge religions? These questions describe opportunities; we must respond practically. The Center does well in what might be called public theology, that is, marrying faith and spirituality to the lives of patients and healthcare professionals. Our task in the coming years will reflect the climate in faith and healthcare. Expanding interest in the connection between personal spirituality, health, and professional life will set an agenda for us that is at once expanding, exhilarating, and deeply satisfying—both intellectually and spiritually.

RESEARCH

Advocate 2000

In the rapidly changing health environment, the Park Ridge Center has found a natural laboratory—its sponsoring organization Advocate Health Care, a fully integrated, faith-based healthcare provider.

In a multi-phased research and education project, Center staff members are examining how faith operates both practically and conceptually in Advocate, reflecting on a vision of how faith should operate within the system, and developing a detailed plan to realize that vision.

Center staff members

are examining how

faith operates both

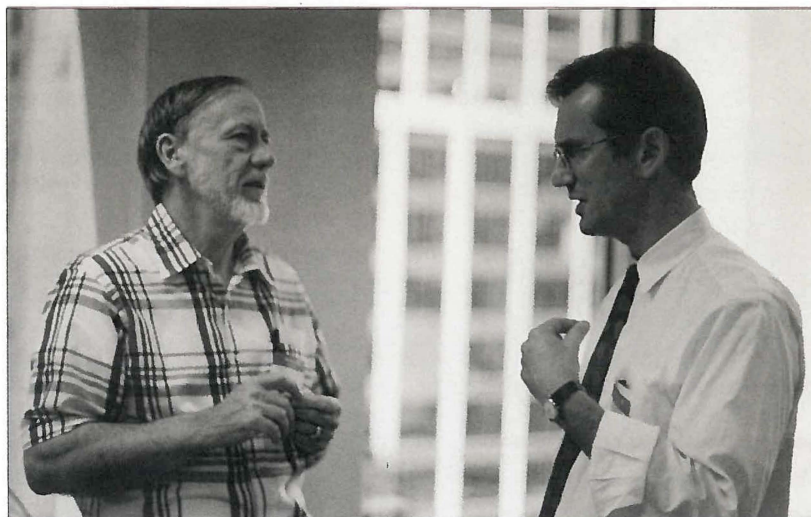
practically and

conceptually in Advocate.

In phase one, 60 professionals throughout the system reflected on the nature of being a faith-based healthcare system. Two separate teams of eight participants, including Advocate staff members, healthcare practitioners, and research scholars will review the findings and develop position papers that can inform policy and practice within a faith-based healthcare system.

Religion, Sexuality, and Public Policy

Faith communities are exhibiting strong public interest and activism on issues of sexuality and public policy. They have a particular interest in developments in reproductive tech-



In August, the Park Ridge Center hosted Clinical Pastoral Education (CPE) students and supervisors from around Advocate for a day-long program on the pastoral perspective and role in clinical ethics. Pictured are the Rev. Jim Gibbons, Vice President of Pastoral Care and Education, and Dr. Ed DuBose, Clinical Healthcare Ethics Support Services Consultant at the Center.

nologies, fertility regulation, new sexual and gender identities, and global population stabilization.

Little is known, however, about the ways different religions have traditionally understood sexuality. The paucity of information is dangerous, especially for those who seek to formulate and implement public policy. What is known is that religious leaders can marshal significant forces either as implementors of change or as sources of resistance against it.

After an exploratory phase of a project funded by the Ford and MacArthur foundations, the Park Ridge Center is poised to address the moral terrain it has mapped out. In phase two, project participants will generate an exhaustive bibliography on religion and sexuality, produce a series of handbooks that will provide accessible and useful information on religion and sexuality, and publish a book describing the concepts fundamental

to the public policy discussion of religion and sexuality.

End-of-Life Care

The Park Ridge Center continues its commitment to end-of-life research and education. A project entitled “Rituals and End-of-Life Care” has two foci. One seeks to describe and understand religious rituals and common daily medical practices that function as rituals. Another investigates what kinds of ritual would provide the most meaning and comfort, thus improving the care of the dying.

A second project examines the metaphorical nature of the concept of futility which has been used frequently in the care of the dying.

A final project under construction examines ways to avoid the protracted conflict that might arise in religion and public policy over the current physician-assisted suicide debate.



Maggie Daley to Co-chair President's Council

Maggie Daley, president of the Pathways Awareness Foundation in Chicago, will co-chair the President's Council in its inaugural year. The Council has been established to advise the president on important decisions, assist with strategic planning, and help secure financial support.

Retirement Research Foundation Extends Grant

The Retirement Research Foundation has awarded the Park Ridge Center \$165,200 for the second phase of its scholar-in-residence program for ethics, values, and the meaning of aging. In 1993 the Foundation funded phase one.

During the next two years the Center will invite scholars to address issues of meaning in aging in four specific areas while continuing to design and implement dissemination strategies for the work already completed by previous scholars.



The CenterLine

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for the Study of Health, Faith, and Ethics*

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Editor
James E. Mueller

Production
Lisa M. Jevens

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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

We apologize if you receive duplicate copies of *The CenterLine*.
Please pass your extra copy on to a friend.

Your gifts are important.

Contributions to the Center's general fund allow us to continue public forums like our evening conversations. Through your generous gifts we have been able to host Andrew Greeley, Huston Smith, and many others. Your gifts also underwrite the costs of workshops, newsletters, and research assistants, as well as computers, faxes, and copy machines—all of the threads that make up the fabric of the Center. As you reflect upon your philanthropy this year, we hope you will consider the Center in your plans. Thank you.

**Northern Trust Bank of Florida will co-sponsor the third annual
Park Ridge Center Naples Symposium on March 20-21, 1997.**

CLINICAL HEALTHCARE ETHICS SUPPORT SERVICES

CHES Staff Members Assist Organizations with Palliative and End-of-Life Care

Those who led the Robert Wood Johnson Foundation's SUPPORT (Study to Understand the Prognoses and Preferences for Outcomes and Risks of Treatment) project sought to develop a clinical intervention that would improve the care of hospitalized patients at the end of their lives.

Specially trained nurses provided attending physicians with printed information about the prognoses and treatment preferences of patients and facilitated communication among physicians, patients, and families.

The SUPPORT investigators learned, to their dismay, that improving patients' end-of-life care in the hospital is a far more difficult and complex task than even they as veteran clinicians and teachers had imagined.

During the course of the study, a heated ethical debate over questions of medical futility was emerging: Are clinicians and institutions obligated to provide aggressive care that physicians consider to be futile or non-beneficial? If the patient or the family demand such treatment be provided, should patient autonomy or family demands overrule the medical judgment of knowledgeable physicians?

Although the futility debate has been driven by concerns of providers, many patients and families have found that futility aptly describes life-prolonging treatments that overzealous or overcautious clinicians urge upon them. Many in this debate question whether the term futility can be defined with sufficient clarity—or whether adequate consensus

can be achieved among the parties involved—in order for it to be ethically serviceable.

Assessing Care

Because such issues are painfully real to patients, families, and professionals in the hospitals it serves, the Park Ridge Center's Clinical Healthcare Ethics Support Services (CHES) team has undertaken several initiatives to help client organizations evaluate and enhance the quality of end-of-life care they provide.

Within Advocate Health Care, Center President Laurence O'Connell and members of the CHES staff, with the sponsorship of the council of hospital medical staff presidents, conducted a series of focus groups in which physicians, nurses, and lay members of congregations were asked (a) how they assess the quality of care provided or received during critical illness, and (b) how they believe the delivery of care might be improved. While the answers echo aspects of the SUPPORT study's findings, they also point in other directions—particularly the importance to patients of (a) the availability and support of attending physicians, (b) sensitive communication, and (c) palliative care as a viable care pathway.

During the same period CHES staff members provided educational resources to and leadership for task groups sponsored by Advocate's systemwide ethics council so they could consider futility and end-of-life care policy issues in a faith-based health-care system.

In addition, members of the CHES consulting staff have helped a client hospital develop a comprehensive framework to correlate a patient's diagnosis and prognosis with appropriate care, in order to avoid

the kind of over treatment that the support study showed is all too common. When cast in the form of guidelines for clinicians, this framework can be used—especially in tandem with continuous quality improvement (CQI) and quality monitoring methods—to assist medical decision making and to track the progress of patient care.

A carefully crafted resource manual on communication through the continuum of care, complete with sample scripts, is being developed as a practical guide to assist residents and attending physicians who must initiate and conduct the sensitive discussions required for care of both patient and family.

Reframing Palliative Care

Because palliative care refers to any care or treatment that alleviates pain and distress for patients, it encompasses the whole spectrum of care from curative therapy to comfort care, from the physical care of the body to care of relationships, emotions, and the soul. CHES staff members have worked with a client organization to develop a comprehensive palliative care policy, extensive guidelines for implementation of the policy, and a multidisciplinary palliative care team whose members are prepared to respond to the multiple dimensions of pain, distress, and suffering.

While each of these CHES initiatives is distinct, taken together they point to a vision of care that is sensible, humane, and aware of the vital relationship between health, spirituality, and ethics. CHES staff members encourage clients to recognize this relationship and its importance in providing care that truly meets the breadth and depth of patient and family needs.

CENTER NEWS

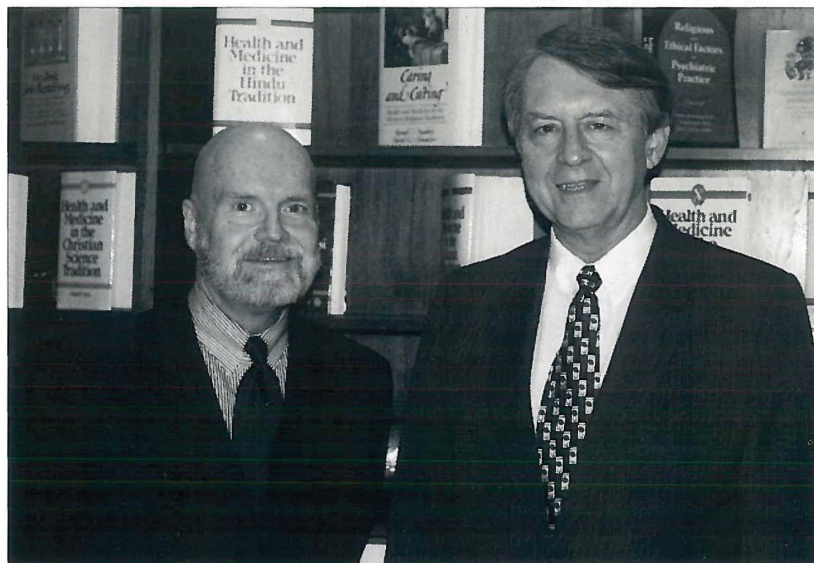
Popular New Handbook Series

The Center's *Religious Traditions and Health Care Decisions* series has proved to be popular among healthcare workers. In the last few months over 1,000 copies have been sold. At \$4.95 each they serve as practical, easily accessible references on the beliefs and moral positions of religious traditions regarding various clinical issues and procedures.

Each booklet contains a historical synopsis, the fundamental beliefs of each tradition as they relate to health care, positions that each tradition takes on selected procedures or issues, and a discussion of the observances and practices that related to care of the sick. Booklets are now complete on the following traditions: Catholic, Christian Science, Episcopal, Jehovah's Witness, Jewish, Latter-day Saints, Lutheran, Methodist, and Seventh-day Adventist. To place an order call the Center or send us a fax at 312-266-6086.

Must We Suffer Our Way to Death?

Must We Suffer Our Way to Death? Cultural and Theological Perspectives on Death by Choice, was recently published by Southern Methodist University Press. The newest Center-sponsored book is the first contemporary study of assisted death to integrate insights from ethics, theology, philosophy, medicine, law, and sociology. This collection of essays provides a broad framework within which to weigh arguments for and against the practices of assisted suicide and



Larry L. Greenfield, Ph.D., Research Scholar at the Park Ridge Center, and William R. LaFleur, Ph.D., Joseph B. Glossberg Professor of Humanities at the University of Pennsylvania.

euthanasia in the United States. Contributors to the volume are Christine K. Cassel, James M. Childs, Jr., Nicholas A. Christakis, Elliot N. Dorff, Edwin R. DuBose, Arthur W. Frank, Ann Dudley Goldblatt, Ronald P. Hamel, Patricia Beattie Jung, Lonnie D. Kliever, Martin E. Marty, William F. May, Daniel B. McGee, Laurence J. O'Connell, Carol A. Tauer, and Allen Verhey.

Center forums address broad range of issues

The Center's 1996 series of Evening Conversations began with a program by Professor Huston Smith, scholar, teacher, and spiritual seeker, who discussed "Healthy Communities: Sacred Places." Professor Smith explored the relationship between the human soul

and the soul of the city. In July, John Rother, J.D., director of the legislation and public policy division of AARP, talked about "The Implications of Managed Care for Medicaid and Medicare: Consumer Protection Issues." Mr. Rother posed the question: Is it possible to combine both the power of the market and enlightened regulatory approaches to help assure that managed care organizations serve the goal of fostering a higher quality, more affordable, and more accessible health care system? In October, Professor William LaFleur presented: "How Can Buddhism Enlighten the West? The Case of Bioethics." Using illustrations of abortion and organ transplantation, Dr. LaFleur discussed how religious beliefs and cultural values in Japan have shaped the public discourse around difficult public policy issues.