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"What Specialist Would You Recommend?" Blending Professional and Organizational Ethics

At Nightingale Hospital's cancer center, the manager of radiology has brought a nagging concern to the administrative director. Non-physician staff members, including nurses and radiology technicians, receive calls from newly diagnosed patients asking for referrals to an oncologist or surgeon. Staff puzzle over how best to handle these requests. As one puts it, "You just know that some physicians have a higher skill level than others."

Currently, some staff members simply avoid the problem: they provide, without comment, an alphabetical list of specialists' names and office numbers. Other staff, feeling an obligation to offer anxious patients some guidance, provide the same names but list high-volume or highly respected specialists first. Still others omit the names of physicians whom they feel they cannot, in good conscience, even suggest. A few explicitly recommend "the best" specialists.

How should the cancer center and its staff approach these requests?

Discussion

Patients have long sought recommendations about physicians from non-physician members of the healthcare team. Physician referral services may not supply the kind of guidance that patients want most. Information from

strangers can leave patients yearning for human contact—even by phone—with a healthcare professional the patient has met personally. Patients may turn to non-physicians rather than physicians for such advice because they find non-physicians more approachable. Thus it is important that staff members listen carefully to their patients' requests and respond compassionately. But the staff may feel that requests for physician recommendations are "loaded" from both a professional and a political standpoint. Most rightly approach such inquiries with some caution.

Professional codes of ethics may offer the staff some guidance. For example, while the American Nurses Association (ANA) Code of Ethics for Nurses does not address physician referrals directly, some of its provisions appear relevant. The Code stresses nurses' overarching commitments to practice with compassion and respect for patients, put patients first, and protect patients' health and safety.¹ From this perspective, a nurse's primary focus in responding to referral requests would be the patient's well-being. Further, nurses are to treat colleagues in other disciplines with respect and should refrain from "prejudicial actions" toward them.² Any question about another professional's competence should be based on "accurate reporting and factual documentation, not merely opin-

ion."³ It seems reasonable to infer that professional objectivity and interprofessional respect should characterize the nurse's response—and, by extension, that of other professionals—to referral requests.

Staff members who directly or by insinuation recommend some specialists over others doubtless have patients' well-being in mind. Yet the ANA Code's statements on interprofessional relationships raise questions about such responses. For instance, while the volume of patients seen is a matter of "factual documentation," other criteria staff members use to assess specialists seem less objective. Ultimately, a decisive test for some staff may be their personal estimate of a specialist's ability or the esteem in which a specialist is held. Such a test falls uncomfortably close to the realm of "mere opinion." It could even be—or appear to be—"prejudicial," and thus discriminatory.

It is appropriate that this concern has reached the cancer center's administrative director. As a matter of physician relations, the referral issue raises organizational questions that have significant ethical implications. Radiology staff members are not only professionals who base their actions on professional ethics and personal moral values; they are also employees who cannot avoid acting as representatives of the cancer center when they make recommendations to patients

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who call the center. Thus the cancer center, and indeed Nightingale Hospital, has a moral stake—and is implicated—in their conduct. When staff members offer patients well-intentioned advice about choosing physicians, they may, as representatives of the center and the hospital, favor (or appear to favor) some physicians over others. They involve their organization, at least indirectly, in promoting some physicians' practices to the potential detriment of others'. And when staff have varying criteria for evaluating physicians, their judgments can appear to be more or less arbitrary—especially if the criteria are unstated or depend, even in part, on hearsay.

It may seem that the ethically sound—and safest—administrative approach is a policy directing staff to provide no referral information, or offer only an alphabetical list of all relevant specialists. But such an approach is not enough. It fails to address the underlying concern behind patients' requests—at the least, a desire for guidance and support in a trying time. Thus it does little to promote the patient's well-being. Is there a way to respond in a more helpful—and caring—way while avoiding other ethical pitfalls?

As an alternative, organizational guidelines might suggest that staff members invite patients to reflect on what they want from a specialist, e.g., surgical competence, relational skill, compassion, diagnostic skill, inclusion of the patient in the treatment plan,

attention to pain management, and so on. (Staff members who lack time for such involved conversation could suggest that the patient think these things over at home and make a written list for her own benefit.) A staff member might further suggest that the patient return to her primary physician with these considerations in mind, and ask that physician to make a referral that takes the patient's criteria into account. In addition, the newly diagnosed patient might be encouraged to contact a cancer support group. In talking with others who have similar illnesses, the patient might incidentally receive some of the "word-of-mouth" recommendations that many value in selecting a physician.

When patients seek staff members' counsel in choosing a physician, staff may be helpful without identifying some physicians as "better" and others as "worse." Such recommendations too often rely on dubious, possibly unfair, "evidence" and raise significant ethical concerns about the employee's role as a representative of the healthcare organization. Providing staff with guidelines to follow when such requests arise can reduce these moral risks, and may alleviate the staff's own moral distress about what and how much to say.

1. American Nurses Association, *Code of Ethics for Nurses with Interpretive Statements* (Washington, D.C.: American Nurses Association, 2001), p. 4.

2. *Ibid.*, p. 9.

3. *Ibid.*, p. 15.

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