A message from the Center’s DIRECTOR....

“The physician should not treat the disease but the patient who is suffering from it.”

From the likes of Sir William Osler, the turn of the 20th century renowned physician, humanist, and medical educator to Edmund Pellegrino, M.D., current Chair of the President’s Council on Bioethics and one of the “founders” of the modern bioethics movement, the above sentiment has served as a kind of central rallying cry. Even more so has this been echoed in recent years as medical practice has become more dependent upon the use of sophisticated medical technologies and reimbursement for medical services has become more reliant on the use of standardized diagnostic codes which emphasize the number and kinds of interventions performed. Is it any wonder, in face of these changes, that care providers become more distracted from the experiential components of their patients?

That being said, it may strike some as surprising that the call for remembering to put the patient first is far from new. For instance, a similar reminder is found in Section IV of the Hippocratic text Precepts in the discussion of the rationale for not discussing fees until after examination and diagnosis. It is also found in the great Scottish physician John Gregory’s “Lectures Upon the Duties & Obligations of a Physician” (published in 1772) where Gregory insists that sometimes a patient knows better than the physician what the patient needs. And then there’s Sun Simiao, the great Chinese physician of the Tang Dynasty. In his great text from 652, Prescriptions Worth a Thousand Gold, he writes, “Whenever a great physician treats diseases, he has to...develop first a marked attitude of compassion.” In other words, before turning to the disease, appreciate that the patient is suffering.

As for the introductory quote, it comes from a medical text, Treatise on Asthmas, which was originally published in Arabic in the late 12th century by a physician serving the Egyptian royal family. The author? Moses Ben Maimon, commonly known as Maimonides, the Rambam.

That such reminders to pay attention to the patient are found through-out medicine’s history suggest it is not technology, not modern practices, not current bureaucratic frameworks that make it difficult, at times, to “see” the person who is patient. In other words, this problem of focusing only on the disease, and thus forgetting that the suffering of the patient also demands attention, seems to be endemic to being a care provider and has been with us for a long time.

Beyond the mere curiousness of this fact is an important ethical implication. Specifically, to address the full complexity of ethical issues associated with the clinical care of patients means not merely turning attention toward the experiential components of being a patient but also addressing the experiential components of being a care provider. The latter includes delving into, and developing an appropriate understanding of why, now as in the past, patients’ suffering sometimes is taken as secondary.

Part of the work of the Center for Healthcare Ethics is to help articulate such an understanding. To this end, on p. 2 of this Newsletter is the first in a series of “A Glimpse Inside...” columns that turn attention toward various practices and disciplines of Cedars-Sinai’s professional staffs. The aim of these columns is to share insight into what is actually at stake ethically when we engage in taking care of, and in the process come to care about, our patients.
A GLIMPSE INSIDE.......  

“ETHICS in Clinical Social Work”

In the most basic sense, a Clinical Social Worker serves on the front line in the clinical setting to assist patients (and their families) as they face and work through the myriad of critical decisions which inevitably arise for hospitalized patient. As such, the Social Worker’s primary role may be said to increase communication and enhance the functioning of the relationships among all of the involved decision-makers. This focus flows naturally from the primary mission of the Social Worker more generally, which is to empower and serve the needs of all people, especially those who are vulnerable. In the healthcare setting, where patients and their loved ones are, by definition, vulnerable, the Social Worker must use their skills to encourage and facilitate dialog in order to reach the best interest of the patient.

As anyone who works in a hospital knows, the decision-making process is sometimes less than smooth, especially when barriers are present. Such barriers may manifest themselves by issues of mistrust that come from social inequities, perceptions of institutional conflicts of interest, cultural and religious value differences, and unresolved relationship issues, to name but a few common elements. In such moments, Social Workers come into contact with ethical issues—and often on many levels of practice.

The National Association of Social Workers has crafted a Code of Ethics which emphasizes informed judgment, appropriate consultation, self-reflection about personal and professional values conflicts, and a consciousness of peer review standards when considering decisions. The core values set forth by this Code of Ethics thus includes:

* Service
* Integrity
* Worth and dignity of the person
* Social justice
* Competency
* The importance of human relationships

These core values serve as the framework within which Social Workers are able to move forward when confronting the ethical complexity that sometimes surrounds their own participation in clinical decision-making.

For instances, the value of social justice oftentimes helps Social Workers maintain their focus on the patients’ and their families’ need for information, services and resources as well as to work towards minimizing barriers. In turn, the Social Worker is better oriented to help patients and families fully participate in the decision making process. This proactive approach often clarifies communication, which is integral to implementing appropriate healthcare decisions. A commitment to seeing the inherent dignity and worth of a person is something Social Workers utilize in order to treat each person involved in a decision-making moment—from the patient to the interdisciplinary team members—with care and respect, and hence with consideration for their individual and cultural differences.

For many years now, Social Workers here at Cedars-Sinai have worked closely with our Clinical Ethics Consultation Services. They are integral members of the care team responsible for facilitating resolution of ethical challenges in the clinical arena. Indeed, they are often the primary “case finders” for patient situations that require formal ethics consultation as well as serve as important insiders to “what’s going on” with patients, families, and care providers alike. To do all this on a daily basis is incredibly enriching for Social Workers, especially being able to share and learn so much about people’s lives.

Needless to say, it also is demanding and challenging for Social Workers to confront the frailties and vulnerabilities that surrounded illness and hospitalization. For these reasons, Social Worker are strong supporters of the various educational opportunities available through the Center for Healthcare Ethics, via seminars or group discussion, that are used to enhance and further the professional commitment of all Cedars-Sinai staff for addressing ethical issues. Social Workers bring a unique perspective to healthcare decision-making. They play an important role in helping patients and families understand their choices, alternatives, and the fact that they are empowered to participate in decision-making process. To this end, and in many ways, ethics is at the core of what Clinical Social Workers do day after day.

-Samantha Stewart, LCSW
The Center for Healthcare Ethics is proud to sponsor The Bernard M. Strauss, M.D. Healthcare Ethics Collection. This Collection of online journals was established in 2008 through a generous gift from Dr. Strauss’ widow, Mrs. Lena Strauss, along with substantive support from both the Medical Library and the Center for Healthcare Ethics.

Dr. Strauss (1904-2006), a clinical professor of urology at the University of Southern California, was a long-standing member of the Medical Staff of Cedars of Lebanon and then Cedars-Sinai Medical Center. During this long association he served for a time as Chief of Urology and had a distinguished and successful urology private practice serving greater Los Angeles. In 1982, at the age of 78, he retired from the practice of medicine but continued to be active, especially as a supporter of medical libraries. He also took advantage of having more time to pursue a deep-rooted interest in medical ethics.

The Bernard M. Strauss, M.D. Healthcare Ethics Collection brings together 12 premier healthcare ethics and humanities journals and is available online to the entire Cedars-Sinai community. For a list of journals and how to access them, please visit either the Center for Healthcare Ethics’ Intranet or Internet websites and go to the link “Library Holdings.”

Winter 2008 Ethics Noon Conference (ENC)

This is a monthly conference that is open to all who work within, are affiliated with, or receive care at Cedars-Sinai Medical Center. The primary aim for this conference is to raise the level of awareness and degree of understanding of emerging issues and concerns in the realm of healthcare ethics.

Cedars-Sinai Medical Center designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit.

January 21, 2009

MARK P. AULISIO, Ph.D., is an Assistant Professor of Bioethics and Director of the Masters Program in Clinical Ethics at Case Western Reserve University, Cleveland, Ohio. He is also Director of the Center for Biomedical Ethics at MetroHealth Medical Center in Cleveland where he chairs the medical ethics committee, offers ethics consultation, coordinates regular ethics education for health professionals and students, and is a member of both the Institutional Review and Privacy boards. Recently, Dr. Aulisio chaired a national task force for the American Society of Bioethics and Humanities (ASBH), which focused on developing education and training guidelines for doing clinical ethics consultation.

February 18, 2009 “Weinberger-Vermut Lecture in Genetics & Ethics”

PAUL STEVEN MILLER, J.D., is the Henry M. Jackson Professor of Law and the Director of the Disability Studies Program at the University of Washington (UW) School of Law. An internationally renowned expert in disability and employment discrimination law, prior to joining the faculty of UW, Professor Miller was one of the longest serving commissioners of the U.S. Equal Employment Opportunity Commission (EEOC), the federal agency which enforces employment discrimination laws. He has also served as the White House liaison to the disability community and as Deputy Director of the U.S. Office of Consumer Affairs. Recently, Professor Miller has been serving as an advisor to President-Elect Obama’s Transition team.

March 18, 2009

DAVID BLAKE, Ph.D., J.D., is Chief Compliance Officer and Chief Privacy Officer for Cedars-Sinai Medical Center (CSMC) in Los Angeles, California. He oversees CSMC’s compliance programs which have been designed to ensure the integrity of CSMC’s business practices, including compliance with HIPAA. In addition to his work at CSMC, he serves as an ethics advisor for the California Science Center in Los Angeles. He also served on the Regional Committee on Bioethics for the Southern California region of Kaiser Permanente and the System Ethics Committee, a collaborative of Catholic health systems in the western United States.

Out-of-Town Guest Speakers stay at the SLS Hotel, Beverly Hills
CHE WINTER MEETING SCHEDULE

January 2009
Jan 5 - Ethics Seminar
Jan 8 - Bioethics Committee
Jan 20 - NICU
Jan 21 - ENC
Jan 28 - Ethics Forum

February 2009
Feb 2 - Ethics Seminar
Feb 5 - Bioethics Committee
Feb 11 - BCEM
Feb 18 - ENC
Feb 25 - SICU

March 2009
Mar 2 - Ethics Seminar
Mar 5 - Bioethics Committee
Mar 17 - NICU
Mar 18 - ENC
Mar 25 - Ethics Forum

*BCEM = Bioethics Committee Executive Meeting
*SICU = Surgical ICU Fellows/Residents Ethics Conference
*NICU = Neonatology Ethics Meeting
*ENC = Ethics Noon Conference

For descriptions of the Ethics Seminars and Ethics Forum, please visit either our Intranet or Internet websites and go to the link “Educational Opportunities”.

For times and locations, please call the Center at 310-423-9636

GOOD READS......

The Birth of Bioethics
Albert R. Jonsen (Oxford University Press, 2003). This book examines the history of the growing field of Bioethics from 1847-1987. It explores the origin and evolution of the debate over human experimentation, organ transplantation, termination of life-sustaining treatment, and new reproductive technologies. Written by one of the field’s founders, this book stresses the history of ideas but does not neglect the social and cultural context and the people involved.

Ethics Consultation: From Theory to Practice. Edited by M. Aulisi, R Arnold, S Youngner. (JHU Press, 2003). This book offers a set of in-depth essays that examine issues raised by the ASBH Task Force on Core Competencies for Health Care Ethics Consultations. Contributors focus primarily on practical concerns such as whether ethics consultation is best done by individuals, teams, or committees; how an ethics consult service should be structured; and techniques and programs for educating and training their staff.

Ethics by Committee: A Textbook on Consultation, Organization, and Education for Hospital Ethics Committees. Edited by D. Micah Hester. (Rowman & Littlefield, 2007). This volume is dedicated to individuals who are considering becoming a member of a hospital ethics committee (HEC), currently serving on an HEC, or who have been asked to educate an HEC. Experts in bioethics, clinical ethics, health law, and social psychology contributed chapters on ethics consultation, education, and policy development.

Surgically Shaping Children: Technology, Ethics, and the Pursuit of Normality. Edited by Erik Parens (JHU Press, 2006). This volume explores the ethical & social issues raised by recent proliferation of surgeries designed to make children born with physical differences look more normal. Debates become complicated when addressing the ethical question for surgical alteration, or “shaping,” of children. Contributing author, Paul Steven Miller’s “Toward Truly Informed Decisions about Appearance Normalizing Surgeries”, draws from personal experience and offers an insight to the decision-making process for just surgeries.

Books featured in “Good Reads....” are available in the Medical Library. Please call 310-423-3751 for book availability and reserve your copy today!

 Ethics Noon Conference Guest Speakers stay at the SLS Hotel–Beverly Hills, CA.
Please ask for the “Cedars-Sinai Discount Rate” on your next reservation: (888) 627-8543
For more information, please visit their website at www.SLSHotel.com/BeverlyHills

Note from the Editor....A special Thank You to Samantha Stewart, LCSW, for her contribution to “A Glimpse Inside” and to William Jacobs for background and history relating to Dr. Strauss.

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