

CHW Statement of Common Values

Preamble

Catholic Healthcare West (CHW) is a health system structured to foster collaborative efforts among the religious congregations that are its sponsors, namely the Sisters of Mercy, Auburn, and Burlingame, Regional Communities; the Sisters of St. Dominic of Adrian, Michigan; the Sisters of Charity of the Incarnate Word of Houston, Texas, the Dominican Sisters of San Rafael, the Dominican Sisters of St. Catherine of Siena of Kenosha, Wisconsin, the Franciscan Sisters of the Sacred Heart of Frankfort, Illinois and the Sisters of St Francis of Penance and Christian Charity of Redwood City, California. The sponsors collaborate with their lay partners in a spirit of ecumenism to direct the mission inherent in the corporate ministry of CHW.

Throughout its many years of health care ministry, CHW and its sponsors have recognized the importance of partnerships. We believe the social fabric must be woven in partnership with all that have a call to serve the community and we champion collaboration among those partners. Our ability to carry out our mission of healing rests largely on the formation of linkages with others -- health care providers, community organizations, physician organizations, government agencies, employers, health plans, and individuals. By forming partnerships, we can respond to the community's need in a manner that is holistic and comprehensive, rather than fragmented or duplicative.

CHW's respect for values including the dignity of persons, care for the poor, the common good and responsible stewardship are essential in our ministry of healing. We invite our partners to understand and participate in realizing our values, many of which we believe we hold in common with our partners.

Social Responsibility of Health Care Providers

Health care is a ministry that serves the needs of individuals and communities -- it is a social good and a community service. The ministry of health care promotes healthy individuals and a healthy community that advances the social, economic and environmental well being of its Community. Most importantly, access to health care is a fundamental right of all persons.

CHW champions the dignity and well-being of all persons without regard to age, gender, sexual orientation, culture, race, ethnicity, economic, immigration or employment status. As a community, we have a moral responsibility to care for the poor and powerless, those of low socioeconomic status, individuals who have had catastrophic illnesses and those needing chronic care services.

Special concern is shown for the poor, helping them through direct service and acting as an

advocate to change structures that keep them in poverty. We also have a special responsibility to those individuals at the beginning of life's journey as well as those who have shared so much of their wisdom throughout their years -- children and elderly.

As an employer, CHW treats its employees respectfully and justly, fostering a meaningful and humanizing work environment. Such an environment involves giving people a voice in matters affecting their work; respecting and promoting people's personal and professional growth; and providing a just wage. We try to promote trust, fairness, and mutual communication in all aspects of employment.

Through our health care ministry, we seek to contribute to the common good, which is realized when economic, political and social conditions protect and promote the fundamental rights of all persons and enable them to reach their common goals. Health care resources belong to the community and as providers we are stewards of those resources with the responsibility to use them in a way that advances the health care status of the community. In addition, CHW acknowledges its responsibility as a steward of the earth and recognizes that these resources are limited. CHW is committed to an equitable and ecologically sound use of the earth's resources.

Pastoral and Spiritual Responsibility of Health Care Providers

It is our goal that health care be provided in a holistic way, respecting all dimensions of a person. At a time of extraordinary technological advancement developed to cure disease -- one that focuses on the physical dimension of person -- we need to emphasize and embrace the psychological, social and spiritual dimensions of persons.

Care should not be limited to the treatment of disease. We express our compassion and spirituality by easing the pain and suffering of our patients. Spiritual care is integral to health care and should support the religious and spiritual needs of all those it serves. Care encompasses the full range of spiritual services, including a listening presence as well as help in dealing with powerlessness, pain and alienation. Close collaboration with spiritual leaders, caring ministries and communities of faith is essential.

The Professional-Patient Relationship

We respect the privacy of the physician-patient relationship. A person in need of health care and the professional health care provider who accepts that person as a patient enter into a relationship that requires, among other things, mutual respect, trust, honesty and appropriate confidentiality. The resulting free exchange of information must avoid manipulation, intimidation, condescension or judgment. Such a relationship enables the patient to disclose personal information needed for effective care and permits the health care provider to use his or her professional competence most effectively to maintain or restore the patient's health. Neither the health care professional nor the patient acts independently of the other -- both participate in the healing process.

Health care is patient-centered. Patients have the right to make medical treatment decisions (including accepting or rejecting treatment), which includes free and informed consent, access to medical and other

information regarding their care, the right to make an advance directive and to name a surrogate decision-maker.

Medical treatment decisions may generate ethical dilemmas for health care providers, patients and their families or surrogate decision-makers. An ethics committee or some alternative form of ethical consultation will be available to assist by advising on particular ethical situations, by offering educational opportunities and by reviewing and recommending policies.

Issues in Care for the Dying

The practice of medicine is a delicate weaving of art and science, and of ethics and philosophy. Now that medical technology offers so many more ways of keeping us alive, dying can be a prolonged process. Death is not the ultimate defeat; rather it is a natural part of the living and aging process. Health care must be a community of respect, love and support to patients and their families as they face the reality of death. One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective pain management in all its forms is critical in the appropriate care of the dying.

There is no obligation for the patient to begin or continue life-sustaining treatment if, from the patient's perspective, it is an excessive burden or offers no reasonable hope of benefit. The patient, in these circumstances, may decide to forgo medical treatment to allow the natural process of dying. An individual's decision to refrain from aggressive or curative treatment will be respected even when such a decision may result in the person's death. In addition, pain management of the highest quality is critical in allowing a person to die comfortably and with dignity. Medicines capable of alleviating or suppressing pain may be given to a person even if this therapy may indirectly shorten the person's life, so long as the intent is not to hasten death.

Procedures That Are Not Performed

We are committed to human dignity and the sanctity of life from the moment of conception until death. Therefore, the following procedures will not be performed at our affiliated facilities:

- 1) Direct abortion is not performed. Indirect abortion is performed in certain medically indicated cases. An indirect abortion is a termination of pregnancy that is not directly intended and in which the sole purpose is the cure of a proportionately serious pathological condition of the mother, when the treatment cannot be safely postponed until the fetus is viable.
- 2) Assisted suicide, physician aid-in-dying or euthanasia is not performed. These are to be distinguished from allowing the natural process of dying to occur by withholding or withdrawing treatment because the treatment is too burdensome or does not provide proportionate benefit. Assisted suicide, physician-aid-in-dying or euthanasia also should be distinguished from appropriate decisions regarding pain management that have been addressed in this document.

- 3) Artificial reproductive procedures, including donor insemination and In Vitro Fertilization, are not performed.

Resolution of Unforeseen Issues

In any affiliation between partners of differing histories and cultures, there may be situations in which the appropriate application of values we hold in common has not been anticipated. In such situations, we agree that a collaborative dialogue is necessary to come to an adequate resolution. In these situations, we will engage in a structured decision-making process (called the [A Process for Ethical Decision Making](#), attached) by gathering all the stakeholders and reflecting deliberately on the values at stake in the decision.

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A PROCESS FOR ETHICAL DECISION-MAKING

*We witness to Mercy and Truth when
we pursue integrity of word and
action in our life and in our
decision-making.*

INTRODUCTION

Decision-making is more than a rational process. It is always influenced consciously or unconsciously by the values of individuals or groups.

Many decisions are obvious, routine and automatic, while others are more complex and require more thought and effort.

Some decisions clearly touch the heart of what we are about, affect many people and shape our future because of the critical choices that are being considered. In these instances we want to be as clear as possible about our values, our multiple responsibilities and our Mission.

The following process may be useful as a way to explicitly review options in the light of the values of our Philosophy Statement. The process may be adapted to specific decisions by adding or deleting questions as appropriate. This is a group process with six steps. The composition of the recommending or decision-making group is determined by the nature of the decision and represents the key stakeholders. The use of a facilitator will enhance the process.

- I. State the issue in the form of a question (“Shall we.....?”).
- II. Present the options with supporting rationale.
- III. Discuss the relevant value questions relating to the issue.
- IV. Identify value conflicts and how they can be resolved.
- V. Provide reflective time to bring all factors into the light of religious beliefs, traditions and personal conviction.
- VI. Discuss the options for action and agree on a recommendation, and action plan for final decision.

PRACTICAL STEPS

Preparation and Time Requirements

A commitment to adequate preparation and process time is needed for the process to be most effective.

Preparation is required to:

- allow facilitator familiarization with the decision being considered;
- involve the facilitator in preparing for the process;
- prepare an accurate statement of the issue;
- identify the stakeholders to be included in the process;
- prepare questions for Section III adapted to the specifics of the decision being considered;
- provide materials to participants in time to prepare for the process.

Time for the process:

- usual minimum will be 2 2 - 3 hours;
- may vary with the complexity of the decision, the number of persons participating and the number of values significantly affected by the decisions;
- time included so that Sections IV, V and VI are not rushed, as reflections, sharing and discussion are important elements of the process.

Cycles of Decision-Making

It may be appropriate to use this decision-making process more than one time in the development of a decision on an issue, project or program.

Example:

Cycle One: A decision might be needed at one point to pursue preliminary study of a possible project.

Cycle Two: When that investigation is complete, another use of the decision process might be appropriate to determine whether to initiate more specific planning of the project, perhaps including feasibility studies.

Cycle Three: Yet another application of the process might be appropriate in making a final decision.

A PROCESS FOR ETHICAL DECISION-MAKING

I. State the issue in the form of a question (“Shall we...? How do we...?”).

- Clarify the purpose and expected outcome of the meeting.
- Identify who will make the final decision.
- Identify groups that may be making recommendations regarding this question (Division Board to CHW Board).

II. Briefly list the options with supporting data.

Review the history and context in which the discussion is taking place.

III. Discuss the following questions --based on key value concepts in the CHW Philosophy Statement --to the extent that they are relevant to the decision.

The Sponsoring Congregation’s philosophy and traditions may surface additional questions.

A. Quality Health Care

1. By means of this decision, how can we promote healing?
2. Does this involve the appropriate application of medical science and technology?
3. How are we enhancing the quality of life as well as continuation of life?
4. What safeguards from harm can we provide?
5. Can we provide an environment that is welcoming and caring?

B. Response to Need

1. What are the relevant needs in the community?
2. What are the organization’s needs?
3. What are the broader societal needs related to this decision?

C. Recognition of Dignity

1. What groups of people -- within and outside of our organization will be affected by this decision?
2. Which of these groups have direct influence in our decision-making process?
3. How can we provide for direct input and influence by groups in the community who will be most affected?

D. Rights of All to Health Care

1. How does this decision promote our long-range goal of universal access to basic health care?
2. What particular groups of people would be served (men/women, elders/adults/children, affluent/middle class/poor, and whites/blacks/Hispanics/Asians)?

E. Advocacy for the Poor and People with Special Needs

1. Does this decision directly affect people who are poor or disadvantaged? If so, how?

2. Can we speak to other influential groups (local, state or national governments, other providers, community groups) on behalf of people who are poor or who have special needs related to this decision?
3. Would the decision affect current advocacy priorities?

F. Stewardship

1. What organizational resources --funds, personnel, space technology, management time -- are involved?
2. How does the decision benefit our organization financially (directly or indirectly, short or long term)?
3. Who would benefit from the various options in these decisions?
4. Who would bear the burden?
5. Would resources be diverted from some other use?
6. Have we ensured compliance with the law?

G. Collaboration

1. Who are the stakeholders and how will they be involved?
 - Sponsors?
 - Church leaders?
 - Relevant boards?
 - Other institutions or groups?
 - Physicians and employees?
 - Government agencies and third-party payers?
2. How would the community under various options perceive our institution?

IV. Difficult decisions involve choices among several good things, and affirming one value sometimes means neglecting another.

- Which values are most relevant in this decision?
- Which values are affirmed?
- Which values are not affirmed?
- Are any values denied?

How can we safeguard the values that would not be directly affirmed (by placing conditions on the proposed action, by taking another action at the same time to express those values, by influencing other relevant groups...)?

What really motivates us as we consider this decision?

When scarce resources are being allocated, various approaches may be taken. Which of the following ethical principles seem most appropriate in making this decision:

- a) the greatest good for the greatest number?
- b) distribution of goods according to the specified criteria -- such as ability to pay for services, social usefulness according to the status, making up for previous neglect or injustice?
- c) equal opportunity (by lottery or random selection)?
- d) greatest need?

V. Provide for a period of reflective silence during which group members can bring all these factors into the light of their religious beliefs, traditions and personal convictions.

Invite each group member to express his or her opinion as to what should be done, with brief supporting reasons and beliefs (no discussion).

VI. Discuss the options for action and agree on a recommendation, an action plan or final decision.