Trust: Many Goods, Many Needs

A man was once on his way down from Jerusalem to Jericho and fell into the hands of brigands; they took all he had, beat him and then made off, leaving him half dead. A Samaritan went up and bandaged his wounds and then lifted the man on his mount.

The Samaritan then came upon another man who had been beaten and needed care. He likewise ministered to the man and set him on his mount. As the three traveled on, they saw two more figures lying on the side of the road and another at the bend. The Samaritan’s heart was filled with pity and compassion but also sank in growing distress, for his resources would be gone soon, and he could only guess at what lay further ahead. The two figures lying nearby saw the Samaritan pause and wondered if he and his companions could be trusted.

The above story, a modified version of the Good Samaritan story, is taken and amended from the work of the late Jack Glaser, who was a theologian and ethicist at St. Joseph’s Health System, Orange County, California. Glaser believed that the particular ethical focus that we bring to a discussion affects how we frame the ethical challenge, what we see as the primary issue, and, ultimately, how we respond.

If we address the Good Samaritan story, for example, from a clinical ethics perspective, we may consider issues of triage and rationing, asking such questions as "Who gets treatment and who does not? Which ones get priority?" If we address the story from an organizational perspective, we may ask such questions as "How do we build and design services to meet the needs of these people in a financially sustainable way?" If we address the story from a population health perspective, we may ask "What are the statistics behind these occurrences? What preventive measures can be put in place to reverse the trend?"

Ethics is not only about resolving conflicts; it is about choosing among many competing goods, and shaping and improving the world in the right way.

Whatever is finally decided, it needs to be communicated clearly and compassionately. Otherwise we run the risk of losing trust between the Samaritan and all of the people in need.

Glaser’s goal was to demonstrate that many of the ethical challenges that we face in health care involve making a choice between competing goods. Because we must work with limited resources (eg, time, attention, finances), we want to ensure that we identify and address challenges with the tools most appropriate to the tasks at hand and not overlook aspects of complex issues that might harm trusting relationships with patients, providers, and the communities we serve.
Glaser, other Catholic health care ethicists, and business ethicists all have focused on how ethics can better accomplish this task.\(^3\)\(^-\)\(^4\) What all of their approaches have in common is a three-part structure that addresses individuals, the organization that serves them, and the wider social environment within which the organization operates.

Trinity Health mission leaders, ethicists, and other team members have developed an emerging vision of ethics that addresses these three areas, provided here in draft form.

**Trinity Health's Emerging Vision and the Three Realms of Ethics**

**Trinity Health Ethics Integration**

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

This image is only a draft. A larger version of the draft is provided at the end of this newsletter. Questions and comments on the image and corresponding draft definitions are welcome at this time.

Addressing clinical ethics, organizational ethics, and social ethics can assist health care organizations in three ways.

First, it can help identify ethical issues that may have been overlooked. For example, human trafficking is a social ethics issue with a national and international focus, but it has gone largely unrecognized as a clinical ethics issue.

### Current definitions of the realms of ethics:

**Clinical ethics** focuses on moral choices in the healthcare setting. The goal is the human flourishing of all persons—patients and providers. It affects settings across the continuum of care.

**Organizational ethics** focuses on the choices of an organization as a whole. The goal is to maximize the organization’s mission and the flourishing of the individuals who work within it. Organizational ethics shows up in board decisions, management strategies, and financial considerations in terms of the organization’s goals amid competing priorities.

**Social ethics** focuses on the social conditions that contribute to the common good, including the health and well-being of individuals and the communities. It informs the strategies used for and services provided to populations.

With raised awareness and education to distinguish it from other forms of abuse and neglect seen in emergency rooms and clinics, it is becoming more recognized. Addressing human trafficking, however, needs much more than a social and clinical ethics approach; it requires organizational and community partnerships, among other broader considerations, as well.

Second, the realms of ethics can help colleagues focus on the source of challenges. Take, for example, the case of a 42-year-old female without a family history of breast cancer who asks her physician to authorize a mammogram as a preventive measure even though her health plan does not pay for screening until age 45 or 50. Because the medical literature contains differing views on the most medically appropriate and cost-effective age for initial breast cancer screening, the best course of action is unclear.

This poses a clinical ethics question that arises because of organizational policy and therefore may be best
understood through an organizational ethics lens. When will the organization pay for breast screening? At what age and how is family history considered? How will the organization incorporate new research? How will it address requests that are outside of its guidelines? How will it guide patient–physician decision making in healthy ways that do not overstep either person’s autonomy?

These are questions that incorporate Trinity Health's core value of Stewardship. Organizations that make policy on these types of decisions must balance individual human dignity (patient autonomy and physician discretion) with the common good (financial sustainability and breast health statistics). This example of organizational ethics is not a question of provider or organizational integrity. Instead, it acknowledges that patients, providers, and organizations must make these types of risk–analysis decisions daily. Addressing such decisions with discernment and reflection are important to sustaining and improving the quality of health care and to maintaining trust among stakeholders.

**Many decisions and policies in health care affect the three realms of Ethics:**

*Clinical – patients and providers*

*Organizational – Trinity Health and its Mission*

*Social – communities and populations*

Third, the realms of ethics can shed new light on existing challenges, provide new direction, and offer new solutions. Consider, for example, a hospital with significant financial challenges due to competition and declining reimbursement. From the perspective of the hospital, the situation is dire and may elicit fight-or-flight responses such as close, sell, or compete more aggressively, but competing has not worked. This is a significant organizational ethics challenge.

From a social ethics perspective, the hospital may exist in a region that now has too many acute care beds and an underserved community who seeks a disproportionate amount of medical care through emergency rooms. In addition, it now exists in a reimbursement model that discourages the use of hospitals. The social perspective puts constraints on the options available to the hospital but also provides a different direction, such as building on programs and services that operate outside of acute care.

This example is not intended to make light of significant organizational decisions; from the perspective of the hospital and its colleagues, a decision to sell or close is akin to death. The point is to show that different realms can provide different answers to the same question. From an organizational ethics perspective, it represents the loss of the organization's mission, but from a social ethics perspective it represents improved services in the community and new life for the organization's mission.

As the reader may intuit from the examples above, the three realms of ethics are not separate and distinct perspectives. Rather, they work together, are influenced by each other, and often put constraints on one another. Understanding how these relationships work will help us better understand the challenges we face in the rapidly changing health care environment.

**Recommendations**

The emerging vision of ethics is part of Trinity Health's Mission integration strategic plan in process. Specific initiatives and structures related to the emerging vision will take time to evolve. In the meantime, colleagues across Trinity Health may consider incorporating these three realms into decisions and policy development, that is, the clinical component (effects on patients and providers), organizational component (effects on Trinity Health and its mission), and social component (effects on populations and communities).

Working groups and committees across Trinity Health can also include people who bring these perspectives to
the table (and some groups are already doing this), such as practitioners who work in the clinical setting under consideration, leaders who understand how the organization may be affected, and public health workers and advocates who can speak to the affected community. Groups may also want to bring patients and members of the community into discussions when it is appropriate.

These considerations incorporate Trinity Health’s Mission Discernment model into daily work, with particular attention to soliciting different perspectives and considering affected stakeholders.

**Trinity Health’s Mission Discernment Model**

The challenge for Trinity Health and for healthcare today is in structuring services and payment models in a way that best serves patients effectively and efficiently, as represented in the triple aim: improved patient experience, improved outcomes, and reduced costs. Some have advocated for a quadruple aim that includes improved clinician experience as well.

Achieving these aims has already brought the three realms of ethics in closer relationship to each other. Patients and providers in the clinical setting already feel guided by, and perhaps at times constrained by, organizational policy. Organizations are under pressure to heed the decisions made by regulators and payors, who are in turn affected by the outcomes and experiences of patients and providers in the clinical setting.

No one intends to harm patients in these relationships, but there are many stakeholders and competing goods. Perceptions about how decisions are made can either nurture or discourage trust in these multiple and very important relationships. Trinity Health’s vision is to be the most trusted health care partner for life. Doing so entails addressing ethical challenges at multiple levels that engage the perspectives of its diverse stakeholders.

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3 Morrissey, F. "Implications of Canon Law for Catholic Health Care Leaders and Organizations." Presentation to Catholic Health Association (CHA) Sponsor Formation Program for Catholic Health Care, Itasca, IL, March 6, 2016.

Draft Model for Trinity Health Ethics Integration

Questions and comments on this draft image are welcome at this time.

Trinity Health Ethics Integration

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Ethics is in all Decisions

Ethics on the Horizon is a bimonthly and ad hoc newsletter targeted at clinical and organizational ethics in healthcare. Topics are relevant to healthcare professionals and leaders across Trinity Health. If you have any questions about this topic or would like more information, please contact Alan Sanders. Suggestions for future topics are also welcomed.