Embedded Ethicists Assist
Organ Transplantation Teams

Including a bioethicist on each organ transplant team has helped Cleveland Clinic balance the need to rescue critically ill patients with optimal use of scarce resources.

“The practice enables ‘embedded’ ethicists to become intimately familiar with the clinical and psychosocial issues that arise in the screening process,” says Martin L. Smith, STD, Director of Clinical Ethics. Dr. Smith regularly joins meetings of the heart and liver transplant selection teams. “We learn to appreciate the issues and decisions the team struggles with. As members of the team, we can then offer informed input on ethical issues. By building familiarity and trust, the ethicist is not seen as an outsider who shows up, gives an ethical judgment from on high and runs off,” he says.

Regular interaction with bioethicists and the tools with which they analyze ethical challenges can also benefit clinicians. “They are as current as we are about clinical ethical questions being asked on a daily basis. They can take an individual patient’s situation and put it into understandable context,” says Charles Miller, MD, Director of Liver Transplantation.

Anne Lederman Flamm, JD, who attends lung transplant patient selection meetings, describes how participating in the evaluation process reflects the preventive orientation of clinical ethics.

“Ideally, integrating ethical input at the selection stage avoids crises that might otherwise arise because the team learns to think proactively about ethical problems,” she explains.

“Organ transplantation is a life-changing event that goes far beyond the operation itself. Patients need years of follow-up, either at Cleveland Clinic or another transplant center. Can the candidate afford to travel and stay overnight for these follow-up visits? Will the patient take the required medications for life? Prospectively evaluating a patient’s ability to handle the post-transplant requirements is a far better approach than losing an organ because the patient couldn’t follow up. Such psychosocial factors have significant ethical implications,” she says.

Good stewardship of scarce organs is not the only issue that needs to be considered. As part of the screening process, a financial counselor meets with potential recipients, reviews their insurance coverage and informs the team whether the procedure is likely to be covered. If the patient is a good clinical candidate for transplantation but coverage is inadequate, a new ethical dilemma arises.
Dear Colleague,

I am pleased to present you with this, the Summer 2012 issue of Bioethics Reflections. Our talented and creative faculty, fellows and staff in the Cleveland Clinic Department of Bioethics continually amaze me; I believe that you will find something interesting in their daily work as you turn each page of this issue. I am so proud to work with this fine group of colleagues.

In this issue of Reflections, we introduce a major new initiative for e-Ethics, spearheaded by Anne Lederman Flamm, JD. Read about this exciting and innovative effort, and let us know what you think. We hope to bring the benefits of clinical ethics consultation to the bedside for patients around the country, leveraging the strength of our clinical ethics program together with advanced communication technology.

I would also point out interesting articles about the intersection of ethics and health policy and transplant ethics.

This year’s fourth annual Bioethics Research Day featured a terrific keynote by Norman Daniels, PhD, and outstanding sessions highlighting current research.

In our feature highlighting the work of former fellows, we talk with Courtenay Bruce, JD, assistant professor of medicine and medical ethics at Baylor College of Medicine’s Center for Medical Ethics and Health Policy. Professor Bruce was a member of the second class in the Cleveland Fellowship in Advanced Bioethics (CFAB), beginning in 2008 and graduating in 2010.

The Department of Bioethics is pleased to welcome another alumna, Margot Eves, JD, who recently joined our staff as a regional bioethicist. You can read more about Margot and her important work in this issue as well.

We hope you enjoy reading this issue of Bioethics Reflections. Keep in touch!

Sincerely,
Eric Kodish, MD
F.J. O’Neill Professor and Chairman,
Cleveland Clinic Bioethics Department
“Throughout the candidate approval process, the team wants to ultimately feel confident that the patient is willing and able to handle the operation and follow-up. Consideration of financial ability cannot be avoided, so we try to identify a fair process for administering and allocating the resources offered by the transplant teams,” says Dr. Smith.

New Procedures, New Ethical Issues

The involvement of bioethicists is particularly critical in Cleveland Clinic’s living donor kidney and liver transplant programs. Because living donations pose risks to healthy individuals that do not impact cadaver donations, a bioethicist meets with all living liver donors and many kidney donors during the screening process.

“When a process is new and innovative, and potentially risky or controversial, prospective consideration and respectful dialogue about known risks and possible consequences can take place among trusted colleagues,” explains Dr. Smith.

While clinical personnel focus on the size of the liver and the condition of the vascular structures, Dr. Smith provides ethical perspective on balancing donor safety with recipient need. Has there been coercion to donate? Is this an autonomous, individual-directed decision? Has the donor done his or her homework and made a decision voluntarily?

“These issues are not abstract, and the answers are critical to a successful outcome,” says Dr. Miller.

Congratulations to Our Staff for the Following Achievements

Susannah Rose, PhD, along with co-investigators Guy Chisolm, PhD, and Michael Kattan, PhD, have been awarded a two-year grant from the Edmond J. Safra Center for Ethics at Harvard University. The project is titled “The Use of Extensive Public Data to Inhibit Corruption by Promoting Transparency of Industry Relationships of Physicians and Academic Medical Centers.”

Eric Kodish, MD, is the Principal Investigator on a grant from the Josiah Macy Jr. Foundation titled “Toward Consensus: Quality Attestation for Clinical Ethics Consultants.” Dr. Kodish also received the 2012 Bernhard A. Loeschen Excellence in Spiritual Care Award from Cleveland Clinic.

Giving to Bioethics

Many of our services are supported by the generous donations of individuals, groups and institutions. Those who recognize the importance of bioethics at Cleveland Clinic may want to offer financial support of our programs. If you would like to help, or for more information, contact Barbara Goulden at 216.444.8720 or Amy Kubacki at 216.636.5024.
Harvard Professor Sets the Tone for Bioethics Research Day

Before the largest crowd of the day, Harvard professor Norman Daniels, PhD, set the tone for the fourth annual Bioethics Research Day, held on May 17, by posing a few critical questions about healthcare reform – some questions that are on the table in the national discourse, and some that are not.

Dr. Daniels, the Mary B. Saltonstall Professor of Population Ethics and Professor of Ethics and Population Health, Harvard School of Public Health, gave the assembled crowd several key issues to ponder about how ethics and economics color the healthcare reform process in America.

Critical to framing the discussion for the rest of the day, Dr. Daniels said, was the concept that healthcare reform could be thought of as an ethics question rather than an economics one. For example, the United States has the highest healthcare costs in the world, but does not provide the highest quality care. Even though healthcare reform is designed to provide more access to care, the recession has created a larger population of uninsured Americans. And, even though society had decided that healthcare is necessary by the establishment of emergency care, there is just not enough to go around.

He added that he believes the key tools for containing healthcare costs are not currently on the table at the national level.

The important ethical questions in this environment include how to distribute care fairly if all needs cannot be met, and how to address health disparities that may result from racial or class differences, although Dr. Daniels suggested that those disparities could not be addressed through access to care.

Dr. Daniels also made note of the fact that the general public demonstrates a very minimal understanding of the issues surrounding healthcare reform at the federal level.

Bioethics, he said, doesn’t speak specifically to the population issues that he mentioned, but he urged the practitioners in the audience to address the question of what we owe each other as human beings in protecting and promoting human health.

Economists, he said, can’t answer who is better off – those who are sick but rich, or those who are healthy but poor.

He suggested that bioethicists can frame the issue in the following way: disease prevents normal functioning, and disparities created that way impair opportunity under a more general theory of justice. He added that inequalities created by genetic issues and family background should be accounted for.

Economists, he said, can’t answer who is better off – those who are sick but rich, or those who are healthy but poor.

Dr. Daniels’ remarks were prefaced by comments from Richard Sharp, PhD, Director of Bioethics Research, and Chester Speed, Executive Director of Government Relations for Cleveland Clinic, who also remarked on the volatile healthcare reform environment in Washington.

Bioethics Research Day also featured an annual poster session and two tracks for additional discussion on bioethics research and institutional policy, and clinical practice.
Affordable Care Act’s Implications Will Soon Become Clear

The ethical implications of local, state and national policies is one of the many issues being evaluated by members of Cleveland Clinic’s Department of Bioethics.

“Just as one example, the provisions of the Patient Protection and Affordable Care Act of 2009, and the recent decision by the United States Supreme Court to largely uphold this law, will impact millions of people in this country,” says Susannah L. Rose, PhD, a member of the Bioethics professional staff.

The Physician Payments Sunshine Act (PPSA), a component of the Affordable Care Act, requires that medical product companies disclose to the Department of Health and Human Services their financial relationships with U.S. physicians and teaching hospitals. Dr. Rose and Guy Chisolm, PhD, Director of the Innovation Management and Conflict of Interest Program at Cleveland Clinic, are investigating the potential impact of this policy. Their research is funded by a grant from the Edmond J. Safra Center for Ethics at Harvard University.

“This key policy innovation may have far-reaching effects, particularly if the data are publicly disclosed in a way that increases transparency and the ability to more effectively evaluate these financial relationships,” says Dr. Rose.

A primary criticism of the Affordable Care Act is that it does not go far enough to control the rising, possibly unsustainable, costs of healthcare in the U.S. Dr. Rose has a particular interest in how costs might be controlled without compromising the quality of care provided to people with serious medical conditions. She is collaborating with Terence Gutgsell, MD, Section Head of Cleveland Clinic’s Department of Palliative Medicine, on ways to use palliative care and other methods to improve quality of life and, possibly, length of life.

“Research has shown that providing palliative care to people diagnosed with advanced diseases, including certain cancers, not only improves the quality of their remaining days but allows some people to live longer,” she says.

Palliative care effectively treats pain and other symptoms and provides support to family members. Palliative care emphasizes communicating with patients and families on the goals of care and helping patients evaluate and articulate their care preferences. “With medical, psychosocial and spiritual support, patients are better equipped to make complicated decisions,” she says.

Dr. Rose recognizes that conducting empirical, patient-focused research is not sufficient in itself. The findings must be applicable to real-life situations.

“We need to analyze the fundamental ethical assumptions that underlie key policies and explore how these assumptions affect people’s lives,” she says. “Bioethics must focus on issues related to healthcare disparities and how we can help our healthcare system maximize the benefits it provides while ensuring all people receive the healthcare they need. This is a huge challenge in the current political and economic environment,” she says.
Regional Bioethicist Added
Margot Eves, JD, began work at Cleveland Clinic in September 2011 as Regional Bioethicist.

What does “regional bioethicist” mean, exactly?

Ms. Eves combines a background in ethics and as an ombudsman with a law degree. She earned her bachelor’s degree from Wake Forest University in health and exercise science while in a premed track. She then earned her master’s degree in bioethics at Sarah Lawrence College, and worked in hospitals in a variety of roles while earning her degree in law at Seton Hall University, with a health law and policy concentration. After law school, and with years of experience working in hospitals under her belt, she accepted Cleveland Clinic’s fellowship in advanced bioethics in the first class in 2007-2009. She followed that experience with a second clinical ethics fellowship at Memorial Medical Center in Springfield, Ill.

She supports medical teams and families in the western and southern parts of the Cleveland Clinic health system, with a presence at Fairview, Lakewood, Lutheran and Medina hospitals. In the western and southern areas, cases usually involve specialties such as pediatrics, psychiatry and neonatology, although Ms. Eves says that since she rounds through ICUs roughly every other week, she sees a wide range of case types. End-of-life issues are also part of the breadth and depth of case types handled in the region.

An ethics consult on a specific case, she says, can last only a few hours or up to several weeks. More complex consultation teams can involve up to 20 people, although most teams average between 10 and 12 participants. If the current trend holds, Ms. Eves is on track to participate in 35 regional consultations in 2012.

In addition to providing regular ethics consultations at hospitals, Ms. Eves is on call to provide consultations through a pager service. She also works on educational programs and policy development, both on Cleveland Clinic’s main campus and in the region.

“In this field, trust is very important,” says Ms. Eves. “In the region, relationship-building is most important since this is a new role, and I’m building that trust.”

She adds that her experience thus far has been that both patients and doctors appreciate her assistance.

“We recently handled a case where the patient had received care at two hospitals,” she says. “A subgroup of the two committees at each of those facilities was able to get together to discuss the case.

“That’s the kind of cooperation we’re trying to foster. And the patient really appreciated our efforts on his behalf.”

For more information about the regional ethics practice, contact Margot Eves at evesm@ccf.org or 216.476.2942.

For more information on e-Ethics consult services, see the back of this issue.

Former Fellow: Courtenay Bruce, JD

Courtenay Bruce has a unique combination of experiences that informed her choice to pursue a career in bioethics. She has a doctorate of jurisprudence (with an emphasis in healthcare law) from the University of Houston Law Center and earned her master’s in bioethics from Case Western Reserve University. She is also a certified mediator.

She describes the decision to enter this profession as an evolutionary process.

“A rather twisty path brought me here,” Ms. Bruce says. “I attended a law school with a strong health law curriculum, on a campus literally in the shadow of one of the top medical centers in the world, so it only made sense that I would at least take the introductory health law class, Bioethics and Quality of Care. The professor, a 40-something man with a repertoire of jokes and bow ties, was a delight. I was officially hooked.”

After she completed a few more health law classes, she began to think that she wanted a career at least tangentially related to bioethics.

Her interest in clinical ethics drew her to the fellowship opportunity at Cleveland Clinic. The transition from lawyer to clinical ethicist, she points out, cannot be made seamlessly. There are skill sets taught in law schools that are essential for clinical ethicists: boundary recognition, analytical thinking, mediation and negotiation techniques, and active listening. These skills are second nature to lawyers. But, there is a certain sensitivity that is necessary for clinical ethicists that is not taught in law schools. That extra level of sensitivity involves being attuned not only to one’s own environment but also the patient’s environment.

“I knew I needed a program that would teach me precisely this,” Ms. Bruce adds. “So, after some searching, I found and completed a two-year fellowship with a focus on clinical ethics in the Cleveland Fellowship in Advanced Bioethics program.”

After completing the fellowship, she accepted her current position – that of assistant professor in medicine and medical ethics at the Center for Medical Ethics and Health Policy at Baylor College of Medicine in Houston. In this capacity, she is a clinical ethics consultant for the Methodist Hospital System, and also conducts research and teaches medical students, residents and fellows.

To those who are considering a fellowship program, she gives the following advice:

“Find a fellowship program that fits you. Demonstrate self-awareness during the fellowship, including awareness of your own limitations. This allows you to grow. In doing so, you’ll love the experience,” she says.
About Cleveland Clinic
Cleveland Clinic is an integrated healthcare delivery system with local, national and international reach. At Cleveland Clinic, 2,800 physicians represent 120 medical specialties and subspecialties. We are a main campus, 18 family health centers, eight community hospitals, Cleveland Clinic Florida, the Cleveland Clinic Lou Ruvo Center for Brain Health in Las Vegas, Cleveland Clinic Canada, Sheikh Khalifa Medical City, and Cleveland Clinic Abu Dhabi.

In 2012, Cleveland Clinic was ranked one of America’s top 4 hospitals in U.S. News & World Report’s annual “America’s Best Hospitals” survey. The survey ranks Cleveland Clinic among the nation’s top 10 hospitals in 14 specialty areas, and as the top hospital in three of those areas.

Resources for Physicians

Referring Physician Center and Hotline
Cleveland Clinic’s Referring Physician Center has established a 24/7 hotline — 855.REFER.123 (855.733.3712) — to streamline access to our array of medical services. Contact the Referring Physician Hotline for information on our clinical specialties and services, to schedule and confirm patient appointments, for assistance in resolving service-related issues, and to connect with Cleveland Clinic specialists.

Physician Directory
View all Cleveland Clinic staff online at clevelandclinic.org/staff.

Track Your Patient’s Care Online
DrConnect is a secure online service providing real-time information about the treatment your patient receives at Cleveland Clinic. Establish a DrConnect account at clevelandclinic.org/drcconnect.

Critical Care Transport Worldwide
Cleveland Clinic’s critical care transport teams and fleet of vehicles are available to serve patients across the globe.

- To arrange for a critical care transfer, call 216.448.7000 or 866.547.1467 (see clevelandclinic.org/criticalcaretransport).
- For STEMI (ST elevated myocardial infarction), acute stroke, ICH (intracerebral hemorrhage), SAH (subarachnoid hemorrhage) or aortic syndrome transfers, call 877.379.CODE (2633).

Outcomes Data
View clinical Outcomes books from all Cleveland Clinic institutes at clevelandclinic.org/outcomes.

Clinical Trials
We offer thousands of clinical trials for qualifying patients. Visit clevelandclinic.org/clinicaltrials.

CME Opportunities: Live and Online
The Cleveland Clinic Center for Continuing Education’s website offers convenient, complimentary learning opportunities. Visit cccme.org to learn more and use Cleveland Clinic’s myCME portal (available from the site) to manage your CME credits.

Executive Education
Cleveland Clinic has two education programs for healthcare executive leaders — the Executive Visitors’ Program and the two-week Samson Global Leadership Academy immersion program. Visit clevelandclinic.org/executiveeducation.

Resources for Patients

Medical Concierge
For complimentary assistance for out-of-state patients and families, call 800.223.2273, ext. 55580, or email medicalconcierge@ccf.org.

Global Patient Services
For complimentary assistance for national and international patients and families, call 001.216.444.8184 or visit clevelandclinic.org/gps.

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Call 216.444.CARE (2273) or 800.223.CARE (2273) to schedule an appointment for an adult or pediatric primary care visit for either the same day or the next day, including Saturdays, at 22 convenient locations throughout Northeast Ohio.

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Cleveland Clinic MyChart® is a secure, online personal healthcare management tool that connects patients to their medical record. Patients can register for MyChart through their physician’s office or by going online to clevelandclinic.org/mychart.

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Cleveland Clinic offers online medical second opinions for more than 1,000 life-threatening and life-altering diagnoses. For more information, visit clevelandclinic.org/myconsult or call 800.223.2237, ext. 43223.
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Bioethics Welcomes New Fellows

Lauren Flicker, JD, MBE, received bachelor’s degrees in both law and society and theater from Oberlin College. She received an MBE in bioethics from the University of Pennsylvania Medical School, where she also completed her JD. Her current interests include legal/ethical issues involving procreative liberty, assisted reproductive technologies and physician-assisted suicide.

Cristie Cole, JD, received her bachelor’s degree in biology and society, with a specialization in health and society, from Cornell University. She then was awarded her JD from the University of Arizona’s James E. Rogers College of Law. Her specialty interests include the responsible development and integration of new medical technologies into daily practice, reproductive ethics and law, and conflict resolution during the medical decision-making process for vulnerable populations.

The Department of Bioethics is introducing a new program, e-Ethics Cleveland Clinic. Integrating communications technology and the expertise of our ethics consultants to help healthcare organizations respond to ethical challenges in patient care, e-Ethics Cleveland Clinic services include:

• 24/7 e-Ethics consultation
• e-Ethics education
• e-Ethics policy and program development

For more information, contact Anne Lederman Flamm, JD, at 216.444.8720 or visit clevelandclinic.org/bioethics.