

## DIRECTOR'S REPORT

## The CHPE Mission Expressed in an Opportunity for Service in Post-Soviet Countries

Members of the Center for Health Policy and Ethics believe that our mission begins at home, but in today's world of global communications opportunities for service come from near and far. During recent months we have lived our mission in part by providing professional ethics instruction and materials for leaders in the health professions, non-governmental and governmental agencies in several post-Soviet developing countries. This activity has touched everyone at CHPE: some made the long journey through (up to) ten time zones for on-site exchanges; others helped prepare materials or stayed at home to cover commitments here for those who went. Many are involved in on-line follow-up exchanges.

The project began last year through the initiative of CHPE Senior Visiting Fellow, Dr. Bela Blasszauer from Pecs, Hungary. Upon returning to Creighton from Latvia where he had participated in a medical ethics seminar sponsored by the US-based Albert Schweitzer Institute (ASI), he recommended us to its leadership. He saw an apt fit between the CHPE's mission grounded in the Catholic and Jesuit values of Creighton University and that of ASI. This institute has a contract with the George Soros Open Society Foundation to provide instruction and create an infrastructure for implementing basic primary care, public health and professional ethics education in developing post-Soviet nations. To date we have conducted workshops in Latvia, Lithuania, Georgia and Azerbaijan. As CHPE Director I was one member of the team who went to Tblisi, Georgia. Later I wrote:

*Tblisi. A gray autumn sky. Our plane circled, descended into a valley where an occasional yellow light punctured the mist. Due to power outages we were warned to arrive in daylight, but murky darkness met us by the time the*

*plane taxied to a stop. In the crowded arrival area, pungent cigarette smoke swirled against a lone neon light in the ceiling. Beyond, dark-coated Georgians pushed at the ropes for a glimpse of loved ones. For the next few days we would work in a basement conference room, communicating with the assistance of two world-class translators who helped assure a lively exchange between and among the participants. In our rare moments off we walked the cobbled streets to visit crumbling eleventh and twelfth century orthodox Christian churches, very much in use. Poverty was evident everywhere. Due to the fighting in Chechnya—less than a hundred miles away—one ten story Tblisi hotel already had become a vertical teeming refugee camp*

This week-long Institute in Tblisi, composed of forty-five leaders from Azerbaijan, Georgia and Armenia, was the first meeting of health care leaders between the warring countries of Azerbaijan and Armenia; it was also the first medical ethics education seminar for leaders of these three nations since the dissolution of the Soviet Union. One highlight was our modeling of a hospital ethics committee, virtually unheard of in these countries. The leaders met the idea with enthusiasm and have since tried to implement such committees within their own institutions.

A few months later two CHPE faculty traveled to Lithuania to work with medical and nursing administration faculty and students at the medical university in Kaunas. Basic notions of respect for human dignity and the demands of justice, core values in Creighton University's approach to ethics education, were fundamental themes in their developing curricular efforts, and they welcomed discussion about putting these values into action within the constraints of their own development and resources.

In October, three CHPE members traveled to

Baku, Azerbaijan, on the Caspian Sea, home to one of the world's largest oil reserves but also noted by some environmental analysts as the most polluted place on earth.

*Baku. The modern airport stood warm and welcoming at our 3AM arrival, in sharp contrast to the one in Tblisi. But once on the road to our hotel there were unfortunately many similar marks of poverty. The next day the air stung our eyes and the rain left dark streaks on our hotel room windows. A tour for the other guest faculty from Hungary and Georgia and ourselves revealed a beautiful ancient walled city situated in a nation that has been the spoils of war for many centuries, only the last instance of which was the Soviet occupation.*

The three CHPE and two additional faculty from Georgia and Hungary facilitated this meeting designed to implement a new medical ethics educational curriculum. All Baku medical school chairpersons and key representatives from government and emerging non-government organizations gathered for long sessions punctuated each evening by dinners and further discussion. The Azerbaijan leadership is mostly Muslim, and while Soviet medical ethics had dominated the professional ethics curriculum until the break-up of the Soviet Union, Muslim teachings had also prevailed in higher education. Such basic foundation stones in Catholic health care as the value of "preferential treatment of the poor" had corollaries within their religious system too, enabling rich discourse about this important challenge.

In these experiences we are once again reminded that attempts to live our mission through service also are occasions for our own enrichment through the creation of new communities occasioned by sharing of our mutual values, commitments and hopes.

Ruth Purtilo, Ph.D.

# 11th Annual Women and Health Lecture

## Domestic Violence in Omaha

### The Honorable Judge Patricia A. Lamberty

STOP! STOP! STOP!

*Every nine seconds a woman is physically abused by her husband.*

*Thirty-seven percent of women presenting with injuries in an emergency room are identified as being injured through battering.*

*Twenty-eight percent of those women who present with injuries in the ER require hospitalization.*

*Forty-two percent of murdered women are killed by their intimate male partner.*

Such startling statistics captured the audience's attention as Judge Patricia A. Lamberty provided the eleventh Annual Women and Health Lecture, "Domestic Violence in Omaha: Cause and Effect and Impact on Our System." Judge Lamberty is a District Court Judge of Douglas County, Fourth Judicial District. She is co-chairperson and founding member of the Domestic Violence Coordinating Council of Greater Omaha and the recipient of the 1997 B'nai B'rith Safety Award for her efforts in developing this Council.

Judge Lamberty defines domestic violence as a pattern of coercive behaviors including physical, sexual, psychological and economic abuse, or a threat thereof, occurring between individuals in a present or past intimate relationship. After citing background information on the court system and the relationship between the law and domestic violence, she drew upon numerous studies to reflect upon the depth and breadth of this problem.

Judge Lamberty reviewed the causes of domestic violence and contrasted them with some of the myths surrounding it. Despite protests to the contrary, domestic abuse is the result of the perpetrator's desire to control the victim. Alcohol and drugs are usually involved

only fifty percent of the time. Abusing someone is generally a learned behavior—an intergenerational transmission of violence. Many who abuse were either abused themselves or observed family members abusing each other. Domestic abuse cannot be blamed on genetics, illness, anger, stress or the behavior of the victim.

The judge reminded the audience that men can be victims of domestic violence as well, but the overwhelming threat is to women. Although the majority of abused woman range between eighteen and forty-four years of age, they report having been abused as young children and as elderly adults. Domestic abuse knows no socio-economic or ethnic barriers as it affects all races, all religious groups, all levels of education and all categories of employment or income.

Women face formidable barriers when attempting to leave situations of violence. In fact, forty-five percent of those who are currently abused live with the individual who abuses them, according to Judge Lamberty. She called the barriers the "8 Fs:" fear, family/father of children, finances, faith, forgiveness, feelings for abuser, fatigue and fantasy. She briefly addressed each of these barriers, continually reminding the audience of the difficult bond the woman has to break as these factors often combine with one another rather than operating singly.

Judge Lamberty ended her presentation by suggesting several remedies. She emphasized the law and judicial system, but noted other approaches as well. The Nebraska Unicameral passed the Protection from Domestic Abuse Act in 1978, providing for the use of "restraining orders" that made domestic abuse violations a civil matter. Later, in 1989, the law was changed so that victims could seek a "protection order," thus providing for criminal penalties for violations. In 1999, 2974 protection orders were filed in Omaha. The

highest number of orders stems from non-marital relationships. Marital relationships represent the second highest number, and the third highest number of orders comes from former spouses. The year 1999 saw six hundred perpetrators on probation. In addition to legal remedies, social agencies also play an important role. The YWCA and Catholic Charities received 13,582 calls related to domestic violence last year. From among "911" calls, 8464 were linked to domestic abuse, indicating the significance of the problem. Nationally, costs related to domestic violence amount to between three and five billion dollars. The work place is the number one place where women are murdered. Screening and assessing for domestic abuse in the health care system are pivotal to a "stop domestic violence" effort. Although various groups recommend routine screening of all women for domestic violence, such an approach has not become a full reality, either in emergency rooms or physicians' offices. Women can be counseled if they admit to suffering from abuse, but there is no way to prevent their returning to a risky situation. Support for victims through shelters and other aid and batterer's treatment programs are viable interventions that address the needs of battered and batterers. Judge Lamberty stressed the importance of raising awareness and decrying the unacceptability of abusive treatment for anyone. Domestic abuse is a multi disciplinary community problem. Churches, schools, government, voluntary organizations, health care institutions and the legal system all need to collaborate and cooperate to curtail the escalation of present aggression and to prevent future violence.

*Winifred J. Ellenchild Pinch,  
Coordinator Annual Women & Health Lecture*

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## Student Researchers at CHPE

The Center has been fortunate to have three exceptional students working this year on various projects. **Cheryl Eastman, JD**, is a 2000 alumna from Creighton's School of Law. She worked on the development of a *Legal Guide for Nebraska's End-of-life Care Providers*. The *Guide* will have four sections: (1) decision-making; (2) provision of end-of-life care; (3) foregoing medical treatment; and (4) structures of care. It will be printed and accessible on-line ([www.nebrccc.org](http://www.nebrccc.org)) later this year. The project was funded by the Nebraska Coalition for Compassionate Care with the

Center providing work space and Dr. Welie's guidance.

**Melissa Simpson** is a third year law student at Creighton. Her summer work at the Center was supported by an award from the Creighton Fund for Clerkships in the Public Interest. She has continued to be involved in two CHPE projects. First, she has undertaken extensive background research on advertising by dentists for a series of four short articles subsequently co-authored with Drs. Welie and Westerman and submitted to the *Newsletter* of the Nebraska Dental Association. Second, she

continues to be involved in the development of a survey project of dental school alumni that is part of the university-wide project on education for justice.

**Tim Casey**, a fourth year student at Creighton's School of Dentistry, has been funded by the School to develop a survey of its alumni, entitled "Priorities in Dental Practice Management." The results of this survey (which will be available early next year) should help the School of Dentistry in its continuous improvement of its curriculum "for justice."

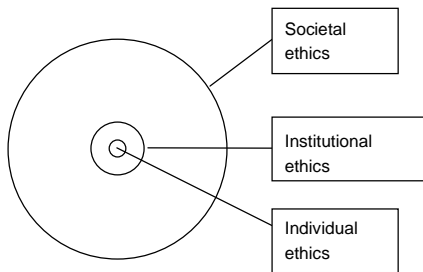
# The Institutional Side of Healthcare Ethics

Jack Glaser, STD  
Senior Visiting Fellow

Unlike universities, U.S. health care institutions do not routinely recognize the importance of sabbatical time. I am lucky to be part of St. Joseph Health System in Orange, California. Our leadership is supporting a nine-month special assignment—the first three months being spent here at Creighton as a Senior Visiting Fellow at the Center for Health Policy and Ethics. During my special assignment I will spend most of my time working in two areas: revising a book and working on health care reform.

## Three Realms of Ethics:

I will revise a small book I wrote in 1994: *Three Realms of Ethics*. This effort will refine and further develop what I consider to be a foundational paradigm for ethical work—a model integrating three significantly different, but strongly interrelated, spheres of ethical reality: individual ethics; institutional ethics; and societal ethics. The graphic below sketches some key elements of this paradigm: the distinctiveness of the three realms; their nested relationships; their comparative magnitude.



A number of convictions urge me to return to this fundamental thought-model. I am convinced that:

- Health care ethics remains fragmented and distorted unless we understand and address specific issues—for example, euthanasia—in such a three-realm context.
- Much of bioethics' history and its current activity (mirroring the larger U.S. culture) remain fixated on the individual (case-oriented) level of analysis and remediation.
- Most issues that have haunted the last decades of bioethics—patient autonomy, informed consent, end-of-life care, pain management, etc.—have their root causes on the institutional level—in ethically flawed systems and structures of health care institutions.
- Future ethical challenges will increasingly have their *Sitz im Leben* on the institutional and societal level.
- Ethics has developed few tools to deal with institutional and societal ethics because it has failed to recognize the magnitude and defining nature of these realms.

- Much current distress in the lives of health care institutions, professionals and patients cascades down from the deeply flawed systems and structures of U.S. health policy and practice and will only be abidingly remedied on that level.

I believe that an ethical paradigm that integrates individual, institution and society can provide some conceptual tools for grappling with issues like those sketched above.

## Health Care Reform:

This three-realm thinking lands me in my second area of concentrated work—health care reform. In my opinion, the comprehensive reform of U.S. health care is the biggest and most urgent issue facing health care ethics. It is true that every developed nation in the world is struggling with its stressed health care system and looking to reform. But, nowhere else in the developed world are the issues so morally primitive, so stark, so extensive, as they are in the U.S. One tip-of-the-iceberg example to jog our moral memory:

- Our spending is prodigious. U.S. health spending has the magnitude of a major global economy; is larger than the GDP of all but a handful of nations. We spend more, by far, in absolute dollars, per capita and as a percentage of GDP, on health care than any other nation. After a short lull, health care inflation has resumed its steep climb.
- This unparalleled and spiraling spending buys what? Health outcomes that are shameful relative to spending. The July 26 issues of *JAMA* reported a study comparing thirteen countries—Japan, Sweden, Canada, France, Australia, Spain, Finland, the Netherlands, the United Kingdom, Denmark, Belgium, the United States, and Germany. US average ranking for sixteen health indicators among these thirteen nations was twelve.
- Our health care access has decreased by 40% in the last decade. We now exclude over eleven million children—our neediest and most vulnerable neighbors—from our health care system.

It is precisely perverse proportions like these that are evidence of societal ethical dysfunction and failure. They and many other characteristics of current U.S. health policy and practice, make up the foundation for my judgment about the moral magnitude of health care reform.

In thinking about how this reform will evolve, I am led by the analysis of Daniel Yankelovich to see the process, not primarily as a political challenge, but as a cultural and social challenge. Yankelovich talks about moving society from mass opinion to public judgment—the sort of transformation it took to

## Continuing the Senior Visiting Fellow Tradition



**Jack Glaser**, Senior Vice President for Theology and Ethics of the St. Joseph Health System in Orange, California, joins us as CHPE's fourth visiting fellow. Jack is accompanied by his wife, Mary

Ellen, who is a consulting psychotherapist and social worker. He holds his S.T.L. and doctorate of theology from the Graduate School of Philosophy/Theology in Frankfurt/Main Germany.

Our new Fellow has been a pioneer in exploring institutional health care ethics issues, which he considers to be one of the most pressing areas of ethical reflection for the American, and in particular for the Catholic-American, health care world. His efforts in institutional ethics have two main emphases. First, he is working with senior executive teams in a yearlong pilot program. This work grows from the conviction that senior executive teams are the primary ethics committees of the organization – all of their time and energy deals with issues of major ethical significance. Second, he is working to transform his hospital ethics committees into centers of measurable, systemic change. This effort grows from the belief that problems in clinical ethics are eighty percent systems-caused and twenty percent people-caused. His goal is to make Catholic moral tradition more practically useful to those engaged in the healthcare ministry.

move from a slave-owning culture to an abolition culture; the transformation it took to move from a one-man-one-vote culture to a universal suffrage culture. In such a model of reform, change in the consciousness and conscience of the public is the foundation and engine of abiding change in the political arena. My efforts will focus on what is involved in moving the U.S. public from mass opinion to public judgment. I am especially interested in how organized religion—especially Catholic health care and Catholic parishes (not exclusively, but as a starting point)—can increasingly become centers of advocacy and creativity in moving the general public from mass opinion to public judgment. Obviously, this second area of focus will last far beyond my nine months of special assignment. I welcome the struggle for health care reform as a lifetime challenge and companion.

I am deeply grateful to Creighton's Center for Health Policy and Ethics for the intellectual energy and companionship that surround me here.

## Calendar of Events

### Conference

*Alzheimer's Disease: Living our Miracles, Facing our Future – Clinical, Ethical, Pharmacoeconomic and Psychosocial Challenges for Patients, Caregivers and Policymakers*

April 6-7, 2001

Omaha Country Club

Co-sponsored with the Center for Aging, Alzheimers and Neurodegenerative Disorders

**Clinical Ethics Series** co-sponsored with the Department of Medicine

*Response to the Medically Underserved: Justice?? Charity??*

Wednesday, November 29, 2000

12:00 – 1:00 p.m.

Saint Joseph Hospital Seminar Room

**Distinguished Lecture Series** co-sponsored with the Department of Medicine and School of Medicine Dean's Office

Neil F. Powe, M.D.

Wednesday, January 10, 2001

12:00 – 1:00 p.m.

Boys Town National Research Hospital Auditorium

Women and Health Lecture 2001

Dr. Mary Ann Stevens

President College of Saint Mary

September, 5, 2001

Skutt Student Center Ballroom

We would like to thank **Jos Welie**, outgoing Associate Editor, for his excellent contribution in this position and welcome new Associate Editor, **Judith Lee Kissell**.

## COMINGS . . .



**Richard L. O'Brien, MD** has joined the Center as a faculty member as of October of this year. Dr. O'Brien brings us a wealth of experience. In addition to being a faculty member in the Center for Health Policy

and Ethics, he is Professor of Medicine, Medical Microbiology and Immunology, past Dean of Creighton's School of Medicine and past Vice President for Health Sciences. He was a professor at the University of Southern California and Director of the Kenneth Norris, Jr. Cancer Center before coming to Creighton. Dr. O'Brien has numerous publications in molecular and cellular biology and cellular immunology. His current research interests include: health professionals as fiduciaries, international standards of health professions education, standards of professional certification and licensure/registration and unintended consequences of technology development.



**Judith Lee Kissell, PhD** joined the Center as Assistant Professor in July. She did a year of post-doctoral research at the Center in 1997-98, so she feels as if she is "coming home." Dr. Kissell completed her doctoral work

in philosophical ethics at Georgetown University in Washington, DC. In between her times at Creighton, she taught ethics and philosophy in Georgia. While there she worked as a consulting ethicist for the Centers for Disease Control and Prevention in Atlanta, GA. Dr. Kissell has published numerous works on moral complicity and the ethical consequences of technology in medicine. She plans to continue her research on complicity and on moral decision-making.

## . . . AND GOINGS

We are sad to lose three valued colleagues who have been very active in Center activities during the time they have been with us. But then again we rejoice to know they are off to good things and new opportunities.

**Kate Brown, PhD**, Associate Professor in the School of Pharmacy and Allied Health, Department of Occupational Therapy, has left us to return to California. Kate, who has been involved in various community, Center and university activities is looking forward to some reflection time before she returns to academia.

**Dan Darby, M.S.E.**, Executive Director of the Creighton Saint Joseph Physician Hospital Organization, is headed, with his wife Sara, for the missions of East Asia. Sponsored by Send International, an interdenominational faith mission agency operating in Asia, Europe and North America, Dan's title is East Asia Mobilizer. He will be interacting with East Asian business persons to teach effective sales presentation skills as part of his missionary work.

**JoAnn Maynard**, Senior Administrative Assistant, who has been with the Center for three and a half years, will be missed by all who have counted on her cheerful and competent assistance in our day-to-day operations. JoAnn has accepted a position as Director of Social Work at Brighton Gardens, a senior living community. She is looking forward to putting to good use her Masters degree in Social Work.

### FOCUS

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