

CHOICES

2001 Waukegan Road, Box 525
Techy, IL 60082
email: ethicsadvocacy@gmail.com

Phone (847) 509-9130
Fax (847) 509-9131
Cell (847) 609-3934
<http://www.healthcare-ethics.org>

John Jones Internship in Community Healthcare Ethics

The mission at the heart of The Center is to endow those in the community with the knowledge and confidence necessary to make independent decisions when ethical conflicts arise in their healthcare. To this end the education of young adults is central to the program.

By exploring the practical and theoretical issues in the ethics of healthcare, The Center makes a positive investment in the lives of interns and advances its mission in the community. The mission can hope for progress if both adults and young people in the community feel a sense of moral responsibility for themselves and their community. This is why the internship program is so critical to The Center.

If those in our community recognize the need for ethics in healthcare, The Center for Ethics and Advocacy in Healthcare will have achieved its goal.



The Interns (left to right): Tanuka Raj, Roshea Williams, Katie Special, and Clare Wylie

Please watch our documentary available on The Center's Website
www.healthcare-ethics.org

CHOICES

Dear Friends,

On the last page of this newsletter you can read The Center's vision and mission statements. These arose from the insights of our first board members. I read their statements time and again. They continue to inspire me because they arose out of the very personal life experiences of four people: Martha Curry, RSCJ, Nancy Morris, RSCJ, Bryan Watkins and Kurt Wohlert. The courage taken by sharing these experiences birthed an organization that has survived since 1995. Many others have served as Board members since that time, loyally and unstintingly. This kind of commitment instills in people a confidence that strengthens the whole. It has resulted in solid educational programs based on actual human experience. What I personally have learned from the sick has given me a profound belief in the reality of human transformation in illness and death. I watch it happen time after time. It would be impossible to not remain true to our vision and mission statements, because our method has never changed. In light of this our efforts in the past year include:



*Sr. Peggy McDonnell
Director*

First, a major force is our internship program. Last summer, four interns arrived with clear professional orientations. Two changed their professional direction as a result of their exposure to the community we serve. -- There was one consistent word that came up in all interviews: "I am passionate about..." This passion was contagious and inspiring. The Center's interns are clearly change agents for the future into which they are moving. I feel privileged to be a part of their lives. Their articles, written for this newsletter, follow. The Center remains committed to serving their needs and preparing them for their professional future.

Secondly, the numbers and the types of calls we get are changing. Daily I refer housing calls to other township agencies, but the fact that they even come to me tells a story about the economy in general and specifically the healthcare economy and the impact it is having on living situations. Clearly there is also an increased need for family mediation, such as happens when adult children are at odds with each other over care of their ailing parents. Through education they learn how much care is appropriate, where the care should be located, and the like. Each family situation is unique. The Center remains committed to serving these family needs, restoring unity whenever and wherever possible.

Thirdly: Last spring, calls came from 6 volunteers around the exact same time. One was from the east coast, willing to do grant writing. Another called because of an incident at a hospital that unsettled her to the extent that she decided to get involved and make a difference. These personal experiences impel people to action; In this case the person decided to be a change agent rather than sue. One local woman also called wanting help for her friend; the next day she called saying there were several more families in need! I asked her to come with a group of volunteers. I would teach them how to help each other. The Center remains committed to serving the needs and desires of volunteers and those they want to help.

In July I offered a seminar "How Do Love and Justice Intersect in a World of Scarce Medical Resources?" Thirteen came: three Intensive Care nurses, students and adult lay people. One person came back and said the conversation was "riveting." It was. The mix of people was unexpected and really "made" the program. The Center remains committed to serving their needs.

In summary, our mission remains the same, only the context is changing. The needs are crystal clear.

The Center continues to depend on your support. At a time when people are struggling financially, I remain hopeful for your assistance, as it will afford me and those I teach the opportunity to continue to serve the needs within our community. This miracle is yours and I will be forever grateful to all of you because it could never have happened without you.

With my total respect and gratitude,

A handwritten signature in black ink that reads "M. Margaret McDonnell". The signature is written in a cursive, flowing style.

M. Margaret (Peggy) McDonnell, RSCJ

Director, The Center for Ethics and Advocacy in Healthcare

CHOICES

Healthcare is not a “one size fits all” profession. Anyone in the field, doctors, nurse practitioners, specialists, needs to be sensitive of their patients’ differences. This may seem like a simple task, but it goes deeper than their medical diagnostics and their family history. Professionals in the healthcare system need to be aware of their own subconscious biases of races and the cultural differences that many citizens of America have. This in a nut shell, through Sr. Peggy, the speakers and my own reading, is the biggest message that I am taking away from this internship.

The most researched factor of a doctor’s subconscious perception is race. A patient’s race can impact the quantity and quality of treatment they will receive. Racial disparities have long been documented in healthcare, but a University of Washington study of doctors’ possible biases is validating the feeling of many African-American patients. Recently released, the study found that most doctors unconsciously prefer white patients to black patients. Doctors are not fully aware of associations that exist in their heads as a consequence of living in a society in which some groups are admired more than others. Many physicians treat their white patients better than their minority patients on the basis of race alone. This is called the “Biased-Doctor Model” of treatment disparities. There are many examples of whites receiving better healthcare. Previous studies have suggested blacks were forty percent less likely to be referred for cardiac catheterization than whites.

Secondly, race can also blind doctors into making the wrong decision. Imagine an eight year old boy, appearing to be of European ancestry, who presented with acute abdominal pain and anemia. He was scheduled for surgery, which was subsequently cancelled when a routine blood smear led to the identification of previously undiagnosed sickle cell anemia. The child was of South Asian, Northern European, and Mediterranean ancestry. Mortality rates and prevalence of common illnesses are calculated and reported based on the standard racial and ethnic categories used in the U.S Census. This unfortunately can lead to associating race with risk. For example, sickle cell anemia can too frequently be associated with those of African American descent. The case of the boy illustrates that relying on conventional wisdom regarding race and risk can be dangerous to patients and can blind healthcare providers to alternative explanations for health problems.

Being born in India and coming to this country at a young age, I still would consider my family to be immersed in Indian cultural values. Since America is a “melting pot”, healthcare professionals need to know the basics about the major cultures in the United States in order to ensure the proper treatment for all patients.

Let’s look at the story of Maria. She’s a seventeen year old, pregnant, English-speaking, Mexican American. Maria lives with her solely Spanish-speaking grandmother. Maria had missed many of her prenatal appointments, and at her latest appointment it was discovered that her blood pressure was very elevated, leading her to become admitted in the hospital. Still, after the hospitalization, no one could understand why her hematocrit level was 15-17 and her platelet and blood count were very low. An interning doctor from South America realized what may be the problem and questioned Maria if she was eating anything other than food. Maria innocently said that she was eating eight bars of chalk because it tasted like dirt and she was craving dirt and ice. In order to control the craving, which the grandmother thought would give the baby pneumonia and bronchitis, she made her eat the chalk. Doctors need to be aware of the role of alternative health practices and how certain beliefs can affect a patient’s health. Problems like cultural unawareness and racial bias are things that should not be adding to this country’s already existing healthcare problems. I strongly believe that these issues can be successfully addressed by education that continues throughout one’s medical career.

Tanuka Raj is a senior at New Trier High School. She is interested in becoming a physician and is passionate about healthcare issues. Tanuka has had volunteer experience working with Alzheimer’s patients for over a year.



Tanuka Raj

CHOICES

I started as an Intern at The Center in January of this year to complete a required Internship for my sociology bachelor's degree. I was interested in the program because I had intentions of going on to nursing school after receiving a bachelor's in sociology from Northeastern Illinois University. I wanted to go into nursing because I had the typical motivation of wanting to "help people". I felt an internship at The Center would teach me more about the healthcare system and nursing in general. I went into the internship not fully understanding what was driving me towards nursing or the healthcare system; I just knew that was where I found the greatest passion in my life.



Katie Special

The internship opened my eyes to the current state of the healthcare system in the United States. I had previously taken a class through my sociology bachelor's degree on the healthcare system in the U.S. but I still was not fully grappling with the reality of the issues. I believe my inability to fully take in what I had learned about the inequalities of the healthcare system was due to my lack of knowledge about the ethics in medicine. I understand now that the deep questions I am struggling with are ethical ones and will require me to embark on a quest for ethical knowledge in my life.

The struggle I have gone through internally has led me to understand that where my passion lies is with the inequalities in healthcare and lack of social justice. I had previously believed that going into nursing would allow me to address these issues and make a difference in individual lives. The internship and my sociology background have shown me that individual changes are not enough to make larger structural changes. I have realized that I am passionate about structural changes, and therefore, nursing would not be the appropriate educational path for me anymore.

The decision to switch career paths after so many years of wanting to become a nurse was not the easiest to make. The internship experience taught me that I wanted to be a change agent and therefore I needed to be in an environment that was structured around change. I have decided to look into both health advocate programs and ethics programs as well. I am not completely sure what I will do with either kind of degree but I believe it will put me on the path that I am meant to be on.

I am very grateful to Sister Peggy and the internship experience for helping me find my way career-wise. I have spent so much time feeling discouraged and confused about my future that I thought nursing was the only way to get into healthcare. Sister Peggy has been a much-needed mentor to me in such an uncertain time in my life. She has helped me discover a part of myself I had not been able to find: my true passion. I will always be grateful to her for everything she has done for me throughout my life. I never realized that all I needed was someone to listen to my thoughts and beliefs. Sister Peggy has been more than a mentor; she has been a friend as well. She has shown me support and encouraged me always. I have learned from her that the most important thing to do in life is to follow your passion and your dreams. I feel like I am embarking into unknown territory in my life but I have never been so sure of myself or so excited about what the future may bring.

Katie Special started interning in January 2010 for college credit. She continued on during the summer as our first intern in Leadership in Community Health and did a superb job. Katie graduated from Northeastern Illinois University in the Spring of 2010 with a Bachelors degree in Sociology and planned to pursue Nursing as a career, ultimately going into Nurse Practitioner in Community Health. Her experience at The Center had her leaning more in the direction of a Masters in Patient Advocacy.

CHOICES

During my time at The Center, I explored human dignity in healthcare through a wider lens reaching further than typical medical issues. The Center's practice utilizes all patient aspects affected such as relationships, cultures, stages of life, and personalities. The foundation of this practice is in The Center's appreciation of human dignity. Protection and promotion of human dignity is the underlying purpose of The Center's work, as well as the work of its speakers. I realized this was essential to providing patient-centered care and making decisions based on moral principals. The Center imparts a unique perspective on healthcare based on relationships and human dignity.



Clare Wylie

Human dignity refers to the intrinsic value of each human being. In this internship I began to struggle with the question of how we can fully appreciate this value. For each of us to understand the scope and magnitude of every individual's value it takes lived experience and reflection. Every person has a different way to conceptualize and understand this value. I encounter understanding of dignity through profound personal relationships. Rich relationships foster profound appreciation and understanding of the significance of every individual in our lives. If a person truly understands this dignity, they consistently demonstrate it through their actions. It is most evident in: respectful consideration, compassionate behavior, and loving relationships. The Center exhibits this deep understanding in its treatment of people.

My question evolved into how individuals and institutions could be enlightened with regard to the concept of human dignity so as to encourage a person-centered healthcare system. Building and strengthening strong relationships and community is one possibility. Community begins with person-to-person relationships based on something shared between two people. One way to create a bond is through the sharing of suffering. The common and fundamental human experience of suffering illuminates the fragility of us all. When we share this suffering we make ourselves vulnerable and open to one another. This openness allows for a bond to form. I visualize this bond as a forced vibration of adjoining or interconnected objects where one object begins to vibrate and forces the other object to vibrate at the same frequency. For example, when you hit a tuning fork, it creates vibration in another musical instrument because they have the same fundamental frequency. The resonance between the two amplifies and binds the two together on a transcendent level. This bond through resonance penetrates throughout a community and can be a catalyst to understanding human dignity on a larger scale. Attempting to understand and to make those deep connections, each in our own way, is the act of committing ourselves to respect human dignity.

In order to address current problems within healthcare, we need to incorporate the understanding of human dignity into professional healthcare practices. In my public health courses, we considered the importance of individual choices in health; however these "individuals" often remain faceless. In addition, doctors' training focuses their attention on the symptoms in order to cure the problem. This process creates distance between healthcare providers and their patients because this process defines patients as problems rather than people. It is a process that can diminish a relationship, without which the dignity of the individual is overlooked. Based on your conceptualization of human dignity, you need to consider each person's innate value while still recognizing human complexity. By establishing practices founded in the concept of human dignity we can solve many of the current healthcare issues. If every healthcare profession does this, the healthcare system will inevitably evolve to respect every patient's personhood and human dignity.

Clare Wylie is finishing her senior year at the University of Santa Clara in California. She is working towards a Bachelor's in Public Health. Clare recently spent a semester abroad in Denmark learning about the Danish healthcare system. Clare had a fellowship from Santa Clara for the internship.

CHOICES

"A great leader's courage to fulfill his vision comes from passion, not position"

– John Maxwell
American author and motivational speaker



Roshea Williams

The Center for Ethics and Advocacy in Healthcare is an organization which provides ethical advice for patients and individuals in various settings. Sister Peggy McDonnell has been a beneficial mentor who has introduced me to various resources regarding ethical decision-making in any situation. I appreciate that she taught us essential tools to address issues involving ethics in healthcare and even in life decision-making. I learned a wide range of information ranging from the different types of societal organizations, healthcare issues based on local and national levels to the role defining the position of a passionate advocate. Although I had only limited time at The Center, I can confirm that I was provided a clear understanding about the field of advocacy.

Honestly, I came into The Center not knowing what to expect nor having as much knowledge relating to healthcare and achieving ethical decisions. Sister McDonnell opened my eyes, which led me to examine my career choices. Not only did she help me determine my career, she helped me remember to select a career that followed my passion.

I now realize that you must have a passion to advocate for individuals to make their lives better. With appreciation, *"Sr. McDonnell, you are truly a gift from God who was willing to help a young woman like me who had minimum resources and knowledge in the healthcare field. I realize that my experience at The Center has helped me to have a clear understanding of, and focus on, advocacy. I appreciate your kindness and patience in working with students who want to help individuals and communities become aware of ethical decision-making in healthcare."*

Roshea Williams is a student at Eastern Illinois University working on a Bachelors degree in Consumer Business Ethics with a concentration in healthcare ethics, finishing in December 2010. She is passionate about pharmaceutical issues. After her experience at The Center she was leaning more in the direction of a Masters in Patient Advocacy.

In these challenging and uncertain economic times your support of The Center is needed more than ever to ensure a continuing ability to empower both individuals and the community. No financial reimbursement from Medicare, Medicaid, or private insurance is received for services.

The Center exists solely on volunteers and donor support.

The Center for Ethics and Advocacy in Healthcare is incorporated and is a 501c3, tax exempt, and not-for-profit organization. All donations are tax-exempt as provided by law.

HOW TO DONATE:

By mail: There is an envelope included within the newsletter. Please make checks payable to The Center for Ethics and Advocacy in Healthcare.

By web: <http://www.healthcare-ethics.org/donation/> and click on the "Donate now through Network for Good" icon.

DONORS 2010

We take this opportunity to recognize and thank the following individuals who have generously donated funds to The Center for Ethics and Advocacy in Healthcare. We beg your indulgence for any oversight and would appreciate being notified of the same. Certainly, without this donor support The Center would not be able to continue. Donor support gives meaning to the communal dimension of the work.

INDIVIDUALS AND FAMILIES

MAUREEN AGGELER
 MR. & MRS. ANDREW BALLIETTE
 MR. & MRS. JOSEPH BREDEMANN
 KATHLEEN T. BROWN
 MR. & MRS. JOHN BUESCHER
 MR. JAMES BUINO, JD
 DR. & MRS. ROBERT BUXBAUM
 MR. & MRS. E.F. (NED) CAMUTI
 MR. & MRS. JAMES CANNON
 MR. & MRS. J. MICHAEL CASNER
 MR. & MRS. ROBERT CONTE
 MR. & MRS. DANIEL DAWSON
 MR. & MRS. ANTHONY DeMARCO
 MRS. JOSEPH FASANO
 MR. & MRS. JAMES FREEMAN
 SANDRA FORRESTER
 MRS. EARL GOTT
 JENNIFER GRAY-STANLEY
 DR. & MRS. WILLIAM GREEN
 MR. AND MRS. WILLIAM GUTHRIE
 MR. & MRS. JOHN GUY
 DIANE HANLON
 MR. AND MRS. JAMES HAMILTON-
 POWELL
 MR. & MRS. DALE HARING
 MRS. DOROTHY HEISKELL
 BETTY HOWARD
 MR. & MRS. JOHN JONES
 REV. CRAIG KALLIO
 MR. & MRS. JOHN LOFTUS
 MR. & MRS. JOHN McAULIFFE
 KATHRYN McLAUGHLIN
 TIMOTHY MORRIS, PhD
 MR. JOHN MORRIS
 MR. JOHN MULROY, JR.
 ROSEMARY O'NEIL
 MR. & MRS. RICHARD PHELPS
 ELIZABETH BALDWIN PHILLIPS
 MR. & MRS. ROBERT PIRSEIN
 PATRICIA REISS, RSCJ
 MRS. MICHAEL RENDICH

MAXINE RENEKER
 MR. & MRS. CRAIG RICHART
 MR. & MRS. PETER RODER
 MR. AND MRS. ARTHUR ROTMAN
 MARIANNE RUGGERI, RSCJ
 MR. & MRS. GEORGE SCHULZ
 MR. & MRS. THOMAS SPECIAL
 MR. & MRS. PAUL SHAY
 MR. & MRS. PHILIP SIEGAL
 MR. & MRS. ERIC STROBEL
 MR. ZACH SUFRIN
 MR. & MRS. MICHAEL UNGARI
 PIA VALVASSORI
 MR. AND MRS. DANIEL WILDER
 MR. & MRS. DOUGLAS WILLIAMS
 PENNY WILLIAMS
 MR. & MRS. CHARLES WILSON
 MR. KURT WOHLERT

ORGANIZATIONS

ADVOCATE HEALTH CARE
 AMERICAN EAGLE
 BURKE, WARREN, MacKAY AND
 SERITELLA
 CAMPAIGN FOR BETTER HEALTH
 COMMUNITY HEALTH
 ING DIRECT
 FINANCIAL STRATEGY NETWORK
 HIGHLAND PARK HEALTHCARE FNDN.
 OAKTON PAVILION
 PIERCE, REISBECK, AND ASSOCIATES,
 LLP
 REHABILITATION INSTITUTE OF
 CHICAGO
 SCHIFF, HARDIN AND WAITE, CHICAGO
 SOCIETY OF THE DIVINE WORD
 SOCIETY OF THE SACRED HEART
 ST. STEPHEN'S EPISCOPAL CHURCH
 TECHN Y TOWERS CONFERENCE
 CENTER
 WRIGLEY JR. CO. FOUNDATION

IN - KIND DONATIONS

ROBERT APPLEBAUM, HIGHLAND
 PARK HEALTH CARE FOUNDATION
 VENANCIA BATE, ALEXIAN BROTHERS
 MR. AND MRS. JOEL BIRNBAUM
 BOARD OF DIRECTORS, CEAH
 SR. BONNIE BOLINI, JD
 KITTY COLLINS AND STAFF,
 TECHN Y TOWERS
 ED CORBOY JR., JD, MD
 DONALD DEVLIN, JD
 SANDY FORRESTER, CENTER STAFF
 MRS. JOHN GUY
 CHARLOTTE GYLLENHAAL, PhD
 JUDY HAASIS, COMMUNITY HEALTH
 MICHAEL HUFT, JD, SCHIFF,
 HARDIN, WAITE
 BOB JONES, COMPUTER SPECIALIST
 BRIAN LEVERENZ, NEW TRIER TOWNSHIP.
 COMMUNITY SERVICES ADMINISTRATOR
 JAY LEWKOWITZ, LCSW, ADMIN,
 OAKTON PAVILION
 ROBERTO MIOTO, JD
 TIMOTHY MORRIS, PhD,
 NORTH CENTRAL COLLEGE
 REV. KIRSTEN PEACHEY,
 ADVOCATE HEALTH CARE
 JOHN L. REISBECK, CPA
 JUDGE JAMES G. RILEY
 HARRY STAFFILENO, MD
 ARTHUR SONTAG, LCSW,
 NEW TRIER TOWNSHIP
 MR. AND MRS. THOMAS SPECIAL
 STEVEN SULLIVAN, CBHC
 MAUREEN VALVASSORI
 ROGER VEIS, TECHN Y TOWERS STAFF
 GARY VOTOUR
 ROSE WYLIE

IN MEMORY:

KATHLEEN (CASEY) KENDALL

CHOICES

THE CENTER FOR
ETHICS & ADVOCACY
IN HEALTHCARE

2001 WAUKEGAN ROAD
P.O. BOX 525
TECHNY, IL 60082-0525

NON-PROFIT ORG
U.S. POSTAGE
PAID
WINNETKA, IL
PERMIT #3

ABOUT THE CENTER: AN OVERVIEW

VISION AND MISSION STATEMENT

“It is through the experience of others in situations of crisis, distress, vulnerability, weakness, and woundedness that the ultimate truth and meaning of every life is revealed.” (Michael Downey, *A Blessed Weakness*, Harper and Row, 1986)

VISION

The Center for Ethics and Advocacy in Healthcare envisions a society that preserves and enhances personhood and human dignity in illness and dying.

MISSION

The Center for Ethics and Advocacy in Healthcare, community-initiated and community-based, exists to help people make wise decisions as they move through our present healthcare institutions.

The Center effects a shift in decision-making authority so that the individual becomes part of his or her own healthcare decisions. The Center works toward changing public policy in our country's healthcare system and supports the extension of this work into the community through its programs.

IMPLEMENTATION

The Center for Ethics and Advocacy in Healthcare's method starts with the person and his or her own individual story:

- ✓ Recognizing that each person has a unique story;
- ✓ Encouraging each person to give caregivers access to that story;
- ✓ Identifying and protecting the values in each person's life and decisions;
- ✓ Clarifying the moral conflicts inherent in life-and-death decisions;
- ✓ Gathering all pertinent information: personal, medical, social, psychological, and spiritual;
- ✓ Insuring that the patient, in concert with the family and care-giving community, makes the ultimate decision.

EDUCATION TAKES PLACE

- ✓ Around the living room and dining room tables, that is, at the table of life;
- ✓ In the home, the marketplace, the classroom: wherever ethical and healthcare decisions are made;
- ✓ With the staff of hospitals, long-term care facilities, and other healthcare institutions;
- ✓ At ethics committee meetings involving patients' advocacy and the preservation of patients' rights;
- ✓ In the cracks between healthcare institutions and the community.