

CHOICES

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L to R: Sally Bredemann and
 Martha Curry

A Graced Woman: Martha Curry, RSCJ In Gratitude

Martha Curry, on the Board of The Center for Ethics and Advocacy since 1996, and Board Chair since 1999, is now Chair Emeritus of The Center, having resigned her position in October, 2006. Martha wanted to give her energy more completely to finishing her book: Barat College: *History of a Legacy, a Spirit and a Name*. I, the immediate recipient of her numerous gifts, could not let this year's newsletter go to press without expressing my gratitude for the stellar job she has done.

During her tenure as Board Chair the articles of incorporation were changed to reflect the living reality of the work, the John Jones Internship in Community Healthcare Ethics was started, and we received the bequest to start The Center's website. During this time The Center became a KidCare agent (Now All Kids). The Senior Executive Service Corps began their work with us, and the Board Development process began. Finally, several grants were received. Martha was tireless in her efforts to edit the newsletter each year and, as if that wasn't enough, all editing was accompanied by her tutorial!

Martha began her professional life after receiving a doctorate in American Literature in 1972 from the University of Chicago. From 1969 until 1982 she served at Barat College of the Sacred Heart, first as faculty member, then as Faculty Advisor and Instructor of Barat's Oxford Program, Oxford University, England.

From 1982–1985 she served as Curriculum Coordinator and subsequently Principal of the Schools of the Sacred Heart, Chicago. From 1986 until 1997 she served in the Newman Centers at Princeton University and then at Wayne State, where she was the Director. While there she was on the Advisory Board of the Center for Academic Ethics. Martha is widely published and has lectured on numerous occasions, most recently at the annual Illinois History Symposium Religion and Society in Springfield, IL.

In 1998 each Center Board member was asked to write a statement expressing their vision of The Center. It was from these various submissions that The Center's present mission statement was crafted. Martha wrote that as a consumer she had been treated with such lack of dignity in the healthcare system in a particular place that she decided "to become an agent in her own healthcare." Her conviction about the need for education such as The Center offers left her no option but to stand behind the work. She affirmed, "I feel that we can no longer tolerate impersonal and cost-driven medical treatment, and that medical treatment must be available to all. People who are ill need adequate knowledge and the ability to express that knowledge in order to become active in their own care."

Working under Martha's direction, I have had the opportunity to be mentored by a woman whose opinion I trust, one willing to reflect, articulate and finally birth a new concept. As a nation we now struggle to find new ways to deliver healthcare. The Center, a non-governmental organization, is part of this emerging reality. Thank you Martha from all of us!

M. Margaret McDonnell, RSCJ

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An Experience of a Healthcare Consumer

Working in the field of healthcare, I recently had the chance to experience firsthand what it is like to be self-employed and underinsured. I was told that I needed an MRI to check for a brain tumor. Because of my experience in healthcare, I knew there were organizations and people willing to help me find a way to cut some of the costs for this test.

I talked to a lawyer who is also a Patient Advocate and told her that my insurance did not cover an MRI. she suggested a website that would teach me how to negotiate doctor and hospital fees. I called the hospital where my doctor is on staff. I told the radiologist that I needed an MRI and that my insurance would not cover the cost of the test and I needed to know the cost of the MRI. I was told that the cost would be approximately \$2500.00 to \$3000.00 If I paid 1/2 of the amount the day of the test and the rest within 30 days I would get a discount of about 20%. I knew there was no way I could come up with that amount of money.

After 2 days of phone calls to different hospitals, speaking to radiologists, nurses, social workers, and hospital business managers I learned that some hospitals will give you a discount only if your doctor is on their staff or if you pay half the day of the test and the rest in 30 days. Other hospitals have free clinics but if you have any health insurance you will not qualify.

In the meantime I received a call from one of the hospitals I had contacted earlier saying that the test I needed was really 2 tests and that the cost would be approximately \$5,000 or \$6,000.

I called my doctor's office and they confirmed that the test was in fact 2 tests. I happened to speak to another doctor in the same office about my problem and she suggested a radiology clinic in the area which she thought was a bit more reasonable.

I called, made an appointment, was treated with care and respect, and the fee was \$1000.00 for both tests which they required that I pay on the day of the test.

I would encourage anyone having to enter the hospital or needing to have one of these costly tests to ask questions, seek out options, and confirm answers.

Anonymous

SUPPORTING THE CENTER

That part of the work which takes place in the community is largely unsupported. Any level of financial assistance to continue this work is greatly appreciated. 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. Whether you have questions about programming or need assistance regarding fees for services or about membership, please give us a call. Please make checks payable to The Center for Ethics and Advocacy in Healthcare. There is a fee for our services. However, certain assistance with healthcare dilemmas is available at no charge to donors.

Reminder: Should you wish to make a contribution to The Center for Ethics, which is a 501 (c) (3) charity, you can gift highly appreciated securities. We have an account with Smith Barney to receive the securities and you would receive the fair market value based on the mean price for that day as the value of your contribution. Please call Chris O'Donnell (312) 548-3543 and he will provide the applicable protocol contingent upon how the securities are presently held in ownership.

In addition, there has been a change in the Pension Protection Act 2006 whereby IRA owners that are over age 70 1/2, for the years 2006 and 2007, can make a qualified charitable contribution of up to \$100,000, to a public charity, with this contribution accounting for part, or all, of the owners Required Minimum Distribution. Please consult with your tax advisor. Call as you have questions.

The Center Today: A Statement of Need

Dear Friends,

It seems as though it was only yesterday that I wrote this letter for our winter '06-07 newsletter. Here I am “yet again” to request your financial assistance. Without you this work clearly would not continue.

Our website [www.healthcare-ethics.org] continues to grow and is a rich resource for those needing assistance. Frequently emails contain very specific questions. A student works with us weekly updating the resource section. With student help we also keep up with incoming requests. These emails give us a sense of the problems people are having when it comes to cost, access and decisions to be made. Themes include issues around pain control when ill at home, also queries about length and quality of life. Financial issues often impact decisions about length of life when people are ill. Inevitably, at this point we all face questions about the quality of our lives.



*Sr. Peggy McDonnell
Director*

Those adequately insured deal with what may seem like relentless treatment long after they feel their lives have been well lived. How do they bring peaceful closure to life when treatment is still available? As their priorities shift, which values become most important? Both the uninsured and underinsured deal more directly with ultimate questions either because it is too expensive or they must keep “hearth and home” together.

Some find themselves confronted with catastrophic illness and are then faced with having to make critical decisions under pressure. They are swept into care that is beyond their means. In the above situations people have nowhere to turn, which is what spawns organizations like our own. When people ask: “How many people call?” my answer is: “We don’t count clients.” We research options until a balanced, right decision can be made.

In the pages which follow you will read articles written by the interns. During their work for The Center, they consistently became part of the actual situations that unfolded. They were encouraged to write about a topic of interest to them or about an area of interest that developed during the summer program. When you read their essays you will see that these young people were thinking very broadly, and they are made for the future.

We now have a new Board Chair, J. Michael Casner. Under his leadership the number of our Board meetings will be increased to three each year and The Center’s Board will now be a working board. Be sure to read the insert in this newsletter which speaks of the volunteer professionals who are assisting us. In short we are off to a new and challenging year. This is definitely “community at work.”

With renewed gratitude to each of you who support this effort, be assured of my constant prayers of gratitude.

*M. Margaret McDonnell,
RSCJ*

M. Margaret McDonnell, RSCJ

Director, The Center for Ethics and Advocacy in Healthcare

Nanotechnology: The Future of Science and Medicine

By Alex Valvassori

Some see it as the key to a utopic society: materials ten times the strength of steel at only a fraction of the weight; shrinking all the information in the Library of Congress into a device the size of a sugar cube; detecting cancerous tumors only a few cells in size. Others see it as the potential downfall of humanity: a molecular self-assembly turning all existence into grey goo. And to others, it remains a mystery, a technology too new for any type of speculation. Regardless, nanotechnology is a cutting edge field of science that has the potential to change nearly every aspect of life.

When I first heard about this fantastic new technology, I couldn't help but take an interest. As I browsed the internet, I learned more and more about the potential of nanotechnology. At times the prospects of nanotechnology seemed more like science fiction than reality.

So what is the truth about nanotechnology? Where is this field headed and how can we put the technology in the right hands? Simply put, nanotechnology is the science of creating and manipulating materials at the scale of a nanometer or billionth of a meter. Although the possibilities with nanotechnology are endless, medical advancements show the most promise. Scientists anticipate phenomenal strides in drug creation and production as well as in diagnostics and organ replacement. However, as my research continued, I noticed that nanotechnology isn't all good. In fact, nanotechnology has the potential to do great harm.

As effective as new nano-medicine may be, we must first consider the potential consequences of creating such tiny particles. Currently, scientists are working with two different kinds of nanostructures. The first are nanocomposites which are fixed to a device or material. The others, "free" nanoparticles, travel independently without a constraining structure. It is these particles that create some concern. Unlike normal-sized materials, nanoparticles have an extremely large surface area. This "quantum size effect" can create radical changes in many common elements. Aluminum, which is typically a stable element, becomes combustible. Gold, typically a solid at room temperature, becomes a liquid. Basically, when things are extremely tiny, their behavior is tremendously abnormal.

For these reasons, scientists are working to discover what effect nanotechnology can have on the environment, especially the human body. Common questions include, "How can nanoparticles be disposed of?" and "How will nanotechnology affect nano-sized life forms?"

These questions, and many others like them, remain unanswered to this day. It is up to my generation to decide where the field of nanotechnology will go. Clearly, this is a fragile technology with not only the potential to save lives but also end lives. Unfortunately, nanotechnology isn't the only debate in the medical world today. Stem cells, universal healthcare, abortion, and euthanasia are among the most disputed.

During my time here at *The Center for Ethics and Advocacy in Healthcare* I have realized that I must be among those who make a difference. Decisions concerning these dilemmas will affect humanity for many years to come. It is important that we as a society educate ourselves about the issues, voice our opinions, and work for positive change. One does not need to be a doctor or an ethicist to help the cause. We are all responsible for our world. Together we can make a difference.

Alex Valvassori is a freshman at the University of Illinois. As a chemical engineering major, he hopes to pursue a career in alternative energy. A 2007 graduate of New Trier High School, Alex was active in both the wind ensemble and jazz band. ♦



Alex Valvassori
Freshman, University of Illinois



Anna Bittman

Freshman, Pomona College

No Easy Answers, No Guarantees; However, A Change Might Do Us Good

By Anna Bittman

When I came into the internship program this summer with Sr. Peggy, I expected to get some knowledge of local healthcare conditions and an understanding of how to help the uninsured. What I leave with is an experience that not only allowed me to explore multiple facets of the local healthcare situation but encouraged me to take a broad view of our national healthcare situation.

In the course of my reading over the summer, it became apparent to me that the concept of healthcare as an individual right has changed significantly throughout United States history. Americans have occupied every place along the spectrum on the issue of universal healthcare, an issue that has been debated on and off for almost a century.

What is it that makes our country so slow to change? Michael Moore's recent film, 'Sicko', highlighted the systems of other countries in giving their citizens medical care. One country he focused on was Canada, where viewers heard a self-proclaimed conservative declare there would be a "revolution" in Canada if anyone proposed removing their government controlled system of healthcare.

How can two next door neighbors think so differently? The answer lies, I think, in what we value as a society and how we communicate these values to one another. One interesting project, Viewpoint Learning, seeks to help people make collective decisions through a unique learning model. In three stages the Viewpoint Learning model first seeks to identify people's values and goals in a process called 'Consciousness Raising'. Then in a 'Working Through' stage people look at the issue from different viewpoints. Finally, a consensus is reached in the third and last stage, 'Decision-Making and Resolution'. What makes this process unique? Viewpoint Learning says the uniqueness lies in the fact that "the traditional leadership model focuses on Stages I and III [consciousness-raising and resolution], but tends to ignore the working through stage because of the time investment required, the emotions it evokes, and the skills needed to counter resistance to change." Isn't that true? American legislators and policymakers never seem to get a word in edgewise between proposing legislation and having to defend themselves from accusations that their ideas don't go far enough or will bring the world crashing down around our feet.

In the United States, the formidable obstacle of the health insurance industry lobby has kept even the thought of reform off the table. In order to achieve healthcare reform, to quote Barack Obama from the recent CNN/YouTube debate for Democratic candidates, "they [health/insurance companies] can have a seat at the table, but they can't buy every single chair when it comes to crafting...universal healthcare." Obama makes a clear point: there can be no healthcare reform without first bringing the industry into the discussion. They cannot be allowed to dominate as they have before.

While some in Washington like to suggest that healthcare problems should be left up to the states for a little while longer, some believe that our "laboratories of democracy" are not up for the challenge. Many planned statewide Universal Healthcare programs have failed because they could not be sustained in the structure of a state government. The Washington Health Services Act failed because insurers rebelled. Some left the state. QUEST, Hawaii's attempt at merging Medicaid and a state program, enrolled so many more people than expected that the State could no longer afford it and was forced to cover fewer people.

A comprehensive federal solution is the only way to make Universal Health Care a sustainable reality. Don't agree with this Universal Health Care, by all means suggest other options, but don't be a coward and simply throw mud over suggested plans.

Although I can't offer any definitive answers as to how healthcare reform should be brought about, I must say

(continued on page 6)

*"Are we closer together or farther apart
for seeing the world from different perspectives?"*

Beyond the Brochure

By Gabrielle Sacco

Those who are informed about the unique work of *The Center for Ethics and Advocacy in Healthcare* through its informational brochure are absorbing only a general picture of its focus and function. The words in this brochure cannot convey the impact The Center has on the people who utilize its services. By working closely with the various situations The Center encounters, I have come to understand how it affects people's lives.

When I first spotted The Center's summer internship application, the word that caught my attention was "Healthcare." My interest in pursuing a future career in healthcare prompted me to apply instantly. Although I was not selected for the formal position of summer intern, I was still able to work with Sister Peggy, Alex, and Anna. Not being directly involved with internship responsibilities gave me a chance to slowly explore The Center's operations and learn about the beneficial help it offers to the extended community it serves. As I began to gain some insight concerning this organization, it became clear to me that The Center deals with aspects of healthcare beyond physical medical issues. I found that The Center offers patient and family education regarding healthcare access, healthcare options and ethical decision-making.

The number one reason I respect The Center so much is that its work correlates directly with current essential issues that must be addressed. One of these issues, affordable healthcare access, is the hot topic of the recent feature film, 'Sicko', as well as a major concern in the upcoming 2009 presidential election.

Previous to my work experience at The Center this past summer, any concern about healthcare access had little immediate effect on my life. I had never really paid attention to the issue. From time to time, I had noticed stories about the uninsured on television and radio or in newspapers. In most instances there was nowhere for these people to turn for help in coping with their lack of health insurance and the resulting negative impact on their lives. Except for making me feel slightly sympathetic, these stories initially had little impact on me. Working directly with similar stories at The Center opened my eyes, and I now frequently recognize problems caused by the lack of affordable healthcare access. My new awareness and empathy has turned into determination for change.

I am very thankful for this rare opportunity for meaningful work. My time at The Center has caused me to reflect on some important healthcare issues, and it has motivated me to support changes in our healthcare system that will be beneficial to everyone.

Gabrielle Sacco is currently a senior at New Trier High School. Having moved to the area summer 2006, she spent most of the year adjusting to a new town and school district. She is eager to continue her education at a Chicago area university and prepare for a career in a health-related field. ♦



L to R: Alex Valvassori, Anna Bittman, Lillian Anderson, patient-educator, and Gabrielle Sacco, far right at the closing dinner.

("No Easy Answers..." continued from page 4)

that we cannot let our former defeats be the reason for not trying again. Listen to what the candidates in the 2008 election have to say about healthcare, and look for specific plans, not just rhetoric about care for all. The next president of the United States has the chance to make a huge change, and we must pick him (or her) carefully.

Anna Bittman graduated from New Trier High School June 2007. She is currently a freshman at Pomona College in Claremont, CA with an undeclared major, but is considering politics. In high school, she was involved in student government and played the trumpet in both band and jazz band. ♦

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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.

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"I cannot reach God without reaching to you and to others."

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 Health Care envisions a society that preserves and enhances personhood and human dignity in illness and dying.

MISSION

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

- ✓ Recognizing that each one 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 caregiving 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.