

Social Justice, Ethics, and Equity

Second, I want to welcome everyone and thank you all for joining. My name is Lauren Korshak and I lead awareness and translation activities for the VA's office of HealthEquity. The office of HealthEquity was established in 2012 and it champions the advancement of HealthEquity and reduction of health disparities and veterans. My job means that I get to tell stories about the work that VA is doing to help veterans and the data that we have about veterans and their health today on the HealthEquity and Veterans Podcast series will be discussing ethics and health care. How do we know what is the right thing to do when making really important health care decisions? But first, I'm really excited to introduce today's speakers. Doctor Anita Tarzan is the deputy executive director of the National Center for Ethics in Healthcare, a former surgical oncology, nurse, Hospice nurse and peace core volunteer. She served in the Dominican Republic between 1990 and 1992. Her professional work has focused on clinical and research ethics, palliative care, Hospice, and disability rates. She has worked with the American Society for Bioethics and Humanities and has served on numerous ethics committees. Dr Megan Weaver joined the National Center for Ethics. In healthcare this year as a health care ethicist, Doctor Weaver is a palliative care physician serving as a Regional Health care ethicist in the Midwest. Following her residency and fellowship, she completed an additional fellowship in palliative care and Hospice at the National Institutes of Health. Her academic interests include HealthEquity, family theory and decisional paradigms as impacts, goals of care, complex symptom management, spirituality, anticipatory grief and bereavement and implementation science. And so I want to open by asking what do we mean by ethics? What is the difference between law and ethics? Also, is ethics the same as morality? This is a good topic for discussion. I'm going to actually start with morality and what we mean by morality. So this is really your own personal code of right and wrong. And by that I don't mean did you pick the right tie to go with that shirt I'm talking about? Beliefs and core values that drive how you determine your duties and obligations to be a good person or a good citizen. And this internal moral code internal to each person is influenced by our family, culture, society, religion or spiritual teachings and our life experiences. So we might not be consciously aware of our own more morality until we're faced with a moral uncertainty or a dilemma. For example, a lot of people are doing these genetic ancestry tests. So let's say you did a genetic ancestry test and it revealed that your child that you thought was your biological child is not genetically related to you. This is happening. It's not uncommon. What should you do and think about all the personal core values at play in that scenario. Love of family, honesty, loyalty, forgiveness, honor. So our morality usually changes over our lifespan as we interact with others and have experiences that make us question our most important core values and beliefs. And ethics is a branch of philosophy that studies morality from a variety of perspectives and in our center. Re focus on health care ethics, which Doctor Weaver is going to talk about in a minute. The study of right and wrong applied to health care decisions and actions. People often interchange the term, morals, morality, ethics, but that's just a distinction between the two morality, individual person, ethics over groups of people, or more than one person. So the study of morality and in the VA people what I found is that people often equate ethics with government ethics, and by that I mean laws and regulations affecting government workers. The law allows us to function as a society by establishing rules that everybody must follow. So these are important, but you sometimes hear people say you can't legislate morality, so the law establishes more of a floor of of what you can or cannot do well. Ethics is more aspirational. That would address what you should do. So let's say you're in a car with your wife who's in active labor, and it's going faster than you thought, and you're stopped at a red light and you can make this interesting by either. You have to go right? And it's a no turn on, right? Or you have to go through the red light, right? So you can see that there are conflicting values here. The value of protecting your family, promoting well being of your wife,

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and the baby to be respecting the rule of law, protecting others, other people who are on the road and maybe in that particular situation it doesn't really present so much of a moral dilemma, because people wouldn't have time to stop and think. What should I do? They tend to act. Hopefully you're going to think before you just barged through a red light just at least to check traffic flow, but when we're stuck. In situations where our core values are kind of in conflict and we're not sure what the right thing to do is, that's an example of a moral uncertainty or moral dilemma, and individuals confront these kinds of moral questions or uncertainties everyday. This is certainly true in healthcare, where core values conflicts raised questions about whether just because we have technology or because we can do something, should we so ethics as a practice addresses? These kinds of questions and dilemmas from a particular domain, so health care ethics. We have. Environmental ethics. Every branch of science has its own branch of ethics, and it considers you know all relevant information that informs or particular action or decision, and then applies certain theories and concepts to help figure out what is the range of ethically justifiable options. So in short, you know laws as more of a floor of what you can do. Ethics influences law. We have all kinds of examples of where ethical standards, let's say of protecting privacy, have influenced laws at the state level and federal level about how we protect privacy. That's just one example, but we have the law setting a lower bar than morality or ethics. And just because somebody is following the law doesn't mean they're acting ethically. So if I see somebody in distress in public and don't act to help that person, I won't be charged with a crime, but. It could be violating moral or a professional ethics standards gotcha. So Doctor Weaver, can you give us a little bit more insight into health care ethics? Yes, gladly, so it's important when we talk about health care ethics to recognize that health care ethics has a central place, an essential component of clinical care, and so, while sometimes the health care, ethics division or department is housed. In a separate space, it's really a central area because health care ethics must be practiced and applied in ordinary encounters with patients and it really bridges that space between the bedside and the boardroom. In that health care ethics is an accompanying factor to medical decisions which take into account the medical environment and also the patient experience, and so at its core, health care ethics is about values and often health care ethics speaks. To where there might be values conflict a really important component of health care ethics is also when there's uncertainty surrounding values, so often different stakeholders will have our perspective on what is a virtuous or an ethically justifiable option, and so there might be different perspectives on wets, ethically justifiable based on their worldview, or the lens of the participant, and so health care ethics really brings to the forefront. Naming different values or naming different principles? Maybe sighting or incorporating policy to mitigate and determine what what are the ethically justifiable options in this healthcare scenario and something that I find particularly meaningful about the fields of health care ethics is the role for fostering communication, and so in many ways it's bringing voice and perspective to the many who would be impacted by different decisions. Your actions, and so it really focuses on justice and fostering voices, being elicited and heard, and the values that those voices speak being brought to the forefront and heard a couple examples of health care ethics topics might be resource allocation, access to care topics specifically and all seasons of life. Beginning of life and also with end of life decision making surrogate involvement. How a patient's preferences and values could be carried out even when that patient might lose the ability to speak or communicate or clarify their values that their values and preferences continue to uphold as being worthy of being honored and respected. So many domains of health care ethics. I think one thing we should emphasize too is that health care ethics really works toward not only fair decision making processes, but also the creation of a thriving moral community and space where we can foster coherence between what a health care organization

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publicly states as core values. And what the staff, employees, family, caregivers and patients actually experience or bear witness to or participate in as part of their everyday encounters in that health care organization. So what I want to ask, both of you, is what is the relationship between ethics and health care ethics really? Specifically and health equity? That's an excellent question that I'm going to start us off on that. One because HealthEquity is different from equality. People often give that example of you don't want to treat equality is treating everybody the same and giving everybody equal measure which that doesn't make sense. Obviously if one person has a different need, you don't want to give everybody, let's say insulin. If you're not diabetic, it wouldn't make sense, so we want to match what we're giving people to their actual need, and there have been groups that have been historically disadvantaged in healthcare because of racism because of sexism. Other kinds of unfair systems that have not given them the same kind of access to healthcare resources and that is one of the core values in health care is to promote well being and to treat people equitably. And so there is a duty and obligation of health care providers to try and look for ways that the system is unfair and try to right those wrongs. There's different examples of that. One would be some of the research that I did some years ago was on. Access to pain treatment that differed by sex, that is that research studies have shown that women were more likely to be discounted if they came and presented with a complaint of chronic pain. And given, let's say anxiety medication instead of other pain medication. In other words, not fully believe that their pain was valid enough to warrant the same kind of treatment that men might get, and having to kind of go from provider to provider to provider. And approve that they actually had pain and weren't, you know, making it up, as people sometimes say it's all in your head. Well, what is pain? It's a perception of discomfort that is in your head and it's and affects your whole body and so that in itself is sort of a way of discounting that experience. And so we have other examples of that we saw, obviously through the pandemic, that race was a big component of the response to COVID, and we realize that there are people who are black, Hispanic, Native American. Were hit harder by the pandemic than other groups, and that's. Not so much because of getting different treatment once they showed up in a hospital with the disease. But by way of these systems that have disadvantaged them over the years by not having equal access to the same quality of health care. And also just chronic exposure to things like racism. There's a concept of weathering effect that you're having to kind of deal with these daily instances of either overt injustice or a question about whether some things related to race that makes you use up energy wondering or dealing with the effects of that in a way that kind of has wear and tear on the body. Overtime that leads to higher levels of high blood pressure, diabetes. Heart disease and all those things that put people in harm's way and contracting kovid and getting sicker and dying from COVID so that is something that is, I think integral to the whole healthcare enterprises addressing. How do we help people become healthier? Well you can't do that without addressing those substantive injustices in the system that put people at a different position. Coming in the door or even not being able to get in the door. I agree in thank you, Anita there, there are areas to when the health care system is striving to foster access or striving to improve care. An example of that might be Tele health, where our intention is to widen the net and ensure access to high quality service that if equity isn't a guiding principle at the in the conversation, we might fail to miss that there might be generational. Differences in the way that technology is trusted were accessed or experienced. There might be community based differences in the way that video is received. There might be cultures or family settings where a screen with just one family member would be exclusive. If the norm in that community is that extended. Family members are part of conversations, and so Tele health that doesn't have multiple screens might impact communication or care experiences. Disproportionately, and so

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equity allows us to consider whether the key components of ensuring that the care offering truly is. I want to say functionally equivalent, but also dignifying, and so to what extent is it attend to the unique needs of the care recipient? And have we included the care recipient in the process of deciding what their care should look like? So sometimes we think about ethics. And think about this list of important to values. Another way to think about ethics is to place equity and the lens. And so as you're looking through at the core values at stake, you're really using a lens of equity. And we find at the centre that that can be such an important component of the conversation, and it helps us to navigate complex clinical and community scenarios. Truly with an eye for an eye lens for what's honorable and what fosters recipient needs and Co. Participant needs. Yeah, just to jump off of that point as well as just this idea of power imbalances that typically HealthEquity is. It's coming out of a system where people in power have more privilege than those who don't have power, and that requires a writing of that imbalance so that if people feel like they don't have access to particular health care treatment and they're getting the run around and they're not, they don't have a seat at the table, they don't have a voice, or their voice isn't being heard. Ethics is one approach to try to right that wrong by leveling that kind of power and balance by helping people to get their voice heard and. Be noticed and get what it is that they need. This has been a really important conversation and I really want to thank both of you for all of us really, really meaningful and important information. If someone is out of VA Medical Center and they feel like they haven't ethics question. What can they do? But really central question to the work that we do. So what are center does is that we support the ethics consultants that are in the field. So every VA facility has an ethics consultation service with ethics consultants who are there who you would just find out at that facility how to get in touch with the ethics consultation service. If you thought that there was an issue that wasn't being addressed. Your health care team. So let's say you feel like you're you've explained things to the people who are in charge your your physicians, nurses, medical team, and they're not responding in a way that you think they should be. And you've tried as hard as you can to get through, and you feel like you're at it at a dead end in that regard, that would be one way to go. There's. Sometimes it can be hard to tell whether to go to the patient advocacy because what we deal with are these kinds of values conflicts that create uncertainty about. I'm not sure what I should do in this kid situation. Let's say an example would be a someone's really sick and it's somebody in your family. You know you've had conversations with them about what they would want, and let's say the person who's making the decisions is your sibling. And they were appointed to make decisions, but they're making decisions that you worry are not what your loved one would really have wanted, and you're troubled by that. And you don't think people are kind of listening in a way that you think they should be listening. That would be appropriate to pull in the ethics consultation service as opposed to kind of more of a grievance about something simpler. That would be, I don't know if Megan, you can think of an example. You know the cafeteria is not been bringing the food up in the way that it should be. Or something. The TV service hasn't been turned on or other kinds of things that that are also bothering you, but that would go to a different resource. Maybe it's a patient advocate. We also talk about the opportunity for preventive ethics and so the idea of proactively thinking of ways to clarify values. So an example of that would be a patient appointing a health care power of attorney, so that's easy to do and that avoids confusion about. The veterans values or misunderstandings down the road, and so there are approaches to wear. Ethics consultation could actually be prevented by clarifying values early on that front and through open communication. Exactly. I want to thank you all again for having such a really important conversation here. I want to thank everybody who listened and I hope you all will join us on our next episode. Take care.