Ethical Challenges in Health-System Leadership

Moderator: William A. Zellmer
Pharmacy Foresight Consulting
Bethesda, Maryland
Joseph A. Oddis Ethics Colloquium

- Sponsored by the ASHP Research and Education Foundation
- In honor of one of pharmacy’s most distinguished and principled leaders
- Designed to assist health-system pharmacists in addressing current ethical challenges in pharmacy practice and patient care

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Objectives of this Session

- Identify **ethical challenges** faced by **executive and clinical leaders** of health systems

- Discuss considerations faced by health-system executives who have internalized the **ethical principles of a healthcare profession**

- Outline a **framework for addressing ethical challenges** in health-system leadership

- **Practice applying the outlined framework** to ethical challenges in pharmacy practice leadership
The number of ethical dilemmas experienced by health care professionals in health systems and referred to ethics committees for guidance will increase by at least 25%. *

* Over the next five years
Polling Question: Frequency of Ethical Issues

How often do ethical issues come up for discussion in your practice?

A. > 12x/year
B. 6 – 11x/year
C. 1 – 5x/year
D. Very rarely
E. Never
Major Sources of Ethical Challenges

- Consolidation
  - Health systems
  - Payers
- Weight of the financial imperative
- Tension: population health ↔ individual healthcare
- Pricing of pharmaceuticals
Of Special Importance to Pharmacists

Patient care functions of pharmacists

Supply function of pharmacists

Time

Public need
Pharmacy leaders’ ambitions
Practitioners performance
Public expectations

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At least 50% of health systems will have a well-defined process for applying ethical principles in **allocating scarce resources**, such as medications that are in short supply.
At least 25% of health systems will consider, in their purchasing decisions, the **ethical facets of the policies and practices** of manufacturers and suppliers.
Strategic Recommendations

- Include pharmacists on ethics committees

- Develop (proactively) ethically sound policy for rationing essential medicines that are in short supply

- Speak up on drug pricing that is out of line with patient benefit (sunshine and shaming)

- Exercise interprofessional watchfulness for compromises of ethical principles and professional autonomy

- Encourage pharmacy associations to give more attention to ethical issues
Polling Question: Ethics Committee

Does your primary practice site have an ethics committee?

A. Yes
B. No
C. Don’t know
D. Not applicable
Polling Question: Pharmacists & Ethics Committees

If Yes to previous question, what is the nature of pharmacist engagement on the ethics committee?

A. Little or none
B. Requested on case-by-case basis
C. Full-fledged membership
Keynote Speaker
Ben Bache-Wiig, MD

President
Abbott Northwestern Hospital,
Minneapolis
Ethical Issues in Pharmacy Practice Leadership

Ben Bache-Wiig, MD
Abbott Northwestern Hospital (Allina Health)
Minneapolis, Minnesota
Overview of My Discussion

- My background
- Source of ethical dilemmas/moral distress
- Health-system ethics vs clinical-leader ethics
  - Formulary
  - Lay-offs
  - Population health and total cost of care vs individual patient focus
- Pharmaceutical ethics vs clinical-leader ethics
  - Predatory pricing
  - Detailing
  - Direct-to-consumer marketing
- Ethical conflicts with other team members
- Ethical issues regarding opioids
My Background

❖ Clinical career
  • University of Wisconsin Medical School, 1983
  • University of Minnesota Hospitals and Clinics, IM residency & chief resident
  • Private practice for 21 years in a multi-specialty group—general IM, critical care, inpatient and outpatient

❖ Administrative career
  • Medical Director, Quality Assurance and Utilization Management
  • Chief of Medicine Department
  • President of clinic
  • Board of Trustees, North Memorial Medical Center
  • Board of Directors, Medica Health Plans
  • VPMA, Abbott Northwestern Hospital
  • President, Abbott Northwestern Hospital, 2011 - present
Source of Ethical Dilemmas for Clinical Leaders: Clinical Ethics vs Administrative Ethics

- Based on patient primacy
- Individual patient decision making
- Social justice
- Do no harm
- Mission focused
- Resource stewardship
- Do the most good
- For the most people

Generally consistent but conflicts can occur

Conflicts between ethical systems can cause moral distress
Clinically Trained Leaders

- Challenges
- Rewards
- Benefits to the healthcare system in flux
Ethical Conflicts

- Points of intersection between one ethical viewpoint and another
- Bringing a clinical perspective
  - Patient primacy
  - Patient autonomy
  - Social justice
- Leadership challenge of staying in the “tragic gap” between ethical viewpoints
- Managing moral distress
Areas of Conflict to Discuss

Health-system ethics vs clinical-leader ethics

- Formulary
- Layoffs
- Total-cost-of-care contracting with incentives to reduce care
Scenario

You are managing the inpatient pharmacy when a critical shortage of norepinephrine develops nationwide.

After exhausting all possible avenues of acquisition, you determine that you will have only enough supply to meet 50% of usual demand.
Polling Question: Best Option

A. Call an emergency meeting of the P&T committee to discuss alternatives
B. Work with the hospital ethics committee to create a triage system to decide which patients should get this scarce resource
C. Inform the ICU medical director of the issue and leave it to her to figure out
D. All of the above
E. A and B
Scenario

You manage the outpatient pharmacy and notice that in the new \textit{formulary for clinics}, some preferred medications seem to have been selected because they generate substantially \textbf{more financial margin} for the system; much-less-expensive alternatives are equally safe and effective and have lower copays for patients.

You are distressed by this facet of the formulary because it conflicts with your \textbf{sense of responsibility for thrift} in the use of healthcare resources.
Polling Question: Best Option

A. Don’t create waves; go with the flow, recognizing that the health system is challenged to maintain financial sustainability
B. Bring your concern to the attention of health-system executives and medical leaders for discussion and resolution
C. Take your concern to the health-system ethics committee for advice
D. Take your concern to the news media
Pharmaceutical Ethics vs Clinical Leader Ethics

- Predatory pricing
- Detailing
- Direct-to-consumer marketing – demand creation
Scenario

A physician member of the P&T committee arrives at a meeting with a great sun tan. He regales the group with stories of his recent trip to an educational conference funded by a pharmaceutical company that happened to be at a well-known golf resort.

Later when the group is discussing the merits of a medication being added to the formulary, the physician speaks forcefully for selecting the medication made by the company that sponsored the conference.
Polling Question: Best Option

A. Ask the physician to recuse himself because of a clear conflict of interest
B. Participate in the discussion and evaluate the physician's argument based on objective data
C. Resign from the committee in protest
D. Call the hospital integrity line
Ethical Conflicts with Other Team Members

- Physician autonomy vs multidisciplinary teams
- Medical futility
Ethical Conflicts Regarding Opioids

- Source of current crisis
- Pharmacy leader role
  - Diversion
  - Development of alternatives
Key Take-aways

- Clinically trained leaders bring a **valuable perspective** to a rapidly changing healthcare world.
- Ethical conflicts between clinical and administrative/business ethics are inevitable and lead to **moral distress** for leaders.
- Moral distress must be **addressed openly** if clinical leaders want to be successful and sustainable.
Comments and Questions