



Ethical Challenges in Health-System Leadership

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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



Joseph A. Oddis

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

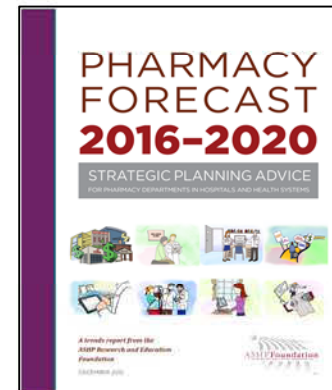
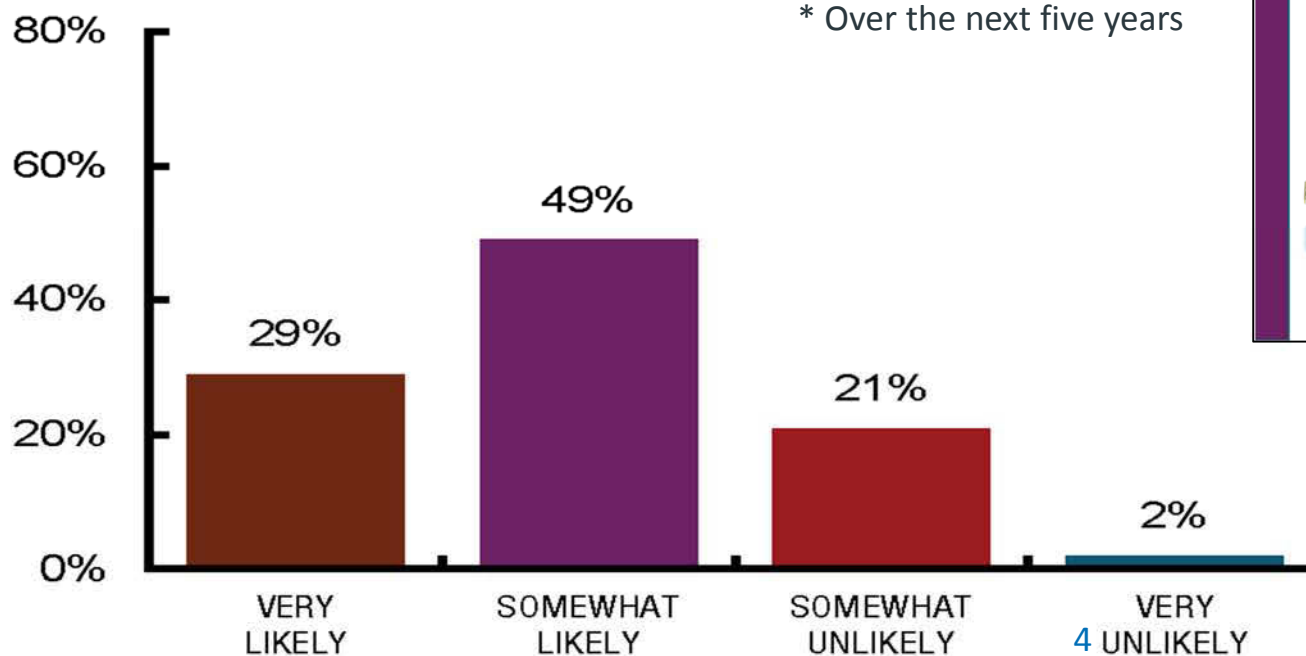


Prediction of *Pharmacy Forecast 2016*

1

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?

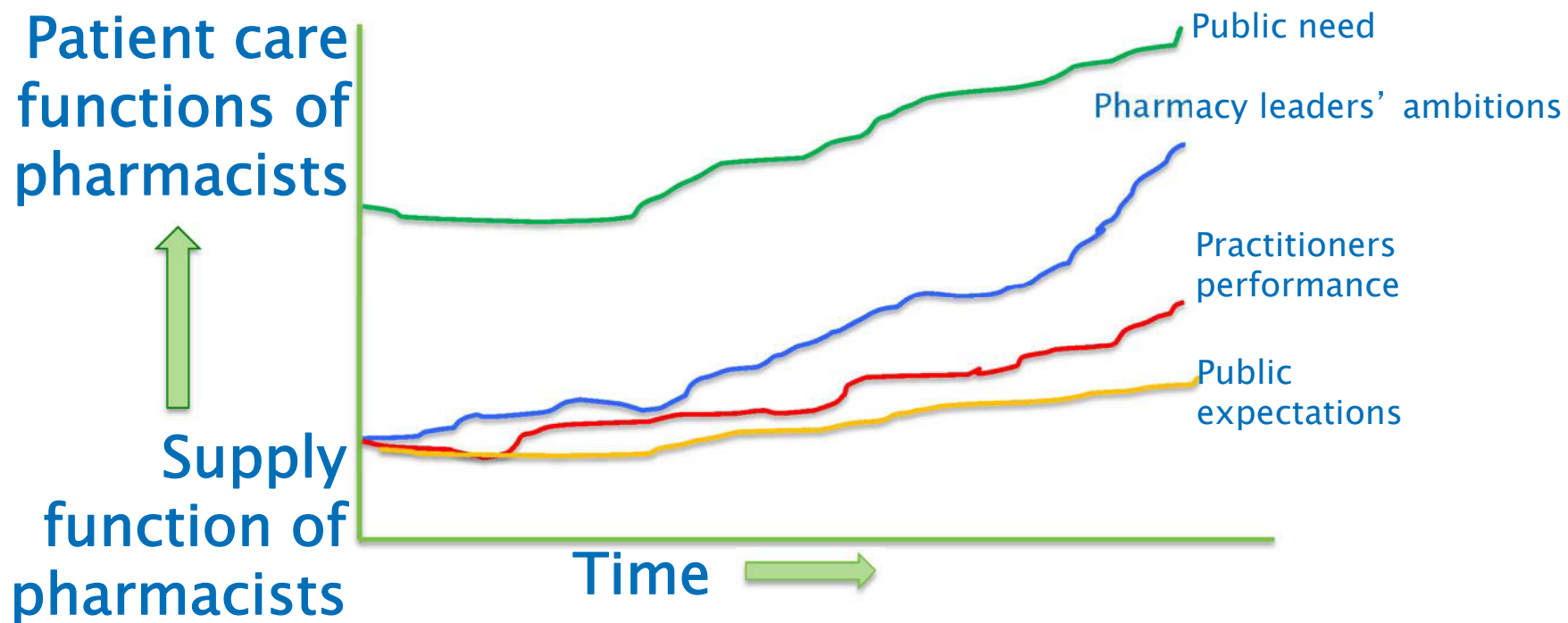
- A. ≥ 12 x/year
- B. 6 – 11x/year
- C. 1 – 5x/year
- D. Very rarely
- E. Never



Major Sources of Ethical Challenges

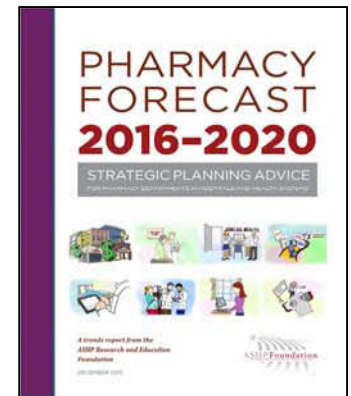
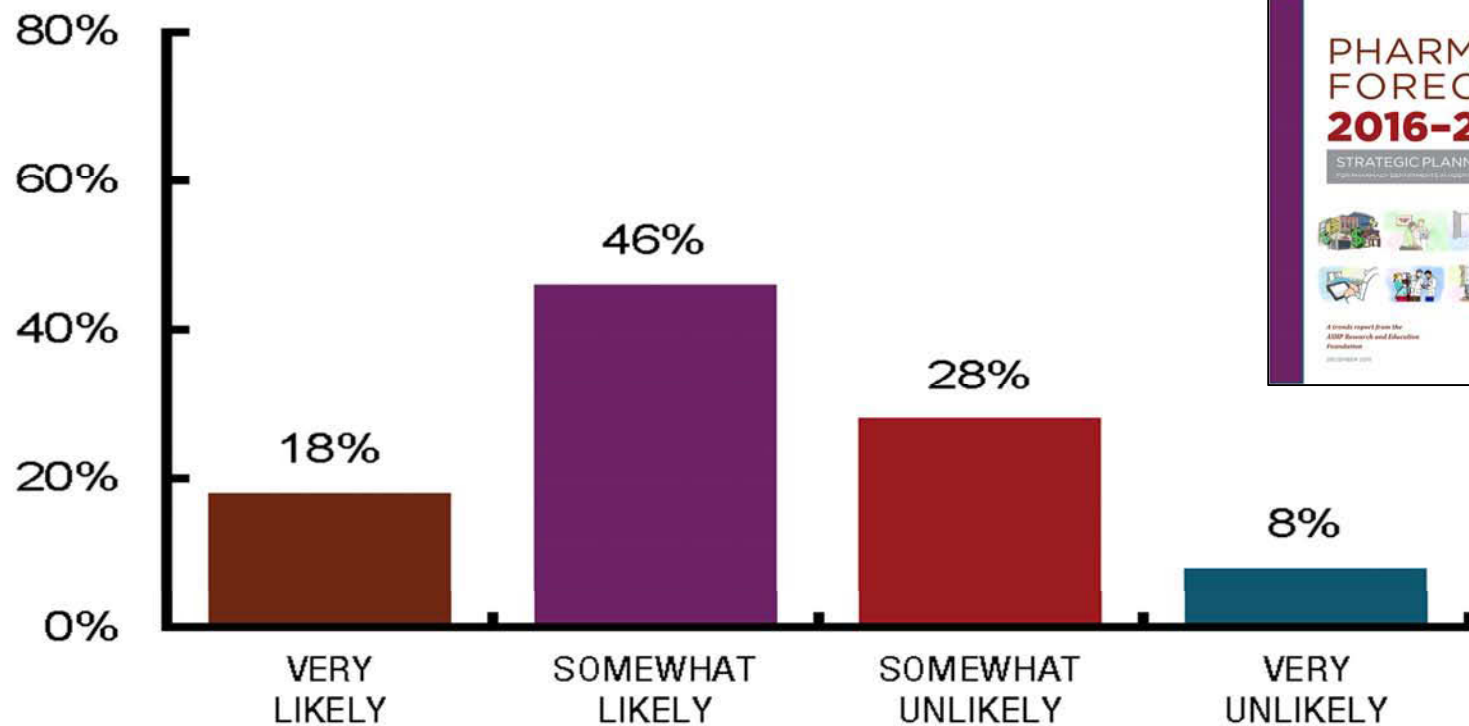
- ❖ Consolidation
 - ❖ Health systems
 - ❖ Payers
- ❖ Weight of the financial imperative
- ❖ Tension: population health ↔ individual healthcare
- ❖ Pricing of pharmaceuticals

Of Special Importance to Pharmacists



4

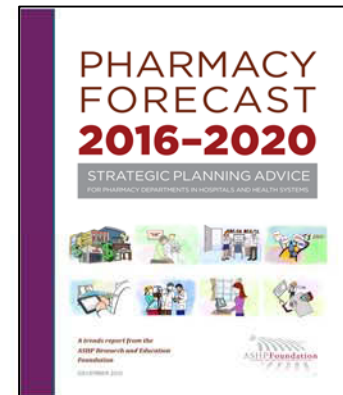
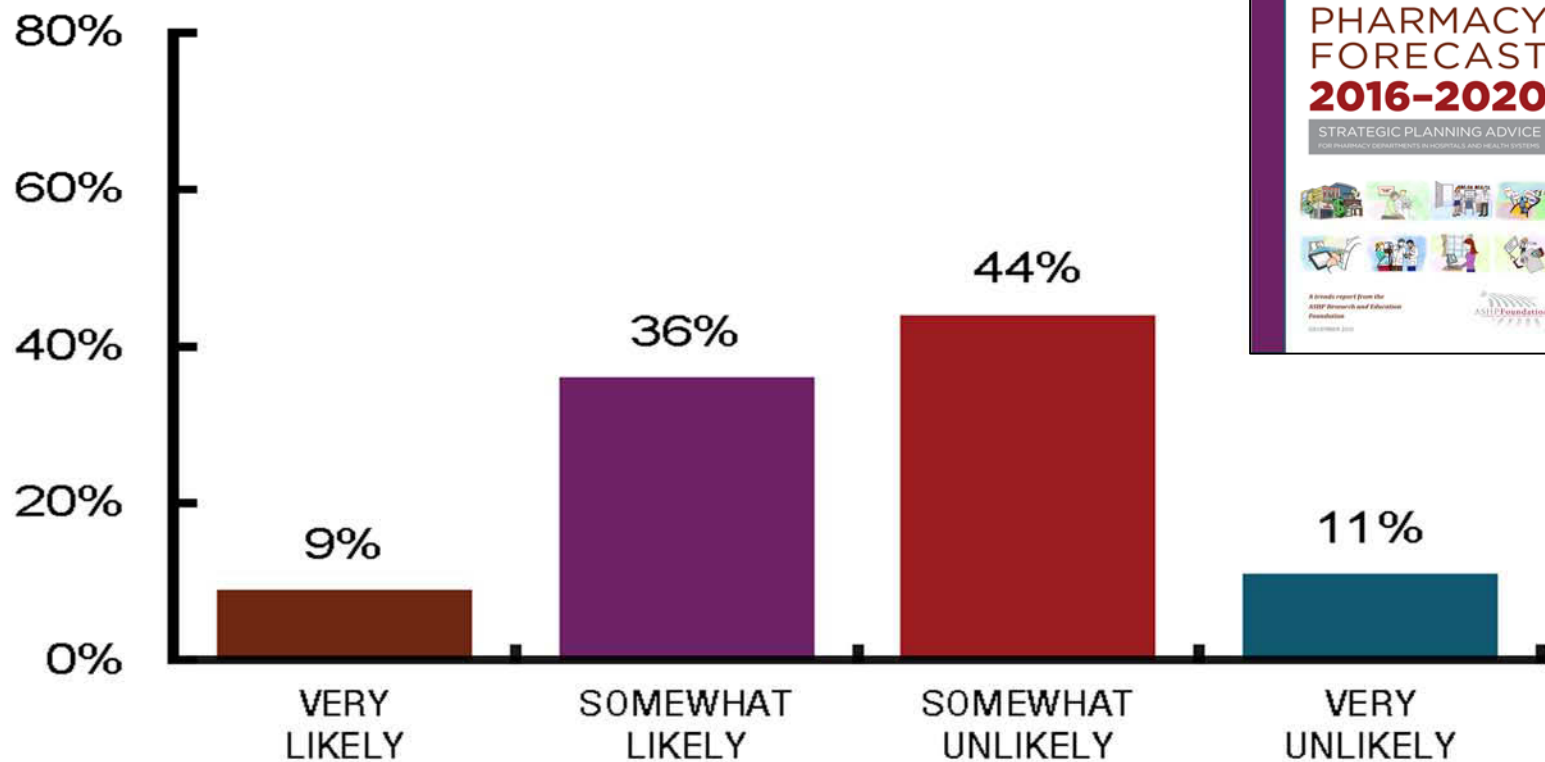
At least 50% of health systems will have a well-defined process for applying ethical principles in **allocating scarce resources**, such as medications that are in short supply.



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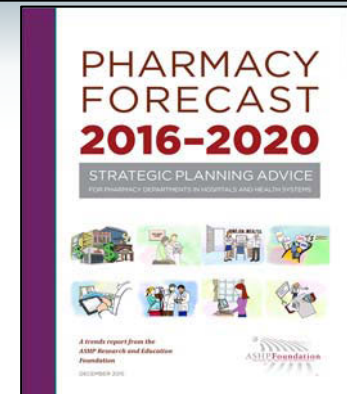
At least 25% of health systems will consider, in their purchasing decisions, the **ethical facets of the policies and practices** of manufacturers and suppliers.



9

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 **formulary for clinics**, some preferred medications seem to have been selected because they generate substantially **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 **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

