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the sector speaks

what about ethics?

If we are to remain faithful to our mission in Catholic health and aged care, all our organisations need to take concrete steps to establish, develop and maintain excellent ethics services. Most of our organisations are moving from the leadership of religious sisters and brothers to a predominantly lay leadership. In this time of transition, many organisations have developed very fine mission services with quality personnel and very good programs. At this time, thoughtful strategic planning and appropriate resources must also be directed to ethics.

Developing excellent ethics services requires that we build upon what we have already achieved in this country, and also that we learn from what has been done overseas.

The eight components in an excellent ethics service are:

- ethics expertise or ready access to someone with a postgraduate qualification in Catholic bioethics;
- ii. an ethics committee well integrated into the senior levels of the organisation's management and governance structure;
- iii. ethics consultation and advisement;
- iv. planned and system-wide education and formation in Catholic ethics:
- v. **development and review of policies** from the perspective of our values and standards;
- vi. community outreach whereby our values direct us to engage with the local bishop and the local Church, all levels of government, the local community and in

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This article provides an introduction to – or a reminder of – a very useful resource prepared by the Catholic Health Association of the United States (CHAUSA). Titled Striving for Excellence in Ethics: A Resource for the Catholic Health Ministry, it provides high-level advice about developing ethics services. The second edition has just been released. If you are involved in strategic planning in your organisation, you should have a copy. It can be purchased from the CHAUSA website.

As we strive to develop our ethics services, it is very helpful to have a detailed account of what we are aiming for. It is also helpful to have an assessment tool that allows us to identify the strengths, gaps and opportunities for improvement in our existing services. This CHAUSA resource offers us both a comprehensive vision and a practical tool which allows us to move step by step towards realising that vision.

The resource indicates that an excellent ethics service contains eight components. It also sets out standards for each of these components. Let us look at each of these in turn.

- particular those who are in any form of serious need:
- vii. institutional integration, which means that the ethics personnel and ethics programs are well integrated, active, and valued within the organisation; and
- viii. **leadership support**, which means that the leaders of the organisation value, engage with and promote ethics programs.

This brief article cannot report on all the standards the resource identifies for each of these components. There are, for example, six pages of suggested standards just for ethics committees. But let me offer at least one comment about the standards for each of these components:

i. Ethics expertise: If you look at the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia, you recognise at once that Catholic ethics is very sophisticated and therefore quite complex. I am someone who has dedicated my life to Catholic ethics, and I know that it takes literally thousands of hours to really understand our ethics. If we are to succeed in our mission, we need experts in ethics. At this time, a crucial challenge for all our organisations and for



Catholic Health Australia is succession planning - identifying, educating and training the next generation of ethics leaders.

- ii. It is a sad reality that many ethics committees are not as effective as we would like in making a difference in our organisations. The CHAUSA resource offers many recommendations about the structure and processes of ethics committees, and about the knowledge and skills that committee members should possess and continue to develop. If we take these recommendations seriously, our ethics committees will be much more effective.
- iii. In many organisations in Australia, ethics consultation and advisement is rather ad hoc. This resource challenges us to be more organised and more professional in this area. It asks us to develop and follow clear procedures. It calls us to ensure that everyone – including patients and residents, and their families, and all our carers – know about this service and how to access it.
- iv. Many of our health and aged care services in Australia have some education and formation in Catholic ethics as part of their induction processes, and some form of ongoing ethics education. Again, the resource challenges us to be more organised and professional in this area. For example, could we, in each of our organisations, undertake a needs analysis for education and formation in ethics and then develop processes or programs to provide this?

and promote systemic ethics integration.

viii. Leadership support is key to the success of an ethics service. If the leaders of a health or aged care facility encourage staff to attend ethics programs, this message is heard. If the leaders also attend these programs themselves, this message is heard even more clearly.

Even this brief listing of the components and standards of an excellent ethics service can be quite intimidating. There may seem to be so much to develop, and we can easily feel overwhelmed. This is why the assessment tool is so valuable. It allows us to recognise our existing strengths, the gaps and the opportunities for improvement. It helps us identify realistic steps forward.

In all this, the journey is just as important as the destination. What matters most is that we do something - that we take the next step. And in some organisations, we may for now be able to take only small steps. But if we continue to take small steps, eventually we will become able to take big steps and even giant leaps.

Much ethical discourse nowadays is dominated by a system of ethics which developed in the Enlightenment of the 18th century. This relatively new system of ethics emphasises autonomy and choice. Catholic ethics, on the other hand, preserves a much older ethical system - the traditional

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- v. The resource also calls us to be more deliberate in the development and review of policies from an ethical perspective. An effective ethics committee should take the lead in developing policies in ethically contentious areas such as care at the beginning of life and care at the end of life. Because most areas have an ethical dimension, it should also review many other policies.
- vi. Community outreach: Because we are part of the Church, we should be deliberate in cultivating a relationship with our bishop and the local Church community. Because our values call us to a preferential option for the poor, we should also be deliberate in drawing on our resources to serve those in need. Plans and programs should be developed and followed in these areas as in every other area of our institutional life.
- vii. Institutional integration: Are our ethics services well connected to our governance structures, our management and the key committees in our organisation? The resource challenges us to develop processes to evaluate

ethics that has been at the heart of Western civilisation from the beginning. This traditional ethical system emphasises responsibility, and especially our responsibility to those in any form of serious need.

I believe that Catholic ethics is one of the great strengths of Catholic health and aged care. If you are involved in strategic planning, please get a copy of the CHAUSA resource – and please use it. Let us all do whatever we can to establish, develop and maintain excellent ethics services in all our organisations so that Catholic ethics can continue to be one of the great strengths and points of difference in Catholic health and aged care.

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