

## **FROM THE FIELD**

### **Kansas City VA Ethics Education**

The Ethics Advisory Committee (EAC) at the Kansas City VAMC is currently sponsoring two innovative educational opportunities in health care ethics. The first is a recurring series on four topics offered to all staff: (1) Framework for Ethical Decision Making; (2) Rationing Health Care; (3) How Do YOU Want to Die?; and (4) Ethical Issues at the End of Life. To maximize opportunity and convenience, the EAC presents each topic three times per year. The Kansas City VAMC Education Coordinator manages logistics and promotion. The sessions are more interactive than didactic, and participants receive continuing professional education credits. The syllabi include reading materials from the ethics literature and case studies. New cases are presented each time to keep repeat attendees interested. [Chaplain George Flanagan](#), Co-chair of the ethics committee, facilitates the sessions.

Kansas City's EAC will also host discussions of the PBS television series, "On Our Own Terms: Moyers on Dying," on September 10-13, 2000. Staff will be invited to watch each of the series' four segments at home, then attend discussion groups the next day at the medical center. Participants will receive continuing professional education credits for each discussion. Chaplains will facilitate the group discussions using materials provided by WNET. The purpose of these sessions is to heighten awareness of the bereavement needs of both patients and staff. Information about the PBS broadcast and resource materials are available at <http://www.wnet.org/onourown/terms>.

### **Lexington VA Patient Safety Initiative**

Non-maleficence (do no harm), respect, honesty, and trust are ethical building blocks of the physician-patient relationship. These principles are tested when physicians make mistakes that harm patients. In 1998 the Lexington VAMC addressed this issue by implementing a trust-based patient safety policy hospital-wide. Key features of the policy include routine, full disclosure of errors; proactive compensation for patients injured by negligence or errors; and systematic improvements in clinical processes to avoid future errors.

A multi-disciplinary committee investigates incidents potentially caused by medical errors. When the committee's review reveals that a patient has been injured, the medical center does not wait for the possibility of a lawsuit before taking action. Instead, the patient is promptly contacted, notified of the findings, advised about options, and assisted in applying for compensation. Since its inception, the medical center has witnessed a steady increase in provider self-reporting - suggesting that a trust-based patient safety program can work.

Lexington's policy was recently highlighted in an article entitled "Risk Management: Extreme Honesty May Be the Best Policy," which appeared in

*Annals of Internal Medicine*<sup>1</sup>. The article was written by Steve S. Kraman, M.D., (the facility's Chief of Staff) and Ginny Hamm, J.D., (Legal Counsel and member of VHA's National Ethics Committee).<sup>1</sup> In an accompanying editorial, Albert Wu, M.D., lauded Lexington's policy and strongly encouraged its adoption by other medical facilities throughout the country.<sup>2</sup>

He described the policy as "a rare solution that is both ethically correct and cost-effective."

To read the article and editorial in *Annals of Internal Medicine* go to <http://www.annals.org/issues/v131n12/full/199912210-00010.html>

1. Kraman SS and Hamm G. Risk management: extreme honesty may be the best policy. *Ann Int Med* 1999.131;963-967.

2. Wu AW. Handling hospital errors: is disclosure the best defense? *Ann Int Med* 1999. 131:970-972.