

## Insights in Leading an Ethics Program

*Part 2 of an Interview with Dr. Ellen Fox, Executive Director, National Center for Ethics in Health Care*

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Dr. Goza-MacMullan: Hello. I'm Gail Goza-MacMullen, Chief of Special Projects with the National Center for Ethics in Health Care in the U.S. Department of Veterans Affairs. Today I'm talking with the Center's Executive Director, Dr. Ellen Fox. Welcome, Dr. Fox.

Dr. Fox: Thank you, Gail.

Dr. Goza-MacMullan: Dr. Fox, as the long-time leader of the National Center for Ethics in Health Care, who has been highly successful in this role, I thought you might be willing to share your insights in how to be successful as a leader of an ethics program.

Dr. Fox: Sure. I'm happy to.

Dr. Goza-MacMullan: You've been the leader of VA's national ethics program for 15 years. I'm sure things are different from when you first started in VA. What were things like when you began your career here?

Dr. Fox: Well, when I started, first of all, it wasn't called the National Center for Ethics in Health Care. It was called the VHA Ethics Center, and it was a decentralized program, meaning it had not been located in VA Headquarters in Washington, D.C., but it was in the field. It was in the VA facility in White River Junction, Vermont, and I had a total of three full-time employees in the Vermont office, plus Bill Nelson, who worked out of New York, and I was all by myself in Washington. In fact, I was physically located in the Under Secretary's suite, and I shared a staff assistant with the Under Secretary for Health.

Dr. Goza-MacMullan: Your organizational chart must look a lot different now than it looked then. How many full-time staff positions do you have now in the Center?

Dr. Fox: We have 30 on the organizational chart, but that doesn't include our interns, Fellows, part-time staff from other national program offices that we pay under a memorandum of understanding. We also have staff who are working for us from affiliated universities, and we have a number of outside contractors that work with us on specific projects.

Dr. Goza-MacMullan: The Center's obviously come a long way since 1999. Was it the expectation from the beginning that you would transform the Center in this way?

Dr. Fox: Well, yes and no. I do think that Ken Kizer and his deputy at the time, Tom Garthwaite, were looking for change, not only in terms of ethics leadership, but also in the role of the Ethics Center within the organization. But they really left it up to me to define a vision for that role, and the vision I brought was very ambitious, extremely ambitious. In fact, some people literally said it was pie in the sky. And while my vision obviously must have resonated at some level with leadership, because they hired me, I was not offered any increase in budget or staffing. I had to make the case for that after I came on board. And believe me, it was not easy. It never is. So the increase in budget and staffing and the scope of the office really occurred incrementally over time.

Dr. Goza-MacMullan: So it sounds like you managed to get increases in your budget and staffing levels not just once, but a number of times.

Dr. Fox: That's true.

Dr. Goza-MacMullan: Can you talk more about how that happened, and what lessons you learned from the experience?

Dr. Fox: Well, I learned a lot of lessons the hard way, really, from the very beginning. The first lesson I learned, I guess, is to negotiate what you think

you'll need in your new position before you agree to take it. I probably would have had a lot more leverage at that point than I did later on. But given the way the hiring process worked for my job, I really didn't have that opportunity. You know, my final interview was with the Secretary of Veterans Affairs, and it was very exciting to be chatting for the first time, one-on-one, with someone at that level. I mean, this is a Cabinet Secretary who reports directly to the President. So when he said, "Congratulations, Ellen. Welcome aboard," that was it. You know, there was really no negotiation after that. Another lesson I learned the hard way is the need to truly understand an organization's culture, and what leadership values, and how decisions are made in an organization. This is especially important, I think, when you're new in an organization. But you know, it continues to be important because leaders in organizations change over time. A couple of months after I started, I submitted a proposal for the Ethics Center that involved new money and staff. I had worked really hard on my proposal. I really expected it would be well received, but my boss surprised me, and reacted to it by calling it a wish list. Which, thinking back on it, it seems kind of funny now, but it wasn't at the time. I was embarrassed, because I realized I had somehow misread something about the organization's culture, or what leadership values, or how decisions are made. So I went back to the drawing board. What I did was, I carefully observed conversations at leadership meetings to better understand what leaders talked about and how they talked about things. I listened for clues about what mattered most to them. And I learned the nuts and bolts of budget processes, who was involved. Then I talked to those people. And I also studied some successful proposals. I tried to learn from them. I even found out about some unsuccessful proposals and why they were not funded. So after all that, then I rewrote the proposal.

Dr. Goza-MacMullan:            So were you successful that time?

Dr. Fox:                            Yeah, the second time I was successful, and eventually I got everything I asked for. Funny thing is, I really didn't change the proposal all that much. Mostly I just framed things differently. I used different language. I

emphasized different things. So for example, instead of explaining all the reasons why my proposal would benefit VA, I focused more on the risks to the organization if my proposal did *not* get funded. So in ways like this, I was able to make the proposal fit what leadership needed, and what the culture demanded at the time. And so I think that's why it got funded.

Dr. Goza-MacMullan: Are there other leadership lessons that you would be willing to share?

Dr. Fox: Sure. Well, another thing I learned is the importance of timing. You know, I think it's an intangible art of leadership being able to sense not only the right thing to do, but also the right time to act. This is really an important part of being strategic. With IntegratedEthics, for example I thought a lot about timing. I thought it would be a mistake to roll it out incrementally. It was such a radical change initiative, I thought it would never work, it would never take hold unless we used every known strategy, every strategy in the book for culture change, and used them all at once. There were a lot of moving parts to coordinate, and this was difficult, especially in a big bureaucracy. I knew that in order to succeed we needed broad and visible buy-in from top leadership. I thought I would probably only have one chance to get this level of buy-in, so I didn't want to go forward until we had the best chance to succeed. So I waited. I waited until everything was lined up and ready. I must say, I think it drove some people on my staff a little crazy, but I insisted on waiting to release individual tools and resources we were developing until we had a complete set, until we completed an entire tool kit, so that we could deliver it all at once. I waited until we completed a demonstration project and could demonstrate the value of the initiative through data, which I knew was important to leadership. I waited until a point in the budget cycle when I thought funds might be more available. And I waited for the right opportunity and occasion to get the proposal in front of leadership. I knew that the time was right one day when I was at a National Leadership Board meeting and a big ethics issue was being discussed. There was an audit by an outside organization and they'd identified some problems,

and they suggested that VA had a global problem with its ethics culture. Well, I was ready. Leadership needed a solution to a problem, and I had a solution, and that solution was IntegratedEthics. So I had a compelling proposal. I had a compelling argument. And that day the National Leadership Board mandated the use of IntegratedEthics nationally, throughout all of VA's health care facilities. And the rest is history, as they say.

Dr. Goza-MacMullan: So it sounds like another lesson is, you need to be patient.

Dr. Fox: Yes, patient and persistent. When you're talking about health care ethics, change is not easy. It often takes a long time and a lot of persistence. I'm thinking, for example, of the work we've done on disclosure of adverse events to patients. We took this issue on a long time before it became mainstream, long before there were Joint Commission requirements, for example. Back in 2003 we published a National Ethics Committee report called *Disclosing Adverse Events to Patients*, and in 2005, I think it was, we issued a national policy implementing those recommendations from the National Ethics Committee. So we were at the forefront of this movement. Now it's become standard practice through the U.S. health care system. And more recently, we've been developing processes for large-scale disclosure of adverse events. That is, events affecting multiple patients. And once again, we are out in front. We issued a policy on large-scale disclosure in 2008 and really only recently are we beginning to see similar policies being developed and adopted by other organizations. So this has been a very long trajectory towards change, and it has taken a lot of patience and a lot of persistence. And we're always learning, so the journey is by no means over.

Dr. Goza-MacMullan: So we've discussed patience and persistence as important qualities for an ethics leader. But what about courage? I'm thinking in particular that it must be difficult to speak up about ethical problems, especially to leadership. What advice do you have?

Dr. Fox: Well, that's a very good question. You're right. At times, the

leader of an ethics program does need to speak up to leadership about ethical problems. The first thing I'd say is, if you are someone who is totally unwilling to speak up in these situations, if you don't think it's something that you can really bring yourself to do, then this is probably not the best role for you, because if you're going to lead an ethics program and be the designated ethics leader in your organization, it's really going to be part of your job description, part of the expectation of your role. But I'd quickly add that this voicing of values is a learned skill, and as you get better at it, it gets easier. And you will become more confident as you gain skills. Unfortunately, though, it's not an easy skill to master. You need to develop techniques for talking about things that are difficult for people to hear, in ways that people *can* hear. And that's something really difficult when you're talking to leadership about ethical problems, especially when the problems might relate in some way to those leaders' ethical decisions or their ethical behavior.

Dr. Goza-MacMullan: Is there such a thing as too much courage when dealing with leadership?

Dr. Fox: Oh, absolutely. Humility is definitely an important quality for an ethicist. You can't sound like you think you are a moral authority or that you are somehow morally superior to other people. And you have to be judicious about when to go out on a limb, when to fall on your sword. There have been a number of times where I was in a situation, both in other organizations and in VA, when I thought someone in a leadership position was going to make a decision or do something on behalf of an organization that I thought was really wrong. Bad enough that as the chief ethics officer, I really needed to fall on my sword. There were even a few times when I thought if I was not successful in persuading leadership, I would have to leave.

Dr. Goza-MacMullan: Can you say a little more about what you mean by going out on a limb?

Dr. Fox: For example, there have been times in my career where I

have felt it was necessary to play the ethics card. And by this I mean, when things seemed to be going in the wrong direction from an ethics perspective and I have not so far been successful in persuading others of my position, I might say something like, "As the senior executive responsible for health care ethics in this organization, I cannot support that decision, and I will need to go on record as objecting to this decision." You know, that can often be enough to change the conversation. But sometimes you have to go further. I've done that, too. On one occasion, for example, I had a conversation with the Under Secretary for Health. This was many years ago. And I told him that I had ethical concerns about a decision that had been made by the National Leadership Board. I was a member of the Board and I had tried to express my concerns during the meeting, but a very forceful personality on the board had managed to force a vote over my objection, and without what I thought was needed in the terms of a discussion. So I explained my ethical concerns to the Under Secretary and he exercised his prerogative to reverse the Board's decision. This was something that was hardly ever done. So this can be effective but you have to choose your battles wisely. If I did this sort of thing every day, I would not have been effective, and I probably would not have lasted in my job. So my advice is, only go out on a limb you are on very solid ground based on your ethics knowledge and expertise. And when you do, be very clear about where the line is that you are unwilling to cross.

Dr. Goza-MacMullan: Any other thoughts or advice about speaking up with leadership?

Dr. Fox: Just that it's important to recognize that just because you are the leader of ethics in an organization, you don't need to weigh in on every ethical issue. Other people, health care leaders, are often very thoughtful and very sophisticated in terms of ethics, and they don't need your help. I've been in very high level meetings where leaders would be talking about complex issues fraught with ethical overtones, and mostly I would sit and watch. Not because I was reluctant to speak up, but because I didn't need to, because others were saying everything that needed to be said. In other settings, I have felt I had to

contribute a lot because things needed to be said that were not being said. And you know, those are the situations in which it's more difficult to be an ethicist. You have to be careful not to sound like you're pontificating. You know you're doing your job well when you start out with a group like the one I just described, and over time the group members become more savvy and they start to wear the ethics hat themselves, and then you end up with a more sophisticated group. And it's very gratifying when that happens.

Dr. Goza-MacMullan: IntegratedEthics has really had a major effect on the field of health care ethics, and will always be part of your legacy in VA. Is it hard for you to leave IntegratedEthics behind?

Dr. Fox: Not really. IntegratedEthics has become so thoroughly ingrained in VA that it has begun to take on a life of its own. So I am confident that it will continue to grow and evolve in VA, and beyond VA, as well. You know, I feel sort of like IntegratedEthics is my baby, and it's growing up, and it's great to see. So I don't feel like I'm leaving it behind. It will always be a part of me. I know that sounds kind of corny, but it's true.

Dr. Goza-MacMullan: Is it harder to leave other projects that are not as mature?

Dr. Fox: Yes, in some ways that is more difficult. For example, there's a new project that's probably just as big and just as significant as IntegratedEthics, that we've been working on for a number of years. It's called the Life-Sustaining Treatment Decisions Project. The goal of the project is for every patient who's at risk for experiencing a life-threatening event to have their values, goals, and preferences for care proactively elicited and respected. This is something that many organizations have attempted, but little has changed, unfortunately, over the past 20 years. I think this is an area in which VA can succeed where all other organizations have previously failed. This is a major comprehensive, intensive, organizational change initiative. I think this project will have as great an impact on patient care as any project I've ever been involved in. I think it will dramatically improve end-of-life care in a very short period of time. At

this point, the project is just entering its demonstration phase. We've completed the development of the tools, and this is the stage where IntegratedEthics was seven years ago, roughly. It's the last step before national launch. So yes, the Life-Sustaining Treatment Decisions Project is very hard to leave behind.

Dr. Goza-MacMullan: Well, unfortunately, that's all the time we have. Do you have any final thoughts before we end today?

Dr. Fox: I'd just like to convey my gratitude and some personal words of encouragement for everyone who may be listening today who has responsibility for overseeing or managing an ethics program. This is not an easy job. It requires many different types of skills. There's no clear roadmap for how to acquire those skills or how to do the job. And so, many of us are just trying to find our own way. So, you know, keep doing what you're doing. It is so important. And one thing that can help is to keep focused always on the goal, which is to improve patient care by improving ethical health care practices. So good luck to everybody.

Dr. Goza-MacMullan: Dr. Fox, on behalf of the National Center for Ethics in Health Care, I want to thank you for your dedication and years of service to VA. You developed and advanced an important focus area in the field of ethics, which has been tremendously impactful, both in VA and outside organizations as well. Thank you for sharing your thoughts and reflections on what is truly an amazing career in the field of ethics. We wish you well in your future endeavors.

Dr. Fox: Thank you very much.