Teaching doctors how to communicate caring

OHSU launches the new John Benson Program on Professionalism

It is a regular day in the clinic. One of the residents, known for her customary warmth and empathy, is busily taking the history of a new patient, a young man who is clearly upset and whose manner is both abrupt and abrasive. During the first three minutes of the interview, he reveals that he has lost his job and health care benefits and cannot afford any medications. In fact, he has skipped a meal in order to scrape together the bus fare to the clinic.

The resident — her body hunched over the patient’s chart — continues to ask questions, all of them strictly clinical. There is virtually no eye contact between her and the patient and, despite his obvious distress, she does not respond at all to his concerns about the serious social issues in his life.

Cut to a small conference room in which the resident is reviewing a videotaped recording of this real-life encounter. Beside her is communications expert Dr. Geoffrey Gordon. Horrified at what she sees, the resident realizes — with Gordon’s help — how her body language, her choice of words and her singular focus on the biotechnical aspects of the exchange completely closed down the communication between her and her patient.

Her pain at what she sees is obvious. “I’ll never do that again,” she says, cringing.

“This was a true ‘aha’ moment,” explains Gordon later when recounting this story.

As director of the new John Benson Program on Professionalism, and associate director of the Center for Ethics in Health Care, Gordon is leading an exciting new initiative at OHSU — a collaboration between the Center for Ethics and the School of Medicine — to help doctors-in-training build on the humanistic qualities of their profession. Communication, compassion and commitment to a larger community are the focus of the Benson program, and teaching moments like this one are golden to Gordon and his colleagues.

“What we learned from this encounter is that the challenging nature of both the patient and his social issues created so much discomfort for the resident that she abandoned the caring communication skills that she would normally bring to her patient interactions,” Gordon continues.

“In the future she will know — when a patient relationship is difficult — she needs to pay more attention than ever to those skills,” to being continued on Page 4.
As we unveil the Center for Ethics in Health Care’s new, more comprehensive newsletter, I am struck by what it says about how much the Center has evolved in 15 years.

There has been so much growth in both the number and scope of our programs that we can no longer even begin to keep you abreast of what we are doing in our quarterly letters. Our faculty has been immeasurably strengthened and enriched by the addition of four associate directors. We are expanding our office space, which, in the tight quarters of the hospital environment, is akin to winning the lottery. And the horizon ahead continues to fill with new opportunities for the Center to play a growing role in improving health care both locally and nationally.

These are exciting times! And so much of the excitement we feel at the Center is due to the generosity and inspiration we receive from our supporters. Without you, we simply could not do the work we do.

What has been especially exciting recently is how many different ways our friends have found to help us not only to reach, but also to manage, the steep growth we have seen. We are acutely aware that organizational growth can be challenging, and for this reason we are deeply indebted to supporters like Helen Jo and Bill Whitsell, who have lent their wisdom and business acumen to the Center to help us take these steps in stride. Their advice about leadership and sound management practice has been invaluable, and Bill’s seminar to the senior staff on managing time could not have been, well, more timely for those of us who have stretched our managing time could not have been, well, more timely for those of us who have stretched our


call from a sound business plan and an important foundation stone for the Center’s financial future, ensuring our ability to partner with others throughout Oregon.

As we begin the national launch of the POLST (Physician Orders for Life Saving Treatment) program, we benefit greatly from Bill Early’s dedication and drive, not to mention his well-honed abilities to get things done efficiently and at the highest level. We are also deeply grateful to the generous private support that allows us to step up to our communications challenge with this new expanded newsletter. And,

...we dedicate this first official newsletter to Cornie with our deepest appreciation for her numerous contributions to the Center.”
## Shared wisdom of senior clinicians informs ethical debate

When Dr. Dan Labby convened his first gathering of senior clinicians 15 years ago, he had a pretty good hunch that the collective wisdom of such a distinguished group could be a powerful resource for the Ethics Center as it began to take on pressing ethical issues. Twenty-nine seminars later, the conversations and the insights that result from them continue to flow. And their contribution becomes increasingly evident in the form of new policies and curriculum that have sprung from some of the many things learned during these lively exchanges.

The most recent seminar on April 28, “Sex Selection: Ethical Issues in Gender Guided Decision Making,” was no exception. Dr. Joanna Cain, Ethics Center senior scholar and director of OHSU’s Center for Women’s Health, and Dr. David Battaglia, director of OB/GYN Andrology at OHSU, presented a compelling overview of the numerous ethical dilemmas created by recent advances in reproductive medicine — including preimplantation genetic diagnosis (PGD), which offers parents the chance to select embryos without genetic diseases, and could be used to select the gender of a child.

The conversation that grew out of this presentation explored many of the complex issues that stem from reproductive medicine — ranging from macro-ethical problems relating to human rights around the world, to micro-ethical issues of individual rights. The general conclusion was that reproductive technologies are unquestionably outpacing resolution of the ethical concerns they create, and have been since the birth of the first “test tube baby,” Louise Brown, in 1978.

A case in point: A 34-year-old Japanese couple is seeking PGD as they try to conceive their third child. They already have two sons (one of whom was conceived through in vitro fertilization) and now they are adamant that they would like to have a daughter because, in Japan, daughters are more likely to care for their elderly parents than sons.

The technology exists, and they are willing to pay for it. But should it be used in this case? This and many other complex questions will need to be addressed in the future, ensuring in yet one more medical arena that the Center for Ethics will never be lacking, shall we say, fertile ground to do its work.

## POLST program readies for national rollout

The Ethics Center continues to prepare for the nationwide launch of the Physician Orders for Life-Sustaining Treatment (POLST) program and recently completed one of two promotional videos to educate health care professionals throughout the country about the benefits of the program.

In addition to dramatically illustrating two very different deaths — one in which the use of a POLST form allows a patient’s end-of-life wishes to be faithfully honored, and another in which the lack of such guidelines creates a very different outcome — the video presents key points about why and how to adopt the POLST program. Titled “Your End of Life Prescription: Physician Orders for Life-Sustaining Treatment,” the video will soon be available on the Ethics Center Web site (www.ohsu.edu/ethics) and the POLST Web site (www.POLST.org).

“This is a huge step forward in our ability to educate health care providers on a national scale about the enormous impact the POLST program can have in improving end-of-life care,” says Ella Booth, associate director of the Ethics Center and OHSU’s associate dean for administration and planning in the OHSU School of Medicine.

The second video, a step-by-step guide on how to complete the POLST form, will complete production this summer.

Funding for this project was made possible by the very generous support of Bill and Karen Early, the Wendt Center for Education Enhancement, Hank Swigert and other generous contributors.

Our next newsletter will include more in-depth coverage of the POLST program and its national launch.

## Honors and Awards

**Margaret Allee**, assistant director of the Ethics Center and director of the Legacy Heart Institute and abdominal organ transplant program at Legacy Health System, has been elected to the board of directors of the United Network for Organ Sharing. “This honor reflects Maggie’s many contributions to UNOS and her numerous other roles in the field, to each of which she brings a unique understanding and talent, combining medical, legal and ethical training,” says Dr. Susan Tolle.

**Senior scholar and longtime supporter of the Center, Miles Edwards, M.D.** was recently honored with the distinguished Faculty Excellence in Education Award in recognition of his outstanding efforts in education leadership, teaching and published writing. “This award has very special significance because it is given by faculty to their peers,” says Tolle. “It is a wonderful tribute to all that Miles has contributed to the School of Medicine over a period of many years.”

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**S**everal images of senior clinicians are included to highlight their contributions to the Ethics Center.
Caring
(continued from Page 1)

an active, empathetic listener. Otherwise the all-
important balance between clinical competence and compassionate caring is lost.”

Professionalism puts the patient first
Maintaining this balance is fundamental to the concept of professionalism, asserts Dr. John Benson, for whom the new program is named. Dean and professor emeritus of the OHSU School of Medicine, Benson served as a senior scholar with the Center for Ethics in Health Care during his tenure at OHSU and is considered an international authority on medical professionalism.

“Physicians must come to realize whom they are really working for,” Benson reminds us, and cautions that physicians “should not abandon the patient-centered ethic that has grounded the medical profession since the time of Hippocrates.” He argues for the creation of “a primary alliance between the profession and the public at large,” one built on trust and integrity in which emphasis is placed on “charitable caring,” “skillful communication,” and “collaborative decision-making.”

Professionalism, according to the American Board of Internal Medicine, embraces a number of essential elements: altruism, accountability, excellence, duty, honor and integrity, and respect for others.

At its heart is the quality of the doctor-patient relationship.

Finding the Balance
Studies have demonstrated again and again the role that positive communication plays in health outcomes. Patients recover faster, feel less pain and stress, adhere better to their own treatment plans, and have a higher level of overall satisfaction when good communication is part of their care. Not surprisingly, this results in correspondingly high levels of physician satisfaction and lower levels of malpractice suits when things go wrong.

And yet, points out Gordon, it is extremely challenging for doctors, especially those just starting out in practice, to remember that they need to integrate two very different tasks.

“On the one hand they need to apply their biotechnical knowledge to diagnose and treat a patient; on the other they need to pay attention to who the patient is and what perspective the patient brings. And from there they must find the common ground. It’s a very tall order and, even well into practice, physicians continue to struggle with this.”

The recognition of these difficulties early in his career played a powerful role in Gordon’s desire to acquire communication skills that he could apply both to his own practice and to teaching others. “I realized very quickly that I really didn’t know how to conduct an outpatient visit,” he admits. “I knew instinctively that it was more than diagnosing and treating, and I knew that the patient had a role and that communication was a big part of it. But I needed skills that I didn’t yet have, and there were no courses in communication. All questions focused on the disease.”

Now a nationally recognized expert in communication skills training (most recently as associate director of clinical education at the Bayer Institute for Health Care Communication in West Haven, Conn.), Gordon is relishing this new opportunity to work with other faculty members to promote and teach professionalism at all levels of training.

He is quick to point out that OHSU has been on the cutting edge of innovative programs in this area for a long time. His role is to bring additional expertise, focus and energy to this effort, and to build on and enhance existing programs so that professionalism can really come to life in the minds and hearts of doctors-in-training. He favors interactive, case-based learning that draws on students’ experiences and encourages reflection on their personal and professional values.

Avoiding and Communicating Medical Mistakes
A critical part of communication between doctor and patient — communication that either creates or responds to medical mistakes — is also central to the program’s teaching.

Gordon tells a story to illustrate this point:

When the executive director of the American Board of Internal Medicine spent several days supporting his wife during her hospitalization, he noticed that the majority of the doctors, nurses and other health care providers demonstrated excellent skills when communicating with his wife. Almost nonexistent, however, was the communication between the providers themselves.

“This kind of discontinuous, disconnected care in an environment of sometimes overwhelming complexities, compartmentalization and pressure of time can be a dangerous breeding ground for medical mistakes,” Gordon warns. “The answer lies in consistent, effective collegial and interdisciplinary communication.”

Inevitably, though, mistakes still occasionally occur and Gordon emphasizes the need for doctors to learn more honest and compassionate ways of communicating with patients about these errors.

“In the past, physicians have been told to hide, or avoid discussing, mistakes with patients or families,” he explains. “What we’re teaching now is that patients have a right to know about the events and outcomes of their health care, both good and bad. We also know that while patients are predictably concerned about medical mistakes, they are likely to react more positively if they are informed right away in a caring and thoughtful manner.”

Thanks to the generous support of the Non Nocere Foundation, Gordon and his team have just finished creating a video to illustrate how best to disclose adverse outcomes to patients and their families.

Characters in the video include a cast of various health care professionals to demonstrate the need for effective interdisciplinary communication. The story line emphasizes the need to avoid any “shame-and-blame” culture so that people can work together both to remedy the situation and to avoid any future repetition of the same mistake.

“It is extraordinarily powerful for students to see a medical mistake and its aftermath unfold on the screen in dramatic fashion,” says Gordon. “This way, the vital role that communication plays, both in creating the problem and then in coming up with a solution to the problem, is so much easier to recognize and learn from.”

“This program plays an incredibly important role in teaching future health care providers about communications and sensitivity.”

Joe Robertson, M.D.
Commitment to the Broader Community

Also integral to the Benson program is Benson’s belief that physicians have a responsibility to improve the health of the entire community.

“This program plays an incredibly important role in teaching future health care providers about communications and sensitivity. It also urges students to consider the social responsibility of practicing medicine,” says Dr. Joe Robertson, dean of the OHSU School of Medicine. “As part of this social responsibility, students become better informed about OHSU’s special role in Oregon’s health safety net and, in turn, contribute unique services that cannot be provided elsewhere for the state’s underprivileged populations.”

A new community service rotation is planned that will enhance this sense of duty to a larger population and a sense of stewardship of scarce resources, opening students’ eyes to the vast disparities in health care delivery throughout the state.

“Initially students are angry, ashamed and frustrated when they see that part of our population does not have access to essential care, but these feelings can be channeled into action: into volunteerism, advocacy and other ways of giving back to the community,” Gordon says. “Awareness of the problems are where this all starts.”

Creating Cultural Competency

Drawing attention to some of the cultural barriers in health care is another key element of professionalism, according to assistant dean for minority affairs, Dr. Stephanie Anderson, who is working with Gordon to enhance cultural competency among OHSU’s medical students.

“Our challenge is to develop the curriculum in such a way that we train physicians to take care of people who don’t look like them and don’t have the same ethnic or cultural background,” she explains. “This will have a huge impact on the quality of care for people from different cultures, throughout all medical interactions, and especially at the beginning and end of life where sensitive communication is so important. Building awareness that these cultural disparities exist is one of the hardest parts of our task.”

Anderson is working with students and faculty, during all four years of medical school, to weave cultural awareness and training into how to communicate effectively with people of different backgrounds. “Students will learn how to avoid cultural stereotyping and also how to ask the questions that will help them understand what’s important to the patient, what the patient’s values are,” she says. “This will be critical in areas such as end-of-life care where it can be difficult enough to have a conversation in your own language with someone of your own culture.”

Also included in the revised curriculum is a practicum with Interpreter Services to help students learn how to overcome language barriers and the complexities of working through an interpreter. And, as in the rest of the professionalism curriculum, videos and interactive discussions will be incorporated wherever possible, both to highlight examples of cultural disparities and offer tools to bring these barriers down.

... to quote Franz Kafka, ‘It is easier to write a prescription than to come to an understanding with a patient.’ This program will inspire our students and faculty to find new ways to achieve that all-important understanding.” — Geoff Gordon, M.D.

Putting it All Together

As the Benson program celebrates its official launch with the unveiling of its new office space, Ethics Center director Dr. Susan Tolle sees a long-held dream take shape as an exciting new reality.

“This program represents an incredibly important paradigm shift in how physicians are trained and how they view their role with their patients,” she says. “As we educate a new generation of doctors to practice in Oregon, our goal is to help them provide care that is much more compassionate and, as a result, much more effective.”

“During his time at OHSU, Dr. Benson consistently demonstrated and advocated for the highest standards in medical professionalism. We are privileged to be able to name this program in his honor,” she continues, “and we are also very fortunate to have the exceptional skills that Dr. Gordon brings to the implementation of this vision.”

For Geoff Gordon, each day brings new opportunities. “Every time I can help make a connection with a patient, or connect with learners as they connect with patients, I know that we’ve made progress in helping that patient. I can get just as excited about understanding a person’s perspective as I can about diagnosing a disease or seeing a treatment work, because I know that — to quote Franz Kafka — ‘it is easier to write a prescription than to come to an understanding with a patient.’ This program will inspire our students and faculty to find new ways to achieve that all-important understanding.”
Two important new ethical guidelines recently have emerged from the OHSU Institutional Ethics Committee (OEIC), which is chaired by Ethics Center associate director Dr. Gary Chiodo.

The first addresses the use of rVIIa, a very expensive agent that stops bleeding. (Costs for a single patient can run as high as $1 million.) Within a very short period of time, the use of this drug for just five patients had consumed 10 percent of OHSU’s pharmacy budget, which provides medications for 60,000 patients each year. The prospect of even one unreimbursed patient raised budgetary and ethical issues. As a result, the OEIC was charged with developing guidelines for the appropriate use of the drug while protecting the hospitals and clinics from having to make difficult choices about reducing other essential services. Part of the challenge was in determining when this expensive drug was really needed and when other, less-expensive treatments could effectively be used in its place.

The OEIC’s second task was to address the use of blood products for patients with end-stage liver disease who may not be transplant candidates. As they near death, patients with advanced liver disease can use large quantities of blood and blood-derived products, which in turn can lead to a serious shortage of these products for other patients. The OEIC’s guidance now brings palliative care consultation into the decision-making process for these patients, adding a perspective that benefits the patient’s primary care team as well as his or her family members.

Through conversations with key stakeholders and thorough evaluation of the issues, the committee developed guidance for both situations that has been approved and implemented. The two new policies have led to wiser use of rVIIa, fewer blood transfusions, and greater use of palliative care for patients with advanced liver disease.

“These issues are extremely important and the outcomes have very serious consequences,” says Chiodo, “so we made sure that we looked at and debated all aspects of every question before drafting our recommendations. The results should make it much easier for health professionals to make difficult decisions in these two areas.”

The OEIC, which was formed in the spring of 2003, serves an advisory role to the president of OHSU and the executive director of the hospital and clinics.

Ethics Center supporters have responded with open hearts to our requests for donations of hand-made quilts and afghans. Many of you have generously contributed either new or already-loved quilts to bring warmth and comfort to our Palliative Care Program, and we are deeply grateful.

“The need is great, as is the powerful impact of these touches of home, which bring so much solace and reassurance to patients and their families.

“It is hard to describe how powerful these quilts are,” says Mary Denise Smith, team coordinator of OHSU’s Palliative Care Program and associate director of the Ethics Center. “They bring physical warmth to our patients, but they also provide so much more than that. Last week a teenage girl who had just lost her father left the hospital wrapped in his quilt. It was very moving to see what an important symbol of comfort it was for her, just as it had been for her father.”

Please continue to look through your linen closets for quilts and afghans that are no longer needed. Or consider turning your fingers to work!

For more information about the Quilt Project, please contact Lita Chandler at 503-494-4466.

You’ll be hearing a new voice when you call the Center for Ethics in Health Care these days. LaLita Chandler recently joined the staff as receptionist and right-hand support for donor relations coordinator Anne-Marie Jones. She brings excellent skills to this task, including computer expertise that will help the Center step up to the next level of efficiency as we manage the challenges of growth, and a great desire to be part of making a positive difference in our community.

“We are very lucky to have Lita on our team,” says Jones. “Not only is she a quick study, but she also brings a wonderful energy to our office and great commitment to the work the Center is doing.”

Please introduce yourself to Lita when you call!
Ethical dilemma provides teaching moments for statewide nursing facility conferences

Nancy Brown, 78, suffers from diabetes and congestive heart failure. She is blind, has painful ulcers on her feet and is unable to walk. When the time comes to be admitted to a nursing home, she summons her two children, Barbara and Bill, to talk to them about her advance directive and her wishes for care. Nancy understands that her condition will not improve and that she is likely, at some point in the future, to get a life-threatening infection.

With her doctor writing the orders, she completes a POLST form in which she refuses to accept antibiotics and declines the option to be taken to the hospital, be resuscitated or have an IV or feeding tube placed. She is willing to go to the hospital only if her suffering cannot be controlled, she says. She feels she has had a good life and she does not want further life-extending treatment.

Nancy asks her children, to whom she gives Power of Attorney for Health Care, to promise to honor these wishes. They agree, though they understand that it will be very hard for them to do given how close they are to their mother and how much they continue to enjoy her company.

As she is admitted to the nursing home, Nancy makes sure that the nursing home social worker and the director of nursing services are aware of her POLST orders, telling them: “I don’t ever want to go back to the hospital. Now when my time comes, I want to die where people know me and I’m comfortable.”

Two months later, Susan, a new certified nursing assistant (CNA) begins working at the facility. She warms instantly to Nancy whose company she finds delightful, and makes a point of visiting Nancy first thing each morning. Before long she has developed a close relationship with both Nancy and her children.

Suddenly, Nancy’s condition deteriorates. She develops a fever and a cough, and becomes confused. The director of nursing staff calls the family to inform them that their mother probably has pneumonia.

When the children arrive at the nursing home, intent to follow their mother’s wishes for comfort measures only, Susan confronts them. She has just learned about Nancy’s POLST orders and has serious moral objections to the order not to transfer Nancy to the hospital. She cannot bear to let her favorite patient go. “How can you let her die?” she demands. “I think we should send her to the hospital. This isn’t right.”

The children are stunned. They thought everyone at the nursing home understood and agreed to their mother’s wishes, and this comes as a painful shock, as though they are now being accused of neglecting their mother. Barbara becomes confused about what she should do. She feels like a murderer. Bill is angry and cannot understand why his mother’s wishes were not communicated throughout the organization. He demands to see someone in charge ...

This is the story that will unfold on video as part of this year’s five regional conferences, “Collaborating to Enhance Compassionate Care in Nursing Facilities.” It will highlight an ethical issue that could very easily arise in any nursing facility. For dramatic effect, the CNA character will appear onstage in the same outfit she wears in the video. Only this time, Dr. Geoff Gordon (who plays the role of narrator in the video) will be on hand to help nursing home leaders dissect what happened and draw out key points about what went wrong, how it can be fixed and — most important — how to make sure that it won’t happen again.

“Videos and role-playing are extremely powerful learning tools because they require an immediate personal response, as well as a chance to debrief and repeat,” says Gordon. “The room will be full of nursing home leaders who are in the perfect position to identify solutions that can prevent this from happening in their facilities.” (Stay tuned for our next issue, which will include some of these insights.)

Generously supported by The Arthur Vining Davis Foundations and the Collins Medical Trust, the 2004 conferences will take place in Pendleton, Redmond, Portland, Eugene and Medford. Please see the conferences section for a schedule.
The Center continues to maintain a busy schedule of educational programs for health care providers around the state. Project director Jill Hauben, who coordinates the Center’s statewide conferences, reports the following outreach events:

**The Kinsman Conference**

Funded through the generous support of The Kinsman Foundation for the past 14 years, the conference draws health care professionals from around the state to address pressing issues in Oregon’s health care. This year’s event took place in Medford on April 15 and 16, and focused on Access to Health Care, featuring keynote speaker Dr. John Wennberg.

The Kinsman conference was hugely successful and rich in inspiration. There is not sufficient room in this issue to do justice to all that took place, so we are planning an expansive article in our next newsletter.

**Collaborating to Enhance Compassionate Care in Nursing Facilities**

These five regional conferences, generously funded by The Arthur Vining Davis Foundations and the Collins Medical Trust, reach out to nursing facility staff and faith leaders to explore ways to maintain compassionate care practices. The focus this year is the challenge of transition and growth. (See Ethical Dilemma story for example of conference material.) Conferences are scheduled in: Pendleton on May 6; Redmond on June 24; Medford on July 29; Portland on Oct. 7; and Eugene on Nov. 4.

**Oregon Hospitals Collaborating in Palliative Care**

In partnership with The Kinsman Foundation, the Center is initiating this new statewide conference series to strengthen palliative care in acute hospitals throughout Oregon. Hospitals with palliative care programs are helping those without programs, building on existing collaboration between hospitals, hospice programs and regional coalitions. Conferences are scheduled for: Portland on June 11; Bend on June 23; Medford on July 28; Salem on Oct. 1; and Eugene on Nov. 5.

**Conferences at a glance**