BIOETHICS AND HEALTHCARE – TOPIC SESSION

Topic: Organizational Ethics and Responding to Moral Distress
Convener: Michael McCarthy, Loyola University Chicago
Moderator: Nichole Flores, University of Virginia
Presenters: Daniel Daly, Boston College
                 Kate Jackson-Meyer, Boston College

The Bioethics and Healthcare topic session focused on a virtue-based approach to organizational ethics in Catholic healthcare (Daniel Daly) and how inter-religious inquiry can help shape responses to moral distress experienced by healthcare providers (Kate Jackson-Meyer).

Daly's "The Virtuous Hospital: Organizational Ethics for Catholic Healthcare" considers how Catholic and secular approaches to bioethics center typically on micro-level ethical questions at the bedside, while leaving macrolevel approaches to organizational ethics underdeveloped. He argues that Christian ethics has "overrated the influence of individual moral character and underrated the influence of institutional and organizational character regarding the production of social outcomes." As a corrective to this imbalance, Daly draws on the limited resources to sketch themes of an organizational healthcare ethics rooted in a theory of organizations.

Organizational ethics, Daly argues, requires a framework capable of guiding and assessing decision-making by drawing on a critical realist account of what an organization is and the connection between human agency within healthcare organizations. He draws on social theory-critical realism and notes that, within them, healthcare organizations have structures with positions of authority; these positions foster practices and norms; and the organization's culture is reflected in how "beliefs and values are endorsed and enforced." For Catholic healthcare, the core beliefs and culture of the organizations is structured around the "healing ministry of Jesus Christ" and function as a virtuous organization insofar as they "recognize and promote human dignity, human well-being, and the common good." In developing an ethical framework, Catholic healthcare organizations (HCO) must be capable of guiding and assessing decision-making by drawing on Catholic themes shaped by social thought in developing Cardinal organizational virtues.

Actions that align with organizational virtue require attention to the web of relationships and stakeholders within the HCO. Daly sketches an "org chart" that demonstrates the importance of structuring HCOs that prioritize and make possible the endorsement and enforcement of "ideas, language and values that recognize universal human dignity, the value of integral human well-being, and the common good." Cardinal organizational virtues—organizational justice, organizational beneficence, organizational solidarity, organizational prudence—serve as a way for an organization to gauge the fidelity to its mission. Through these organizational virtues, HCOs should draw on scientific social analysis and the normative language of virtue and vice to analyze the organization's structure and culture to evaluate how effectively the organizational structure promotes dignity, well-being, and the common good.

Jackson-Meyer delivered her paper, "Moral Distress and Moral Resilience: Areas in Need of Inter-religious Inquiry." She argues that moral distress is a critical issue for

healthcare professionals. To overcome moral distress, she posits that aspects of interreligious inquiry can lead to cultivating moral resilience. Her paper draws on foundational research in moral distress beginning with Andrew Jameton's classic definition in which individuals "know the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action." She utilizes narratives from the nursing literature to describe the feeling of moral distress and the ethical and existential challenges it can create. Conversely, moral resilience describes the "capacity of an individual to sustain or restore their integrity in response to moral complexity, confusion, distress, or setbacks."

Jackson-Meyer notes that while various interventions have been utilized to foster moral resilience, including "Moral Resilience Rounds," few interventions engage the wisdom and practices of religious traditions. She challenges Catholic healthcare to look at its own spiritual and moral tradition as a means to examine both the scope of the problem, including a consideration of tragic dilemmas, and the potential for solutions. Moreover, in an effort to cultivate greater moral resistance, she argues that Catholic healthcare should look beyond its own religious tradition and engage in interreligious inquiry, specifically between Christianity and Hinduism.

Jackson-Meyer identifies that Hinduism as an important dialogue partner in addressing moral distress because of the way the tradition reflects on moral decision-making. She draws from the Bhagavad Gita to demonstrate two concepts that have been important in cultivating moral resilience: meditation and vocation. Meditation, she argues, is central in the Gita and has also been shown to decrease moral distress. She sees a correlation between the Hindu meditation and a Christian meditation on hope that focuses on "anchoring our attention in the presence of God." Additionally, she draws on the idea of vocation that as a connection between Christian-Hindu inquiry; vocation "shapes self-understanding and combats self-doubt" generating a potential for growth and solace to those experiencing moral distress. Finally, she suggests a practical step to develop further opportunities for dialogue through interreligious conversation or a book discussion that allows for a religious framework to explore difficult ethical issues.

The session concluded with questions and conversation that touched on the importance of mental health, the social context in which both organizations exist and moral distress can develop, and the need to identify mentors with leadership capacity and foster the vocation of others.

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