ETHICS, BIOETHICS & LEADERSHIP

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Doing the Right Thing, The Right Way, For The Right Reason,
Every Day, Everywhere in the Practice's Sphere of Influence.
Paraphrased from VCI Pocket Card on Bioethics & Professionalism

As anyone faced with a bioethical practice dilemma knows, these type situations seldom are black and white. Cancer (surgery, chemo, radiation, etc.), ear crops, tail docks, declaws, elective euthanasia, second opinion on colleagues patient, fee assessments, staff coaching, and the list goes on and on. That is why having a framework by which to address ethical and bioethical concerns is critical in assisting veterinary healthcare providers and the practice leadership do the right thing, in the right way, for the right reason, every day, in every way, everywhere within the practice's sphere of influence.

Ethical - being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession
Bioethical - a field of study concerned with the moral and philosophical implications of certain biological and medical procedures, technologies, and treatments, as organ transplants, euthanasia, genetic engineering, options in care, and care of the terminally ill.

Equally important to veterinary healthcare leaders is the priority to model ethical and bioethical behavior, and instill a culture within the veterinary healthcare delivery system, in which unethical behavior is not tolerated. The bond between bioethical decisions and the organizational culture, effects the performance of all team members. The most successful and enduring healthcare models have been driven more by their vision and values than by the profit margins (e.g., *Management Lessons from Mayo Clinic: Inside One of the World's Most Admired Service Organizations*).

Practice owners regularly encounter a variety of ethical and bioethical issues – from organizational structure, to vendor relationships, to the complex clinical issues of costs versus client's ability to pay, and subsequent end-of-life patient care decisions. To ensure these wide-ranging ethical and bioethical decisions are being made effectively, and in the best interests of the patient and client, staff, doctors, and practice leaders need to set the practice culture tone in clear and caring terms.

CALIBRATION NOMENCLATURE

COMPLIANCE: the term applies to the team within the practice's walls, and how well (and how consistently) they support the Core Values & Standards of Care (SOC)

ADHERENCE: the term applies to how well the clients follow the directions provided by the practice providers. Verbal only has the lowest adherence, verbal and written has the next, verbal, written, and demonstration ranks third, and verbal, written, demonstration and telephone follow-up has the best.

Practice leaders can begin by establishing a systematic approach to ethics and bioethics, so when issues do occur, the staff can address them and match the practice's core values. The easiest step in handling bioethical issues is establishing a written standards of care (SOC) for Risk level 1 animals; clients need to hear the same patient "needs" from each and every staff member. The hardest step is for each leader and manager to live the practice's standards and values 24/7, 365, without exception or excuse.

When establishing a written standards of care, it starts with scientific evidence being presented to the doctors; to alter any aspect of the SOC, current scientific literature must be presented to the Medical Director and other doctors for discussion. Please, DO NOT give in to tradition, whims, or personal bias; it is not replicable in the scientific community. Risk Level 2 to 5 require clinical freedom for the attending provider, within the scope of practice protocols (the second check and balance in the bioethical aspects of the practice culture). Protocols belong to the team, so unilateral decisions to bypass them must be clearly documented in the healthcare plan of the Risk Level 2-5 patient (that is a CORE VALUE statement in most practices). After the Core Values are established (usually no more than five statements of inviolate clarity), the SOC for Risk Level 1 animals is written, and the protocols are developed; savvy leaders should identify and discuss and specific ethical challenges that may be perceived by any team member, determine how to approach the issues, and provide practical insights to help maintain and enhance ethical performance (HINT: abdication is NOT a reasonable response in these issues – if ignored they will not go away, they will eat as a cancer inside the practice culture, destroying any hopes for effectively delegated accountability for outcome decisions).

ETHICS & PERFORMANCE
Ethics is about making the best choice in the face of competing values

While veterinary practices may have ethical credos, written core values, a posted VISION or MISSION Statement, they are often pushed into the background (as BP said, "what you do speaks so loudly, they cannot hear what you say"). Being alive in a practice requires care and feeding, as well as setting the example 24/7 - 365 by managers and leaders. Ethics, bioethics and values in a veterinary practice can become eroded if unethical behavior is allowed to just become "the way we do it". This ethical erosion can be a slippery slope that has dire consequences on organizational performance and even patient safety. The other challenge in veterinary medicine is that our veterinarian attorneys have published "ethics" from the perspective of the courts, of the law, and not of the human values most all of us brought with us into this profession. To tackle ethical and bioethical challenges, leaders need to display certain behavior traits:

ETHICALLY CONSCIOUS

Leaders need to have an appreciation for the bioethical dimensions and implications of the daily actions and decisions being made in the practice. These have been called the "ethics of the ordinary", but are anything but that. Euthanasia of an unwanted litter of puppies of kittens, the choices between chemotherapy, surgery, radiology or euthanasia of an elderly pet with cancer, or even the simple task of telling the client the truth, is a day to day dilemma for the team.

ETHICALLY COMMITTED
Providers need to be completely devoted to doing the right thing. Most staff can be aware of the decision's ethical and bioethical aspects but may consciously disregard or discount them in pursuit of an economic alternative rather than a patient "need". As you learn to speak for the NEEDS of the patient, the economics of "good, better, best" will give way to the bioethically best care.

ETHICALLY COMPETENT
Providers need to demonstrate "ethical fitness", or having the knowledge and understanding required to make ethically sound decisions. Many university faculty contaminate today's new graduate with fears of what they cannot do, rather than what they can do, and from an ethical perspective, have been UNETHICAL since they have never lived the private practice life but are sharing bias and prejudice handed down by the ivory tower idealists that have gone before.

ETHICALLY COURAGEOUS
Leaders act upon these competencies even when the action may not be accepted with enthusiasm or endorsement, especially in bioethical situations where the choices may be geographically or economically out of reach of most clients.

ETHICALLY CONSISTENT
Practice leaders must establish and maintain a high ethical and bioethical standard without making or rationalizing inconvenient exceptions. This means being able to rebuff the pressures to equivocate, to accommodate, and to justify an action or a decision that is ethically or bioethically flawed.

ETHICALLY CANDID
Staff must be open and forthright about the complexity of reconciling conflicting values, be willing to ask uncomfortable questions, and to be an active, not a passive, advocate of bioethical analysis, ethical decision making, and appropriate provider conduct.

In addition to demonstrating bioethical awareness and ethical leadership in one's personal actions and decisions, the practice leadership and key providers must establish, support, and ensure a consistent practice culture, where comprehensive bioethical and ethical values permeate the infrastructure and decision making.

UNDER-RECOGNIZED ETHICAL ISSUES

Promoting Unrealistic Expectations
This is the first major ethics violation of most veterinary practices, as with: "Here is a name tag, go answer the phones." A savvy veterinary practice understands that their community image is series of first impressions, and the person on the front desk answering phone is a critical link-pin in the sequence. The challenge is that in Australia, the front desk hospitality position is usually filled with a veterinary nurse, who would rather be with the animals and/or assisting the doctor. If there is a Client Relations Specialist, they have usually been provided inadequate training, so they are like "a fish out of water", a bioethical dilemma at best.

The counterpart to this is the practice that tries to “do it all”, rather than utilize specialists for the more complicated cases. An extension of this syndrome is seen in communities which now have a 24/7 urgent and critical care facility, yet understaffed and poorly trained general practices are trying to deliver urgent care without triage nurses and without neglecting a full appointment log of expectant clients. The savvy emergency practice usually offers weekday urgent care at a few dollars above the community consultation fee as a service to their referring veterinarians.

Rationalizing Inappropriate Behavior or Incompetent Behavior

Every zone of a practice should focus on this issue. It is difficult and sometimes painful to deal with individuals who are behaving or performing in a way inappropriate, whether it be sexual harassment, or someone not managing themselves or their zone team effectively. This is often cause by the owner promoting by the “Peter Principle” (It holds that in a hierarchy, such as a practice team, staff members are promoted so long as they work competently. Sooner or later they are promoted to a position at which they are no longer competent (their "level of incompetence"), and there they remain, being unable to earn further recognitions or promotions).

Tolerating inappropriate behavior or incompetency can cause variations in healthcare effectiveness, which can have a detrimental effect on quality or care, patient safety, and/or practice efficacy of operations. In client relations, it is an unbalanced till, an incomplete appointment log, or a poor telephone presence, reflecting poorly on the practice in the minds of clients and potential clients. Tolerance of inappropriate behavior or incompetency also sends a message to other staff that the undesirable behavior or incompetency is now acceptable. This stress on staff can most often be seen in missed time at work, staff turnover, and incomplete work functions.

Failing to Acknowledge Mistakes

When mistakes are made in a healthcare delivery situation, lives may be at risk, money may be lost, or internal trust and pride may be affected. Until mistakes are admitted, they cannot be corrected and prevented from recurring. In the case of a medical error, such as a variance to the established SOC for Risk level 1 patients, it causes the staff to become dysfunctional. Between doctors, medical misadventures must be admitted, to themselves, the team, and then to clients, with a caring and meaningful apology provided. Steps must be taken to preclude recurrence, and to prevent similar mistakes from emerging in the future.

The “blame game” is a common practice misadventure during medical mistake resolution. Time is spent trying to assign blame, rather than in taking the corrective actions, changing the protocols, and/or assessing the Standards of Care, needed to prevent similar mistakes from occurring. These steps must be clearly outlines and communicated to every zone, and integrated into the training plan(s), to ensure the corrected procedures are promoted in the future.

Mistakes are NOT INTENTIONAL, but some healthcare managers are guilty of creating the illusion that because someone is tenured, their actions are correct and they hold all the answers within their practice paradigms. By demonstrating proper levels of humility, anyone can and should acknowledge their fallibility when a mistake is made.

THE APPROPRIATE PRACTICE CULTURE

By setting the tone that ethics, bioethics, and leadership are key components of a quality healthcare delivery program, practice leaders can send a clear message that ethical and bioethical performance is valued more than individual self-interest, organizational paradigms, and blind achievement actions. Furthermore, by putting systems and resources in place to support ethical decision making and bioethical values, practice leaders demonstrate and empower staff members to act accordingly.

Attached is an Ethics Self-Assessment Survey to help you identify those areas in which you are on strong ethical or bioethical ground; areas that you may wish to examine the basis for your responses; and opportunities for further reflection (reflection is a transitional leadership skill, per Volume 1, *Building the Successful Veterinary Practice: Leadership Tools*, Wiley & Sons). The Ethics Self-Assessment does not have a scoring mechanism, as we do not believe that ethical, or bioethical, behavior can be or should be quantified.

When you finish the Self-Assessment, it is suggested that you review your responses, noting which questions you answered "usually", "occasionally", and "almost never". You may find that in some cases an answer of "usually" is satisfactory, but in other cases such as when answering a question about protecting staff's well-being, an answer of "usually" may raise an ethical red flag for self-reassessment and personal behavior modification within the organizational climate and organizational behavior (per *Signature Series* monograph, available from the VIN Bookstore, www.vin.com).

ETHICS & BIOETHICS SELF-ASSESSMENT SURVEY

(Please check one answer for each of the following questions)

	Almost Never	Occasionally	Usually	Always	Not Applicable
I. PRACTICE LEADERSHIP					
I take courageous, consistent, and appropriate management actions to overcome barriers to achieving my practice's mission.					
My staff does not need to come to me for decisions when addressing CQI issues in their own sphere of influence.					
I place community benefits over my personal gain.					
I place client benefits over my personal gain.					
I place patient benefits over my personal gain.					
The staff places community/client benefits over their personal gain.					
I strive to be a role model for ethical behavior.					
I explain the WHY and WHAT of bioethical and ethical decisions to staff before we embark on a new program.					
After stating the WHY and WHAT of a new program, we empower the respective zones to formulate the WHO and HOW before we initiate action.					
Once the WHY, WHAT, WHO and HOW has been clearly identified for a new program and healthcare delivery team(s), we jointly establish the WHEN, including the time line, mile stones, and new metrics/measurements of success that will be used, before embarking on the new project, program, or system redesign and implementation.					
I work to ensure that decisions about access to care are based primarily on medical/surgical NEED, not on a perceived client's ability to pay.					
When we state a patient's NEED, we then fall silent, waiting for the client's response.					
If a client does not accept the statement of needed care, we validate their opinion as not being appropriate for them at this time, and then speak to an alternative plan for the patient's benefit.					

	Almost Never	Occasionally	Usually	Always	Not Applicable
I. PRACTICE LEADERSHIP (con't)					
Bioethical decisions are such that we would be proud to see them published in the local newspaper.					
Ethical decisions build morale and spirit de corps within our team.					
My personal statements and actions are honest even when circumstances would allow me to confuse the issue(s).					
I advocate ethical decision making by the staff and management team, and professional staff members, in accordance with the core values and vision of the practice.					
I use an ethical approach to conflict resolution (e.g., text, *Crucial Conversations*, Patterson, et.al.)					
I initiate and encourage discussions of the bioethical aspects of patient care and case management (e.g., *Building the Successful Veterinary Practice: Programs & Procedures, Vol 2*, Wiley & Sons).					
I initiate and encourage discussions of the ethical aspects of management decisions and financial issues.					
I initiate and promote discussion of controversial issues affecting community/patient health, including domestic violence, community strife, and staff stresses.					
I initiate and promote discussions of controversial positions concerning cosmetic surgery, breed predispositions, and near end of life patient assessments, including client communications.					
I promptly and candidly explain to internal and external stakeholders negative economic trends within the practice and encourage appropriate procedure-based discussions.					
I use my positional authority solely to fulfill my healthcare delivery responsibilities, and NOT for self-interest, or to further the interests of family, friends, relatives, or associates.					
When an ethical conflict confronts our practice, I am successful in finding an effective resolution process and ensure it is accepted.					

	Almost Never	Occasionally	Usually	Always	Not Applicable
I. PRACTICE LEADERSHIP (con't)					
When a bioethical conflict confronts the practice healthcare delivery system, I facilitate meaningful discussion(s) at all levels of the practice to ensure an effective resolution process is accepted and harmony is restored.					
I demonstrate respect for my colleagues, staff, and clients.					
I demonstrate our practice's vision, mission, core values, and expected organizational behavior in my actions.					
I make timely decisions rather than delaying them to avoid difficult or politically risky choices.					
I seek the advice of colleagues and associates when facilitating bioethically challenging discussions and decisions.					
I seek the advice of our practice's business support team (e.g., banker, accountant, veterinary specific consultant, financial planner, etc.) when making ethically challenging decisions.					
My personal expense reports, and requests for reimbursements, are accurate and auditable.					
I openly support establishing a segregation of function and the monitoring of internal inventory and supply actions.					
We have established an internal mechanism to support ethical decision making, including a better than 60% acceptance of staff suggestions for inter-zone upgrades, changes and additions.					
I thoughtfully consider decisions when making a promise on behalf of the practice, or practice team, to a person or a group of people.					
I regularly review my personal integration of the 14 leadership skills (*Building the Successful Veterinary Practice: Leadership Tools*, Volume 1, Wiley & Sons, and/or *Signature Series* monograph, *Leadership Action Planner*, from VIN Bookstore).					
I am committed to building leaders from within the practice staff, as well as program managers for healthcare delivery systems.					

	Almost Never	Occasionally	Usually	Always	Not Applicable
II. RELATIONSHIPS					
COMMUNITY					
I promote community awareness of animal healthcare needs, well care improvement, and timely access to veterinary care.					
Improved community support is a guiding goal of our practice and is a cornerstone of my efforts on behalf of our healthcare team.					
As a community service commitment, I personally devote time regularly to at least one non-veterinary community organization.					
I personally participate in and encourage my healthcare team members to devote personal time to community service of their choosing.					
As a professional commitment, I personally devote time regularly to at least one veterinary organization outside my own practice.					
PATIENTS & THEIR FAMILIES					
I use a client-centered patient advocacy approach to healthcare delivery programs.					
I speak as a patient advocate on both clinical and financial matters (e.g., using NEED rather than “recommend” in narratives).					
I ensure equitable treatment of all patients regardless of their family’s socioeconomic status, ethnicity, or payor perceptions.					
I respect the practices and customs of a diverse client population while maintaining a clear practice vision and mission focus.					
I demonstrate through organizational policies and personal actions that over-treatment and under-treatment of any patients are unacceptable.					
I protect client confidentiality and their right to autonomy, while maintaining medical record confidentiality.					
I provide clients full access to accurate information about their pet, including diagnostic assessment, prognosis, and treatment options, including related costs and benefits.					

	Almost Never	Occasionally	Usually	Always	Not Applicable
II. RELATIONSHIPS (con't)					
PATIENTS & THEIR FAMILIES (con't)					
I do not tolerate breaches in client or patient confidentiality.					
I ensure client respect at all levels of the practice at all times – while the client may not always be right, but they can never be made to be wrong by any member of the healthcare team.					
PRACTICE MANAGEMENT TEAM					
I have a routing system in place for all veterinarians and managers to make full disclosure of practice operational issues.					
I have a routine review system in place for all veterinarians and managers to reveal and resolve potential conflicts of interest.					
I ensure that all assessments, my own and others, appropriately convey risks of decisions or proposed projects, as well as benefits.					
I work to keep vets focused on bioethical issues of significance to the practice, community, or profession.					
I work to keep vets and managers focused on ethical issues of significance to the practice, community, or other stakeholders.					
I keep the vets and managers appropriately informed and aware of safety issues, quality care perceptions, and practice image.					
I ensure client courtesy and patient advocacy are represented in our core values, vision, mission focus and daily operations.					
I promote regular discussion(s) concerning resource allocation issues, particularly those where practice and community interests may appear incompatible.					
I keep the vets and managers informed about issues of alleged financial malfeasance (e.g., not charging for work done, not recording care performed, etc.), clinical malpractice (e.g., not following established protocols, shortcuts in diagnostics, etc.), and potential litigious situations (e.g., unhappy clients, upset staff, etc.).					

	Almost Never	Occasionally	Usually	Always	Not Applicable
II.RELATIONSHIPS (con't)					
ASSOCIATES & STAFF					
I foster discussions about ethical concerns when they arise, including any deviation from the written standards of care.					
I maintain confidences entrusted to me.					
I demonstrate through personal actions and practice policies a zero tolerance for any form of staff harassment.					
I encourage discussions about and advocate for the implementation of the practice's code of ethical and bioethical behavior, and the respect for the core values of the practice,					
I fulfill the promises and commitments I make.					
I am respectful of views and opinions different from mine.					
I am respectful of individuals who differ from me in ethnicity, gender, education, or job position.					
I convey negative news promptly and openly, not allowing any team member or others to be misled.					
I expect and hold staff accountable for adherence to our practice's ethical and bioethical standards.					
I entrust our team with proactive performance planning (in lieu of retrospective performance appraisals) on a quarterly basis (review *Signature Series* monograph, same subject, Vin Bookstore)					
I demonstrate that incompetent training efforts or coaching is not tolerated – we train to a level of being able to trust the individual with independent operations within the scope of their zone duty standards.					
I make timely decisions regarding marginally performing managers and/or associate veterinarians.					
I ensure adherence to ethics-related policies and practices affecting clients, staff, and managers.					
I ensure awareness of bioethics-related policies and practices affecting patients, staff, and providers.					

	Almost Never	Occasionally	Usually	Always	Not Applicable
II.RELATIONSHIPS (con't)					
ASSOCIATES & STAFF (con't)					
I am sensitive to staff members who have ethical or bioethical concerns and facilitate timely resolution of these concerns.					
I encourage the active utilization of the written Standards of Care (SOC) and established protocols to address ethical and bioethical issues.					
I ensure all associates and staff understand the quarterly budget review is based on their previous commitments to the written SOC document, and any shortfall is a provider-based concern that needs to be addressed.					
I act quickly and decisively when staff members are not treated fairly in their relationships with other staff, or when someone starts to play the "blame game" in lieu of the "we/us" resolution effort.					
I ensure staff are assigned only to official duties for which they have been trained and verified as competent.					
I do not ask staff to assist me with work on behalf of family, friends, associates, or other community members.					
I hold all staff and clinical/business partners accountable for compliance with professionals standards, including ethical and bioethical behavior expectations.					
I ensure that for every day of external continuing education funded by the practice, the participant will return with one great idea for implementation, and maintain it operational for 90 days (tweaking as necessary).					
CLINICIANS					
I ensure the written Standards of Care are current and understood at our weekly medical record review meeting.					
When problems arise with clinical care, I ensure the problems receive prompt attention and resolution by the responsible parties.					

	Almost Never	Occasionally	Usually	Always	Not Applicable
II.RELATIONSHIPS (con't)					
CLINICIANS (con't)					
When there is a recurrence of similar issues, I ensure the source or cause of the negative event is identified, and corrective action is taken in procedures and protocols to prevent recurrence					
I insist that the practice's clinical guidelines are consistent with our vision, mission, core values, and bioethical standards of practice.					
When practice variations in care suggest quality of care is being degraded, I take timely actions to ensure the client and patient interests.					
I insist that participating clinicians and staff live up to our Standards of Care and protocols, and accept that unilateral variations are NOT acceptable.					
I encourage clinicians to access bioethical resources (e.g., *Signature Series* monograph, same subject, VIN Bookstore) when professional treatment modalities are in question.					
I encourage resource allocation that is equitable, including shift scheduling and case load variety.					
I insist attending providers complete their medical records before leaving shift, and that all medical records are written for the next person, not just themselves.					
I hold all providers to a single standard for balancing clinical needs to patient needs, compatible with clinical resources available.					
I expeditiously and forthrightly deal with impaired providers and take the necessary action when I believe the provider is not competent to perform their clinical duties.					
I expect and hold clinicians accountable for adhering to the organization's professional, ethical and bioethical practices.					
I facilitate the discovery process for procedures per provider to budget review each quarter, to ensure each provider understands that their commitment to the SOC is a team expectation.					

	Almost Never	Occasionally	Usually	Always	Not Applicable
II.RELATIONSHIPS (con't)					
BUYERS & SUPPLIERS					
I negotiate and expect my mangers to negotiate in good faith.					
I stay mindful of the importance of avoiding even the appearance of wrong doing, conflict of interest, or interference with free competition.					
I personally disclose, and expect all practice players to disclose any possible conflicts of interest before pursuing or entering into any relationship with potential suppliers, locums, or other business agents.					
I promote familiarity and compliance with practice policies governing relationships, alliances, suppliers, and other business agents seeking to do business with our practice.					
I set an example for others in the practice by not accepting personal gifts from suppliers.					