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Addendum

The Values of Riverside Methodist Hospital and Their Prioritization in Light of the AIDS Controversy*

The Ideal of Unconditional Care

Riverside Methodist Hospital espouses the ideal of unconditional care for patients, employees and its other various constituencies. This value is consistent with its status as a caring hospital institution and is further strengthened by its traditional heritage as a Methodist, Christian hospital. Concern for the neighbor is rooted deeply in the Bible and is consonant with the deepest and most widely held values of humanism as well. This concern is especially manifested in care for the afflicted, regardless of causes and circumstances.

Although the moral ideal of unconditional care is the presumption of our institution, there are realistic limits on unconditional care, both of a moral and non-moral nature, that any institution may be forced to accept.

Moral Limits on Unconditional Care

Some of these limitations are of a moral kind; as such they may be considered intrinsic values — values that are good in themselves, and not for instrumental reasons. The moral norm “above all, do no harm” is one such value. This moral principle can be considered a foundational norm for the functioning of any society, even apart from specific religious values. It is certainly the foundational norm for all historic codes of medical ethics.

The moral rule “do no harm” must be given more specificity when it is applied to concrete cases. This is called casuistry, or the application of generally accepted moral principles to specific circumstances. The complex, detailed nature of such casuistry is, in large part, the main reason why the norm “do no harm” may come to represent, from time to time, a limitation on the ideal of unconditional care.

The most obvious and stringent application of the principle of not harming is to refrain from killing persons and from inflicting serious bodily injury. Such infractions may be committed by acts of commission, such as deliberate, involuntary homicide and/or battery, and by acts of omission, such as permitting a homicide or injury to take place on innocent persons through inaction.

In addition to the above meanings of “not harming”, there are more subtle types of harm which also fall under the general rule. These may be considered social and psychological harms. Foremost among them are injuries associated with loss of personal freedom. In our liberal social order, freedom is the presumption of all citizens, unless such freedom can be shown to be incompatible with the freedoms of others. Other kinds of

injuries are of a psychological nature, including the injury of stigmatization, or of a financial nature, such as the loss of a job.

It is evident, given the wide application of the norm to such diverse situations, that moral conflicts may arise due to the fact that the various parties involved in a conflict may all contend, and rightly so, that they are being harmed. This does not render the general principle ineffective, but only means that some order of priority must be given to the various ways in which people and institutions may be prevented from harm.

The common moral opinions of humanity have traditionally weighted the injunction "Thou shalt not kill" more stringently than the other above-mentioned meanings of harm. This means that in conflict situations it is generally considered worse to kill someone, or to let someone be killed, than to stigmatize them or cause them financial harm, and so forth.

A hospital today, particularly in light of modern catastrophes such as AIDS, finds itself in the unenviable circumstance of having to perform this casuistry in the face of monumental tragedies. In situations where all affected parties can justly be said to experience some harm, it must decide which harms are worse than others.

Another widely-held norm complicates the situation even further. In the face of much public uncertainty concerning the transmission of AIDS, for example, a hospital must uphold the norm of truth-telling as well. It has the responsibility to educate its constituencies and the public at large as to the truth concerning the possibilities of transmission of the disease, among other things. Where there is *no possibility* of the more serious harms from the disease, there is a corresponding obligation of the hospital, in light of its responsibility to the truth, to give the aforementioned lesser "harms" priority. Such prioritization is always contingent upon the truth of the empirical situation, and ought to represent the consensus of those medical experts best equipped to deal with these facts.

Non-Moral Limits on Unconditional Care

In addition to the moral limits which necessarily impinge upon the ideal of unconditional caring, there are limits which are produced by non-moral values as well. These might be called extrinsic or instrumental values, insofar as they are pursued not for their own sake, but as means to other moral ends.

The hospital has an obligation to its constituencies to remain financially sound. It is an unfortunate fact of life that financial resources are never infinite enough to meet completely the demands of unconditional caring. The financial dimensions of the AIDS problem may prove to be abundant enough to weaken the institution's ability to function effectively for other of its constituencies. This problem is further exacerbated by problems of a "public relations" nature. It is another unfortunate part of life that an institution such as ours may be irreparably harmed by public outrage, even if it is based on misinformation. This harm too, must be weighed in the

balance along with the obligation to tell the truth.

There are still other limiting factors associated with the problem of scarce resources, such as inadequate numbers of personnel and spatial limitations. While these may not pose extreme problems at present, they may well do so in the future. They do represent, however, serious potential limitations on the ideal of unconditional care, limitations which must enter into the casuistry of the problem, and which probably will not be resolved without the *concerted* efforts of other relevant institutions.

The Contingency of Prioritization on Empirical Factors

The moral principles elucidated above cannot be applied in isolation from the empirical facts concerning the disease. Indeed, their very prioritization hinges upon assessment of data concerning the disease, such as facts about the disease's transmission, the efficacy of tests and of potential cures, demographics and statistical projections, and cost/benefits analyses of various kinds. This, of course, is a task for experts. Only then can a reasonable and necessary prioritization of the moral norms take place. In light of the facts, which may be subject to change, a hospital may, in certain circumstances, be forced to decide between competing harms and choose the "lesser of two (or more) evils", but it must never lose sight of the presumption for the ideal of unconditional care in the process.

*The preceding addendum was developed for the consideration of the Bioethics Committee of Riverside Methodist Hospital in Columbus, Ohio. It does not necessarily represent the official stance of the Board of Directors of Riverside Hospital.
