

## **“Acting as a unit”. A praiseworthy story from Cleveland**

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This is a story that comes from Cleveland. It's a story of zealous and ingenious men, of ideas and of cooperation. A story that is the result of various personal and diverse professional experiences, from different historical moments, all converged towards a single cause: excellence in health care. It is also a story about a private institution but nevertheless it offers many public health teachings: it's the story of Albert Kanoti and the Cleveland Clinic Foundation.

The Cleveland Clinic was founded on February 5 1921 as an independent, not-for-profit academic medical center engaged in patient care, research, and education. In 1924 it added a 184-bed hospital to its outpatient facilities. It has also experienced tragic moments, when on May 15, 1929, nitrate-based x-ray films ignited in the original building, releasing poisonous fumes; 123 people died, including Dr. Phillips, one of the founders. Despite losses from the disaster and the stock market crash, the institution stayed afloat on the good will of prominent members of the community, and the large surgical practice of Dr. Crile, another of its founders. It expanded greatly after World War II, focusing on specialized medicine. The Cleveland Clinic Research Division investigated kidney disease, blood circulation, and artificial organs, including the artificial kidney. Cleveland Clinic physicians, researchers and nurses pioneered enterostomal therapy, dialysis, and kidney transplant techniques, and were first to identify carpal tunnel syndrome and isolate serotonin, and all before 1960.

The Cleveland Clinic gained a national reputation also in cardiac care beginning with the discovery of cinecoronary angiography by F. Mason Sones in 1958. Over the following thirty-five years, the Clinic built one of the largest and busiest specialist heart practices in the world, with 300 hospital beds, and more than 200,000 patient visits a year (as per 2005 statistics). The Cleveland Clinic operates one of the nation's largest post-graduate medical education programs and was an early advocate of continuing medical education for practicing physicians. In 2004, it opened the Cleveland Clinic Lerner College of Medicine at Case Western Reserve University, with a curriculum devised by Cleveland Clinic staff to train physician investigators.

After the mid-1970s, the Cleveland Clinic grew more and more and today it is like a small town in itself with its 33,000 employees. In 2005, it was the second-largest private medical group practice in America, including 1,400 physicians in 120 medical specialties and sub-specialties, serving more than a million patient visits a year.

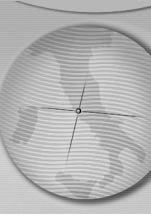
In some areas, such as cardiovascular disease and hypertension, heart transplants and treatments for children, the Cleveland Clinic stands out as a world leader. It has developed the banner of “Nothing But The Best”, which sounds like an advertising slogan or a bothersome emphatic boast, but to the Cleveland Clinic is simply being aware of its excellence.

In all of this we wish to highlight some of its milestones, which could be considered as the symbols of such institution spirit: its foundation and the arrival of George Kanoti.

### **Once upon a time...**

This story, just like a movie, could begin with the image of Cleveland at the beginning of the 20th century, a quiet city stretching along the banks of Lake Erie, in the U.S. State of Ohio. Cleveland was a great industrial center which provided work for many immigrants and African Americans who came to the Cleveland area following the end of the Civil War.

Three surgeons - Frank E. Bunts, George W. Crile and William E. Lowel - and an internist - John Phillips, during the First World War in Europe, found that excellent results that could be obtained through teamwork even in a small field hospital.



Once home, they thought of how to improve practice, teaching and research in medicine through collaboration between clinicians and scientists working together in the same organization. The three doctors chose Cleveland to build their dream.

They decided in fact to create a common medical practice (group practice). It was a team of specialists who could assist patients more effectively, by their joint knowledge. Commenting on the decision and his colleagues, Crile said: "We have been rivals in everything, but now, through the vicissitudes of personal relationships, financial and professional, we were able to think and act as one".

"Acting as a unit". That was the magical idea born in an institution destined to become one of the most important centers of medical science in the world. But it was not an easy innovation. The idea of medical teams was not popular with the doctors working outside the hospital institutions and many were openly critical of this new way of working, including the American Medical Association (AMA).

The powerful professional institution obstructed the team working claiming ethical considerations as one of their reasons: timeless ethics, centered on the idealization of the relationship of the doctor with his patient. They perceived that medicine practiced by a group of doctors could be seen as irresponsible and that there was a potential risk of diminishing the quality of the patient – doctor relationship. It may be interesting to add that, for the same reasons, the AMA in the '30s was also opposed national health insurance: that the alleged interference by public insurance schemes was clearly contrary to the interests of the patient, defended by the traditional medical ethics.

But nothing can stand in the way of the right ideas. The Cleveland Clinic has continued to grow today it is a recognized international leader in healthcare and medical research.

The Cleveland Clinic, at the forefront in medical technology and medical practice, could not be less based on medical ethics. The Clinic's managers were conscious of this. High quality in health care must also consider the needs of the patient. To give the right answers, medicine can not simply upgrade only the technical and scientific dimensions. In order to reply to the many patient enquiries the humanities aspects of bioethics had to be integrated from the outset with the daily life of medicine. Another time, "Nothing But the Best"! And the best, for this necessary improvement, was George Kanoti.

### **Who was George Kanoti?**

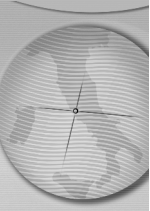
George Kanoti was the protagonist of the goal of excellence in medicine that has been reached at the Cleveland Clinic: he carried bioethics to the bedside. Not for personal advancement but to improve the quality of patient care.

He was not a doctor, but a theologian, a clergyman, a professor of moral theology at Catholic University in Washington. He was a product of the emigration of theologians outside ecclesiastical institutions at the end of 1960's. He was involved in the crisis that shocked the catholic establishment when, in 1968, the papal encyclical *Humanae vitae* was promulgated. Some Catholic theologians, facing the condemnation of the new birth control methods, argued that this conviction was based on a narrow vision of the human person, in which moral rules were inferred from the human biology. They thought that there was an underlying alternative and more spiritual perspective. Charles Curran wrote that "the discussion should not be confined to these bodies and their relationship to the body, but rather the good of mankind at large, in its relationship with the family, with the communities and society as whole". Liberal Catholics had the impression that their proposals might possibly be accepted when Pope Paul VI, June 23, 1964, instituted a commission of 58 members to study the controversial issue of artificial birth control.

The hopes to revise the traditional doctrine, however, were dashed two years later, when the Pope rejected the report of the committee, in favor of liberalization of contraceptives.

The encyclical of Paul VI had adopted the doctrinal position of the minority group within the pontifical commission established to study the problems of human fertility. Opposing the majority opinion of the Commission, he denied the legitimacy of regulatory actions provided by the medical-biological (in particular, the hormonal control made possible by the "pill"). Catholics were asked to accept the papal pronouncement: it was an act of teaching, not a mere opinion.

This forged a deep crisis within the Catholic Church. Many believed the position taken by the encyclical irreconcilable with his conscience. Even a dozen faculty members, the Catholic University of Washington signed a document of dissent, made public on 30 July 1968. "As Roman Catholic theologians - affirmed - we concluded that spouses may responsibly decide according to their conscience that artificial contraception is permitted in certain circumstances and it is indeed necessary to preserve and promote the values and the and



the sacredness of marriage”.

The signatories of the document were threatened with suspension from the Catholic Universities. A commission of inquiry was established by the faculty and came to the conclusion that this was not an irresponsible act of insubordination but a dissent supported by theological arguments. But the affair was closed by the American Bishops. The professors with the weaker academic position, those appointed for less than ten years, were fired. George Kanoty was among them. And he had to find a new job. But he was a talented teacher and did not take long to be admitted as Professor at John Carroll University in Cleveland.

At the 1970's new students asked for teaching “relevant” to their lives. The complex society that was forming required new capacities analysis and choice in more and more areas of social life. Kanoti at the time offered courses of “Moral decision making”. He taught how to apply ethical decisions to business, medicine, as well as in private life.

It was precisely the kind of ethics needed at the Cleveland Clinic. Doctors, nurses, health administrators didn't need a professor of ethics that explains the Kant philosophical theories. They would rather hear about ethics which offered a guide for practical decision making that supported health care and health decisions that needed to be made on a daily basis at the bedside. George Kanoti, after some sporadic contact with some staff members of the Clinic and a sabbatical in 1979, spent in the institution to learn “watching the doctors”, decided to leave John Carroll University and began his adventure in Cleveland Clinic as the chairman of the new Department of Bioethics.

His complete story at Cleveland Clinic can be considered as a majestic example for Public Health professionals. The foundation of this is the spirit of Kanoti's approach to patients' problems.

It stems from the awareness that health choices must be made **with** the patient and **for** the patient, not **instead of** the patient. It is with this in mind that the work of George Kanoti can be seen as a source of inspiration for all health professionals.

Kanoti gave his cooperation to the doctors, patients and families and helped them to go through the different stages of decision making. He developed, over time, a protocol to facilitate the location of the decision. It includes: 1. collection of medical data (diagnosis, prognosis), 2. identification of options and alternatives, 3. evaluation of options and alternatives through rules, values and laws, 4. decision, which is “choosing the best option” 5. the action on the basis of choice, 6. reflection, i.e. the critical of decision making.

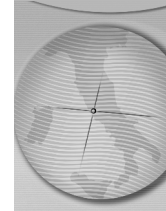
An example of this process is applied in the practice of intensive care. In particular, when the patient is designated as DNR (Do Not Resuscitate, providing for the renunciation of resuscitation in cases of cardio-circulatory arrest). A situation of this kind is full of questions that must be made explicit and valued. The ethical considerations of clinical decisions needs to reflect the cognitive style of health professionals, quite different from doctrinal concerns.

Similarly, clinical cases in which the decision to discontinue artificial nutrition and hydration to patients in persistent vegetative comas need to be made represent situations where clinical bioethics contributes greatly to the solution of serious problems.

Kanoti also improved organ transplant policies at the Cleveland Clinic. The candidate for transplant would now be required to complete the proper medical and clinical data requirements and to write “Advance Directives”, for when he was no longer able to take personal decisions. This aimed to prevent a clash between contrasting conceptions of life and good medicine creeping into healthcare institutions. It's a great valorization of the conscious attitude toward everyone's own death, based on personal values and individual preferences.

At the Cleveland Clinic the presence of the bioethics consultant is not limited to these extreme situations: he is integrated into the daily routine of a health institution. As a member of the medical team, he participates in the evaluation of the clinical decision most appropriate. In Europe we tend to make fun of these “Bioethics in a white coat” and consider their role as unnecessary. At the Cleveland Clinic empirical evidence to the contrary is emerging: when the consultants of bioethics present themselves in the right way, they are welcome and their input is useful.

While Europe continues to be reluctant to adopt the role of the bioethics consultant, this is spreading in America. There is a 'Society for Bioethics Consultation “which regularly holds its meetings and publishes the “Journal of Clinical Ethics”. In this Society George Kanoti, before he died on June 2, 2006, after a long struggle against cancer, served as president: a just recognition of his contribution as a pioneer in the development of clinical bioethics and in the characterization of the best way to conceive medical treatments.



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