



# The Fourth “E”?

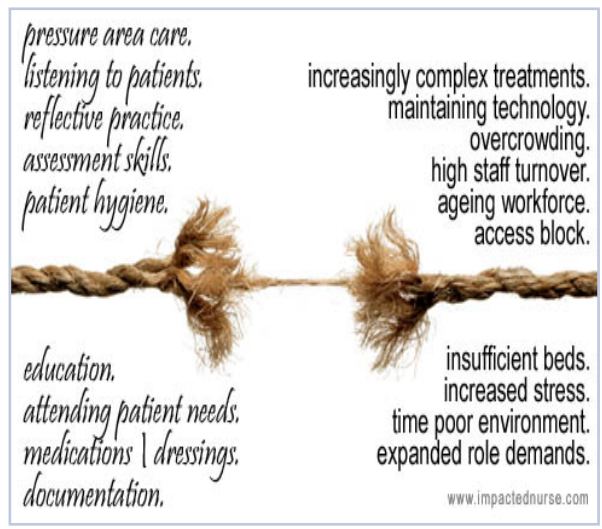
## Considering the Emotional Aspects of Resource Allocation

### DID YOU KNOW?

Interested in knowing how NSHEN was formed and why? Check out this site for the background on NSHEN.

<http://www.nshen.ca/docs/intro/backgroundqa.pdf>

As the financial pressures on our health system increase, many health organizations and districts are engaging in, and developing processes for, resource allocation and priority setting. The hard choices



that need to be made about what care will be provided, what services and programs will be grown, maintained, downsized or ceased, and what is within the mandate of health organizations require careful consideration. In Nova Scotia, much attention is been paid to bringing the 3 Es – evidence, ethics and economics - to bear on these decisions. By drawing from what we know (evidence) and connecting this to what is important to us (ethics) as well as what resources are available (economics), better decisions will be made about what will and will not receive funding within our health care system.

Yet, as many of us gain familiarity with using the 3 Es as part of our resource allocation processes and have a greater degree of confidence that the ‘more right’ decisions are being made, we can’t ignore how hard it still is to make these decisions. The emotional aspects of resource allocation should not be overlooked nor underestimated. As front line care providers have explain to patients and families that a drug or service is no longer being provided by a health district, they see the direct impact of these decisions. As managers have to implement changes in service, they experience distress and see it in their staff. As senior leadership makes decisions about where resources will be allocated, they wrestle with the impact that these decisions will have on staff and the community.

Part of the reason these decisions have such an emotional aspect to them is that each of us knows that people’s lives will be affected; it may even be one of us or our families. Another way of saying this is that these decisions matter to us because they are fundamentally connected to our values, personal, professional and organizational. The values of caring, beneficence (“do no harm or as little harm as possible”), justice (fairness and equity), for example, motivate us to do what we can for patients and families. Many enter health care with the desire to make a positive difference in people’s lives and, as hard decisions are made about resources, sometimes feel that these values are not being met or upheld. “How does one continue to provide good care when some services may not be available?” is one of the questions often asked in relation to resource allocation.

contd...

### DID YOU KNOW?

Here are some ethics words you may encounter:

**Autonomy:** acting freely or on own accord

**Beneficence:** promoting good

**Nonmaleficence:** not harming others

**Justice:** treating others fairly

## Resources:

Sorrell, J., (2008) *Ethics: Ethics in Healthcare Organizations: Struggling with New Questions.* OJIN: The Online Journal of Issues in Nursing, Vol. 13 No. 3.

Singer, PA., Mapa, J. (1998) *Ethics of Resource Allocation: Dimensions for Healthcare Executives.* Hospital Quarterly, Vol 1 No 4.

Gibson, JL., Martin, DK., Singer, PA. (2005) *Evidence, Economics and Ethics: Resource Allocation in Health Services Organizations.* Healthcare Quarterly, Vol 8 No 2.

Kirby J, Somers E, Simpson C, McPhee J. 2007. The public funding of expensive cancer therapies: Synthesizing the "3Es" - Evidence, economics, and ethics. *Organizational Ethics*, Vol 4 No 2.

NSHEN currently has a small library of books that may be of interest to you. Please contact the Administrator for the title listing.

Given this, we need to consider emotion as a fourth E that deserves our attention and reflection as part of resource allocation. Naming and discussing how we feel about having to make and implement these decisions can give us the space to acknowledge the real impacts of resource allocation. It may also provide us with a way of understanding and appreciating that there are better and worse ways of implementing changes. Ethics, as a field, is frequently engaged with helping us balance the potentially competing obligations that arise from our values, such as needing to ensure a balanced budget with providing care for patients. Within ethics, it is also recognized that our values, what matters to us, do influence how we feel about something.

Deliberately attending to our values and how they relate to the process of resource allocation may assist with resolving some of the emotional weight these decisions carry. This isn't to say that our concerns or worries about the impact of resource allocation may completely go away, but that we can support each other in this process and identify the ways in which to do this as well as possible. Further, as we continue to evaluate and assess the impact of resource allocation decisions, attending to our emotions may provide some key feedback for improving future processes. As such, perhaps it is time to talk about the four Es of resource allocation – evidence, ethics, economics and emotion.

Christy Simpson, PhD  
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## NSHEN: Coming Events...

As we wind down our activities for the upcoming summer months, please remember that we are available for your ethics consultations, requests or questions.

### August 2011

**NSHEN Newsletter.** We are currently looking for guest authors so if you would like to present a case for discussion, please let us know!

### September 28, 2011

**Telehealth Education Session, Halifax, NS**  
**Topic to be announced soon, 12pm-1pm**

Please check with your Telehealth Coordinator for the room location in your area.

### October 2011

**NSHEN Newsletter**

## Questions? Comments? Want to join the mail list?

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