

Guest Editorial

RICHARD M. ZANER, MARK J. BLITON, and STUART G. FINDER

One of the most dramatic issues in recent changes in healthcare delivery has been the explicit attention paid to the provision of healthcare to wider and more diverse populations—locally, nationally, and internationally. Although the Clinton Administration failed to legislate its vision for healthcare reform, other developments have nonetheless proceeded unabated, especially on the state and local levels. Indeed, managed care has quickly become the dominant focus for healthcare delivery within the United States. As one result, questions of resource allocation and distribution—which have long received serious attention within the biomedical ethics field—have taken on a broader new and urgent practical quality.

As healthcare delivery strategies have evolved, attempts to codify such responses via institutional policy have likewise occurred. From the point of view of the specific, practical changes in the organization and function of healthcare institutions, increased attention to resource allocation and distribution has yielded an equal focus on two different aims in the construction of institutional policy. One is to express an institution's commitments regarding healthcare delivery. The other is to create a practical guide for those working within the institution. By acknowledging that policy serves as both an expression of an institution's commitments and a guide for action within the institution, the relationship between policy itself and particular patient care situations—for which policy is supposed to provide some guidance—presents an issue crucial for understanding the meaning of justice in such a changing environment.

Calling attention to that relationship, among the first questions to consider is whether justice is primarily manifested within the administrative domain of policy formation or that of direct patient care. If the latter, the paramount question is whether justice can be translated faithfully into the administrative domain for the sake of constructing policy. Once formulated administratively, however, there is then the question whether it can be retranslated back into the domain of patient care. Whether justice is most apparent within an administrative context or at the bedside, the question of "translation" between these layers is fundamental. Indeed, such translation harbors serious implications for the meaning and nature of "justice" itself. Nevertheless, the basic question may well be whether justice is found at all within actual patient care, and if so, whether it can then be legitimately translated into policy terms, and then retranslated back into those of patient care.

That question served as the touchstone for a symposium held at Vanderbilt University on 22 April 1995. Sponsored by Vanderbilt University's newly endowed

Cal Turner Program in Moral Leadership and Professional Ethics* and the Center for Clinical and Research Ethics at Vanderbilt University Medical Center,** Nancy S. Jecker, John Lantos, and Jonathan D. Moreno were invited to conduct a conversation around questions implicit in that theme. Although clearly a key component of policy considerations about many healthcare issues, is it also true that justice plays a role in individual patient-care decisions? If so, what exactly is that role? The five pieces that follow arose out of the conversations which took place as part of that symposium. In addition to the contributions by Professors Jecker, Lantos, and Moreno, who added immeasurably to our conference, we considered it helpful to provide a context for discussing that theme. To that end, we have contributed several essays, suggesting several directions in which to spur an even broader conversation on a theme which, we believe, is among the most significant at this time in our society.

*The Cal Turner Program in Moral Leadership and Professional Ethics is a coalition of four of Vanderbilt's professional schools—management, divinity, law, and medicine—to emphasize moral and professional integrity among students, and to develop programs that focus on the ideals of social justice, liberty, and equality. The program is funded by an endowment from Cal Turner, Jr., President and CEO of Dollar General Corporation.

**The Center was established in early 1982 to provide clinical services, education opportunities, policy assistance, and academic and clinical training for faculty, staff, and students involved in clinical, research, and theoretical ethics in healthcare. The Center's primary goals are to promote comprehensive quality patient care and to cultivate an environment in which attention to ethical concerns is encouraged and expected.