# **The Veridian Way: Our Ethics & Culture Guide**

## **Introduction: Our Ethical Compass**

### **A Message from the Chief Ethics Officer**

Welcome to Veridian Health System. You are joining an institution built on a foundation of trust, excellence, and an unwavering commitment to the individuals and communities we serve. This guide, "The Veridian Way," is more than a manual or a set of rules; it is the codification of our shared professional identity.1 It outlines the ethical principles and cultural philosophies that define our work, guide our decisions, and distinguish Veridian as a leader in compassionate, cutting-edge healthcare.3

Our fundamental objective is to maintain and enhance the overall quality of life, dignity, and well-being of every person who entrusts us with their care.1 This guide provides the framework for achieving that objective, detailing the high moral, ethical, and legal standards that are expected of every member of our team. Your commitment to these principles is not just a condition of employment; it is the very essence of what it means to be a part of Veridian Health System.

### **The Four Pillars of the Veridian Ethos**

The Veridian ethos is built upon four integrated pillars. These are not isolated policies but a unified philosophy that informs every aspect of our operations. They are:

1. **Radical Patient Autonomy:** We honor the absolute right of competent patients to direct their own care.
2. **Community-First Resource Allocation:** We employ a fair and transparent framework for stewarding scarce resources in times of crisis to save the maximum number of lives.
3. **Proactive Experimental Treatment:** We foster a culture of responsible innovation, providing patients with access to the full spectrum of medical possibilities.
4. **Collaborative Dissent:** We cultivate a psychologically safe environment where every team member is empowered and expected to speak up for patient safety.

Together, these pillars create an equitable, accessible, effective, and safe healthcare system—the promise of Veridian Health to every patient we serve.1

## **Section 1: The Principle of Radical Patient Autonomy**

### **1.1 Our Foundational Commitment: The Patient's Voice is Paramount**

The principle of autonomy, or "self-rule," is a patient's most basic right.5 This principle is deeply embedded in both ethical tradition and legal precedent. As Justice Benjamin Cardozo famously wrote, "Every human being of adult years and sound mind has a right to determine what shall be done with his own body".7 This statement forms the bedrock of our approach to patient care.

At Veridian Health System, this is not a suggestion but a mandate. We are ethically and legally obligated to respect the decisions of competent patients, even when those decisions conflict with standard medical advice, the desires of their family, or our own professional judgments.8 This commitment is not in conflict with the principles of beneficence (acting in the patient's best interest) and nonmaleficence (doing no harm); rather, it fulfills them by ensuring that care is centered on the patient's own deeply held values, goals, and definition of a life worth living.9

### **1.2 The Unquestionable Authority of Advance Directives**

An advance directive is a legally enforceable document, such as a Living Will or a Healthcare Proxy (also known as a Durable Power of Attorney for Healthcare), in which a competent person states their medical decisions for the future, should they become incapacitated.12 It is crucial to distinguish this from a Provider Orders for Life-Sustaining Treatment (POLST) form. While a POLST is a set of direct medical orders for seriously ill patients, an advance directive is a legal document that provides broader guidance and, most importantly, designates a decision-maker.13

To eliminate any ambiguity in moments of crisis, Veridian Health System has established the following policy:

**Veridian Policy VHS-AUT-001:** *A valid, executed Advance Directive is the ultimate authority for a patient's care at Veridian Health System. It supersedes any and all conflicting requests from family members, surrogates not named in the directive, or members of the clinical team. In the absence of evidence of fraud or duress, the patient's documented wishes are final.*

This policy provides absolute legal and ethical clarity for our staff. When a valid advance directive exists, the ethical dilemma of conflicting demands is resolved. The question ceases to be, "What should we do?" and becomes a procedural one: "What does the patient's directive state?" This clarity is a powerful tool. It is not merely a statement of patient rights; it is a critical institutional safeguard. By creating an unambiguous rule, we protect our clinicians from the moral distress that arises from familial conflict and from the legal risks of battery or unlawful detainment that can result from providing unwanted treatment.5 This policy empowers every member of our team, from nurses to physicians, to be a steadfast advocate for the patient's documented will. Upon admission, our staff will proactively ask for and verify any advance directives, ensuring they are scanned and placed prominently within the patient's electronic health record (EHR) for immediate access.

### **1.3 The Rigorous Practice of Informed Consent**

Informed consent at Veridian is a process, not a piece of paper.14 It is a robust dialogue between the provider and the patient. The minimum components of this dialogue include a clear explanation of the therapy's nature, its potential benefits, its significant risks, all reasonable alternatives (including no treatment), and an assessment of the patient's capacity to understand and make a decision.14

This process is especially critical when a patient's decision-making capacity is in question due to factors like cognitive impairment, mental illness, or unconsciousness.7 A capacity assessment is a clinical judgment, but it must be undertaken with rigor and care. If a patient is deemed to lack decisional capacity, the clinical team must identify the legally authorized surrogate decision-maker. This is typically the individual appointed in the patient's healthcare proxy, or, in the absence of one, the next of kin as determined by state law.7 The informed consent process is then conducted with that surrogate, who is expected to make decisions based on the patient's known values and wishes.

### **1.4 Case Scenarios in Patient Autonomy**

To illustrate these principles in practice, consider the following scenarios:

* **Case 1: Refusal of Life-Saving Treatment.** A 45-year-old patient is diagnosed with a ruptured abdominal aortic aneurysm and requires immediate surgery, which has a 50% chance of success. The patient is fully competent but refuses the surgery, stating that the resulting scar would end her career as a professional dancer. She understands she will likely die without the operation. At Veridian, the correct response is clear: we honor her decision. The clinical team's responsibility is to ensure she fully comprehends the consequences of her refusal, to offer psychological and spiritual support, and to provide excellent palliative care to manage her symptoms. Under no circumstances would surgeons perform the procedure without consent, as this would constitute battery.5
* **Case 2: Conflict Between an Advance Directive and Family Wishes.** An 88-year-old patient with end-stage cancer is admitted. He has a valid Living Will and "Do Not Resuscitate" (DNR) order. During a cardiac arrest, his distraught children arrive and demand that the team "do everything" to save him. The Veridian team's response is to provide emotional support to the family while respectfully but firmly explaining that we are legally and ethically bound to honor their father's written directive.6 The policy VHS-AUT-001 shields the team from pressure and allows them to act as the true agent of the patient's will.

## **Section 2: The "Community-First" Model for Resource Allocation**

### **2.1 Our Stewardship in Times of Scarcity**

A physician's primary obligation is to their individual patient.16 However, a large-scale public health emergency, such as a pandemic or mass-casualty event, can create a tragic conflict where the demand for life-saving resources—like ICU beds, ventilators, or specialized medications—overwhelms our supply.17 In these rare and difficult circumstances, our ethical framework must shift from the individual to the community.

Veridian's "Community-First" model is grounded in a utilitarian ethical framework, which dictates that our actions should aim to produce the greatest good for the greatest number of people.20 In the context of a resource crisis, this means our goal is to maximize the number of lives saved. It is critical to understand that this model is an

*exception* to our standard patient-centered care and is activated *only* upon a formal declaration of a Crisis Standards of Care (CSC) situation by state or regional public health authorities.

### **2.2 The Triage Protocol: Policy and Process**

Upon the activation of Crisis Standards of Care, Veridian implements a formal triage protocol to guide allocation decisions.

**Veridian Policy VHS-RES-001:** *During a declared Crisis Standards of Care event, Veridian Health System will implement a tertiary triage protocol to allocate scarce critical care resources. Allocation decisions will be based on objective medical criteria designed to maximize population survival. These criteria include the likelihood and anticipated duration of benefit and the urgency of need. Non-medical criteria, including but not limited to age, social worth, perceived obstacles to treatment, patient contribution to illness, past use of resources, or ability to pay, are explicitly prohibited from consideration in allocation decisions*.17

The triage process occurs in stages. Primary triage happens in the field, and secondary triage occurs upon arrival in the Emergency Department to sort patients for initial interventions.19 Tertiary triage is the process of allocating critical care resources within the hospital and is conducted by a dedicated Triage Committee.19

### **2.3 Upholding Equity and Mitigating Bias**

The greatest ethical risk of a utilitarian triage model is its potential to disproportionately harm marginalized communities.18 This is because the objective medical factors used to predict survival, such as the presence of comorbidities, are often more prevalent in populations that have suffered from systemic health and social inequities.25 Scoring systems like the Sequential Organ Failure Assessment (SOFA), while appearing objective, can inadvertently perpetuate bias. For example, higher baseline creatinine levels in some racial groups can lead to a higher SOFA score, disadvantaging them in the allocation process even if their kidney function is not acutely compromised.25

Veridian has instituted robust safeguards to counteract these risks:

1. **Multi-Factor Assessment:** Our protocol does not rely on a single score. The Triage Committee uses a holistic, multi-factor assessment that includes a clinical evaluation of the patient's prognosis for survival to hospital discharge, alongside objective scores. Where ethically and legally permissible, tie-breaking criteria may consider factors that mitigate societal disadvantage, such as an individual's status as a sole caregiver or an essential frontline worker.25
2. **Mandatory Bias Training:** All members of the Triage Committee and designated Triage Officers are required to complete intensive, ongoing training in health equity, anti-discrimination, and recognizing implicit bias.25
3. **Transparency and Appeals:** The triage criteria are publicly available. A clear and rapid appeals process exists for a patient or their surrogate to request a review of a triage decision by a separate panel.17

### **2.4 The Role and Function of the Triage Committee**

The utilitarian framework creates a profound role conflict for clinicians, pitting their duty to their individual patient against a duty to the community. To resolve this, Veridian’s policy structurally separates the roles of patient advocate and resource allocator. The patient's treating physician is explicitly prohibited from serving on the Triage Committee or making the final allocation decision.23 This preserves the physician's sacred role as their patient's unwavering advocate.

The Triage Committee is an independent, interdisciplinary body composed of a Triage Officer (a physician with critical care expertise), a senior nurse, a clinical ethicist, a social worker, and a community representative.19 This committee's sole function is to apply the triage protocol fairly, document the rationale for every decision, and communicate with regional incident command structures.19 This separation of roles is the most critical procedural safeguard in our policy. It protects the integrity of the patient-physician relationship and mitigates the immense psychological burden on our frontline staff, allowing them to continue advocating fiercely for their patients, even when the committee's decision is unfavorable.

## **Section 3: A Culture of Innovation: Our Approach to Experimental Treatments**

### **3.1 Advancing Medicine, Responsibly**

Veridian Health System is committed to being at the forefront of medical science and discovery.16 We believe that a core part of our mission is to not only deliver the best care available today but to help create the best care available tomorrow. We foster a culture of responsible innovation where our clinicians are encouraged to propose, discuss, and offer cutting-edge, experimental, or investigational treatments to eligible patients. This is not done in place of standard therapies but as a vital extension of patient autonomy—providing patients with the fullest possible range of scientifically valid options for their care.29

### **3.2 The Pillars of Ethical Research**

All research involving human subjects at Veridian is governed by a strict ethical framework derived from the Belmont Report and the Nuremberg Code.30 Any proposed study must satisfy seven non-negotiable principles before it can begin:

1. **Social and Clinical Value:** The research must answer a question of significant value to society or future patients.
2. **Scientific Validity:** The study must be designed with rigorous methods to yield a meaningful answer.
3. **Fair Subject Selection:** Participants must be chosen for scientific reasons, not because of vulnerability or privilege.
4. **Favorable Risk-Benefit Ratio:** Potential benefits to individuals and society must outweigh the risks to participants.
5. **Independent Review:** An Institutional Review Board (IRB), free from conflicts of interest, must review and approve the study.
6. **Informed Consent:** Participants must be fully informed and voluntarily agree to participate.
7. **Respect for Subjects:** Participants must be treated with dignity and respect throughout the research process, including protecting their privacy and their right to withdraw.32

### **3.3 The Heightened Standard of Informed Consent for Innovation**

The informed consent process for experimental treatments is necessarily more intensive and demanding than for standard care.14 A culture that encourages innovation must be acutely aware of the potential for conflicts of interest and the information asymmetry between an expert researcher and a hopeful patient.10 Our policies are designed to mitigate these specific risks.

**Veridian Policy VHS-RES-002:** *Informed consent for experimental treatments or clinical trials must include a detailed discussion of the novel nature of the intervention, the full scope of known and reasonably foreseeable risks and hazards, the lack of certainty regarding benefits, and all available alternative treatments, including the option of no treatment. The process must ensure the patient comprehends that the primary purpose is research, not necessarily direct therapeutic benefit. Any potential financial or professional conflicts of interest held by the investigator or institution must be fully disclosed to the potential subject*.14

This process is a dedicated educational effort. We use open-ended, teach-back questions to assess comprehension (e.g., "Can you tell me in your own words what the purpose of this study is?").14 We also reinforce, repeatedly, the participant's absolute right to withdraw from the study at any time, for any reason, without penalty or loss of standard medical care.33

### **3.4 Learning from the Past: Cautionary Case Studies**

Our stringent ethical guardrails exist for a reason. History provides sobering reminders of the consequences of failed ethical oversight. The Tuskegee Syphilis Study, in which treatment was cruelly withheld from African-American men for decades, demonstrates the horrific potential of research without respect for persons or justice.30 The case of Jesse Gelsinger, who died in a gene therapy trial, highlights the dangers of unchecked conflicts of interest and inadequately communicated risks.34 These cases are not just historical footnotes; they are the "why" behind our unwavering commitment to IRB oversight, conflict of interest disclosure, and a truly robust informed consent process.

## **Section 4: The Philosophy of Collaborative Dissent**

### **4.1 Psychological Safety: The Bedrock of Patient Safety**

The single most important element of our culture at Veridian is psychological safety. This is the shared belief held by every team member that one can take interpersonal risks—such as speaking up with a concern, asking a clarifying question, challenging a decision, or admitting a mistake—without fear of humiliation, reprisal, or judgment.35 Psychological safety is not about being "nice"; it is the absolute bedrock of a high-reliability organization. It is what enables the transparent communication, trust, and effective problem-solving required to prevent medical errors and provide the safest possible care.35

This principle is so fundamental that it is enshrined in policy:

**Veridian Policy VHS-CUL-001:** *Every member of the Veridian Health System team has not only the right, but the professional duty, to respectfully challenge any decision or action by any other team member, regardless of rank or seniority, if they believe it poses a risk to patient safety. Veridian has zero tolerance for retaliation against any individual who raises a safety concern in good faith.*

### **4.2 Our Commitment to a Just Culture**

A policy encouraging staff to speak up is meaningless without a culture that supports them when errors inevitably occur. Veridian is committed to a Just Culture, a framework that moves beyond blame and focuses on learning and system improvement.37 This is not a "blame-free" culture; it is one that holds both individuals and the system accountable.37 When an error or near-miss occurs, our first question is not "Who is to blame?" but "Why did this happen?"

Our analysis of events distinguishes between three types of behavior, each with a different response:

1. **Human Error:** An unintentional slip, lapse, or mistake. The individual did not intend the outcome. **Our Response: Console.** We support the employee and focus on fixing the system that allowed the error to occur (e.g., improving a checklist, clarifying labeling).37
2. **At-Risk Behavior:** A conscious choice that increases risk, where the risk is not recognized or is mistakenly believed to be justified (e.g., taking a shortcut). **Our Response: Coach.** We work with the employee to understand the risks they are taking and the reasons for their choice, and we redesign systems to make the safe choice the easy choice.40
3. **Reckless Behavior:** A conscious disregard of a substantial and unjustifiable risk (e.g., ignoring a required safety step, working while impaired). **Our Response: Punitive Action.** This behavior is blameworthy and will be addressed through disciplinary action.37

This Just Culture framework provides the essential safety net that makes psychological safety possible. Staff are empowered to report errors and vulnerabilities, knowing that the goal is collective learning and improvement, not individual punishment.

### **4.3 Tools for Courageous and Respectful Communication**

Having a policy is not enough. We must equip our staff with the skills and tools to communicate effectively, especially when challenging authority across a steep power gradient.41 At Veridian, we use structured communication frameworks to operationalize collaborative dissent.

The **SBAR** framework (Situation, Background, Assessment, Recommendation) is our standard for all clinical communication, ensuring information is conveyed clearly and concisely.43 For situations involving disagreement or a safety concern, we use models of

**Graded Assertiveness**. These models provide a script for escalating a concern from a gentle probe to a firm, emergency stop if necessary. They are cognitive aids designed to be recalled and used in high-stress, time-critical moments.

| Model | Step | Keyword | Example Phrase for a Healthcare Setting |
| --- | --- | --- | --- |
| **CUS** | 1 | **Concern** | "I am **concerned** about the patient's blood pressure." |
|  | 2 | **Uncomfortable** | "I am **uncomfortable** proceeding with the procedure until we re-check the vitals." |
|  | 3 | **Safety** | "This is a **Safety** issue. I believe it is unsafe to continue." |
| **PACE** | 1 | **Probe** | "**P**robe: 'Dr. Smith, can we pause for a moment? I saw the patient's allergy to penicillin in the chart.'" |
|  | 2 | **Alert** | "**A**lert: 'I'm worried this antibiotic order could cause an anaphylactic reaction.'" |
|  | 3 | **Challenge** | "**C**hallenge: 'We need to change this order. Administering this medication would be harmful.'" |
|  | 4 | **Emergency** | "**E**mergency: '**STOP.** Do not give that medication. The patient has a known severe allergy.'" |

### **4.4 Case Scenario: Collaborative Dissent in Action**

Consider a case where a junior nurse is caring for a post-operative patient and notes a subtle but persistent decline in their neurological status. The attending physician, who is busy, dismisses the concerns over the phone as normal post-anesthesia grogginess. In a punitive culture, the nurse might drop the issue for fear of being seen as difficult. At Veridian, the nurse is expected and empowered to act.

Using the CUS framework, the nurse calls back: "Doctor, I need to escalate this. I am **Concerned** about the patient's declining GCS score. I am **Uncomfortable** with the current plan of observation. I believe this is now a **Safety** issue, and the patient needs an immediate neurological evaluation." This clear, respectful, and firm communication prompts the physician to come to the bedside, a CT scan is ordered, and a developing bleed is caught and treated before it causes permanent harm.45 This is collaborative dissent in action.

This culture of psychological safety is not an independent pillar; it is the immune system of our entire ethical framework. It is the active, real-time quality control mechanism that ensures our other principles are upheld. A nurse who feels safe is more likely to question a family member unduly influencing a patient, protecting Radical Patient Autonomy. A Triage Committee member who feels safe is more likely to challenge a decision that seems biased, ensuring the integrity of our Community-First model. A research coordinator who feels safe is more likely to report a protocol deviation, safeguarding our commitment to Ethical Innovation. Collaborative Dissent is what makes The Veridian Way work.

## **Conclusion: Your Personal Role in the Veridian Ethos**

The principles and policies outlined in this guide are the architecture of our ethical house. But a culture is not built from blueprints alone; it is built by the daily actions, decisions, and interactions of the people within it. Upholding The Veridian Way is the shared responsibility of every person who works here, from the C-suite to the front lines, every single day.2

When you face an ethical question or a moment of uncertainty, you are not alone. Veridian provides numerous resources to support you.

* **The Veridian Ethics Committee:** Available for consultation on complex ethical dilemmas.
* **The Confidential Compliance & Ethics Hotline:** A safe, anonymous channel for reporting concerns.
* **The Patient Safety Officer:** A dedicated leader for investigating and improving systems related to patient safety.
* **Your Direct Supervisor and Leadership Team:** They are trained in our Just Culture and are your first line of support.

By joining Veridian Health System, you are making a commitment to embody these principles. You are pledging to be an advocate for your patients, a steward for your community, a champion for innovation, and a courageous voice for safety.

Welcome to the team. Welcome to The Veridian Way.

**Attestation:**

By signing below, I acknowledge that I have received, read, and understood the Veridian Health System Ethics & Culture Guide. I agree to abide by the principles and policies contained within as a condition of my employment.

Employee Name (Printed)

Employee Signature

Date

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