



Penn Medicine



Kevin B. Mahoney
Chief Executive Officer
Penn Medicine

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Executive Summary

Healthcare is personal. It involves you and your loved ones, and most only pay attention when they need it – like when they are sick. Mr. Kevin Mahoney, Chief Executive Officer of the University of Pennsylvania Health System and the Perelman School of Medicine, has faced many ethical dilemmas over the course of his career. As the leader of Penn Medicine, one of the world's leading academic medical centers and medical schools in the world, he is accountable for over 50,000 employees and countless more patients' lives. While he makes broader organizational decisions today, he's had to make tough calls on direct patient care throughout his career. For example, Kevin was faced with a difficult medical decision while working at a hospital earlier in his career: specifically, that a physician's recommended procedure was being declined by his patient due to personal religious and cultural beliefs. To make this call, Kevin had to draw from his past experiences and values to try to make a decision he felt was the right thing to do, while living into the Hippocratic oath to 'do no harm.'

Background

Kevin B. Mahoney has acted as the Chief Executive Officer of the University of Pennsylvania Health System and the Perelman School of Medicine since July 2019. The University of Pennsylvania Health System is a nonprofit, major multi-hospital health system headquartered in Philadelphia, Pennsylvania. The organization leads health system operations, spanning six hospitals, eleven multispecialty centers and hundreds of outpatient facilities in Pennsylvania, Delaware and New Jersey. Penn Medicine forms one of the world's leading—and America's oldest—academic medical centers dedicated to the related missions of medical education, biomedical research, and excellence in patient care. Kevin joined Penn Medicine in 1996, holding leadership posts for nearly three decades. He currently oversees over 50,000 employees and makes important decisions to keep the nonprofit health system running. He took the helm at a time of crisis, with his organization at the forefront of the Covid-19 fight.

Prior to joining Penn Medicine, Kevin worked at other nationally recognized hospitals in the Philadelphia region, serving as an administrator. Part of his previous roles involved dealing with the business and legal aspects of healthcare. One of his posts was with a well-known, acute-care teaching hospital. Known for its dedication to the Main Line community which it serves, this nonprofit hospital has stood by its reputation for providing top medical care as well as compassion for patients.



Physicians involved in direct patient care take an oath to 'do no harm,' and doctors and nurses do their best to take care of the patients in front of them. They use their years of education and experience to make frequent judgement calls, sometimes in crisis, and under immense pressure.

Case (Problem)

Kevin was an administrator on call when he was asked to authorize the decision to take a specific patient to court. The patient's doctor wanted to perform a life-saving procedure involving the amputation of the patient's foot. The patient was Native American, and due to his culture's spiritual beliefs, the patient refused to consent to the procedure. His Indigenous American religion believed that when a person died, they brought their current body into the afterlife. According to this patient's belief, if he agreed to the amputation, he would eventually enter the afterlife without a foot. This would prevent him from hunting, an important part of the afterlife in his religion. Because the patient was refusing a necessary, life-saving procedure, the doctors wanted Kevin's permission to sue the patient and get permission to perform the procedure. Under a medical doctor's ethical code, physicians are licensed to practice, in part, after taking an oath to 'do no harm.' Not performing the amputation would essentially cause harm and eventual death to the patient.

As the individual overseeing this patient's file, Kevin faced an ethical issue:

Should the hospital take the patient to court and force him to receive the life-saving procedure? OR Should they respect the patient's wishes to deny care that would result in the patient's death?

Conclusion

When a patient's spiritual beliefs conflicted with a doctor's order, Kevin was in charge of the team being asked to authorize the decision to take the patient to court for refusing a life-saving procedure. The patient was adamant that amputating his foot to save his life would prevent him from fulfilling spiritual duties in the afterlife. Kevin could either respect the patient's wishes to forgo the procedure and allow him to die, or follow the doctor's recommendation to sue the patient. In the end, Kevin decided to respect the patient's refusal to receive the surgery. The patient was fully informed of the consequence ahead in forgoing the surgery, but gave the afterlife superiority over his current life. The patient did not receive the surgery and passed away soon after as a result. Kevin considered the importance of his own spiritual beliefs when making the decision to respect the patient's faith.