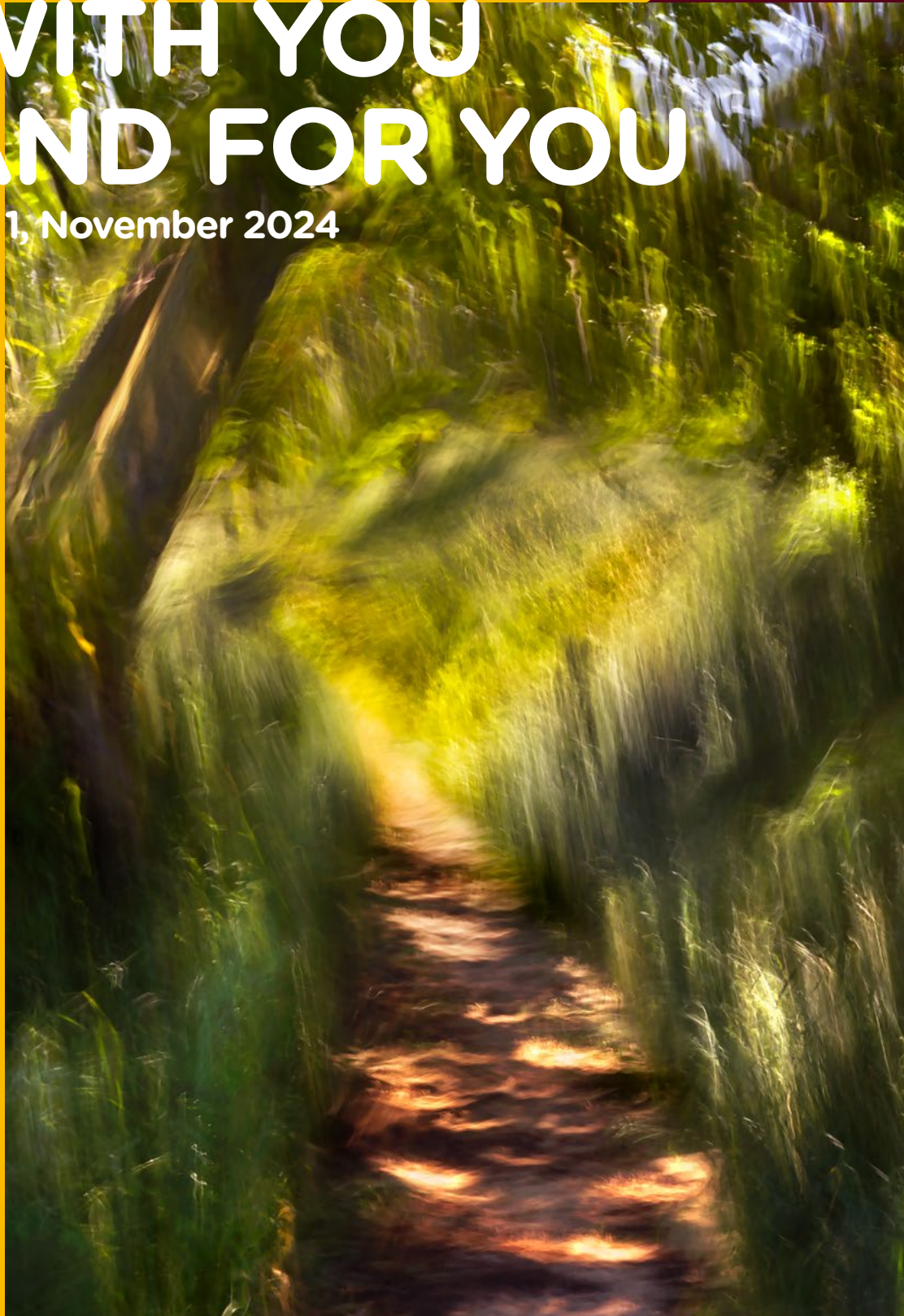


ETHICS WITH YOU AND FOR YOU

No. 1, November 2024




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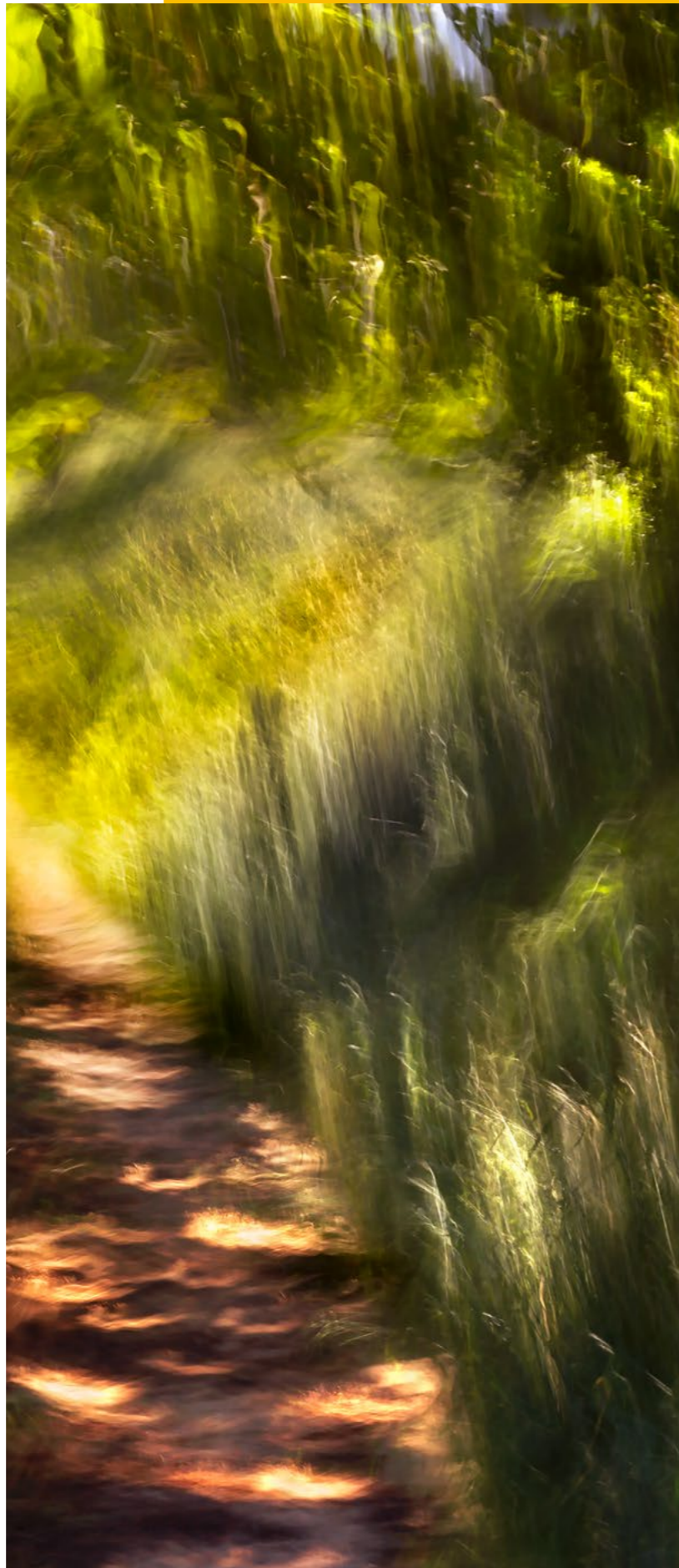
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ETHICS WITH YOU AND FOR YOU



emeis' mission is to assist people with vulnerabilities, whether temporary or which can result in long-term dependency. The group's motto is: 'Together, supporting and sustaining vitality'.

emeis employs 78,000 people and is a company dedicated to the health, care and life projects of people whom we welcome as patients or residents every year in close to 1,000 facilities around the world. *emeis* is equally attentive to the patients' and residents' loved ones and social relationships.

emeis offers personalised care and support in its follow-up care and rehabilitation clinics, mental health clinics, nursing homes, assisted living facilities and care and services directly in the home, focusing on hospitality, kindness and expertise.

This publication, presented by the *emeis* ethics department, uses cross-disciplinary contributions to explore the value and significance of ethical care and commitment central to our practices.

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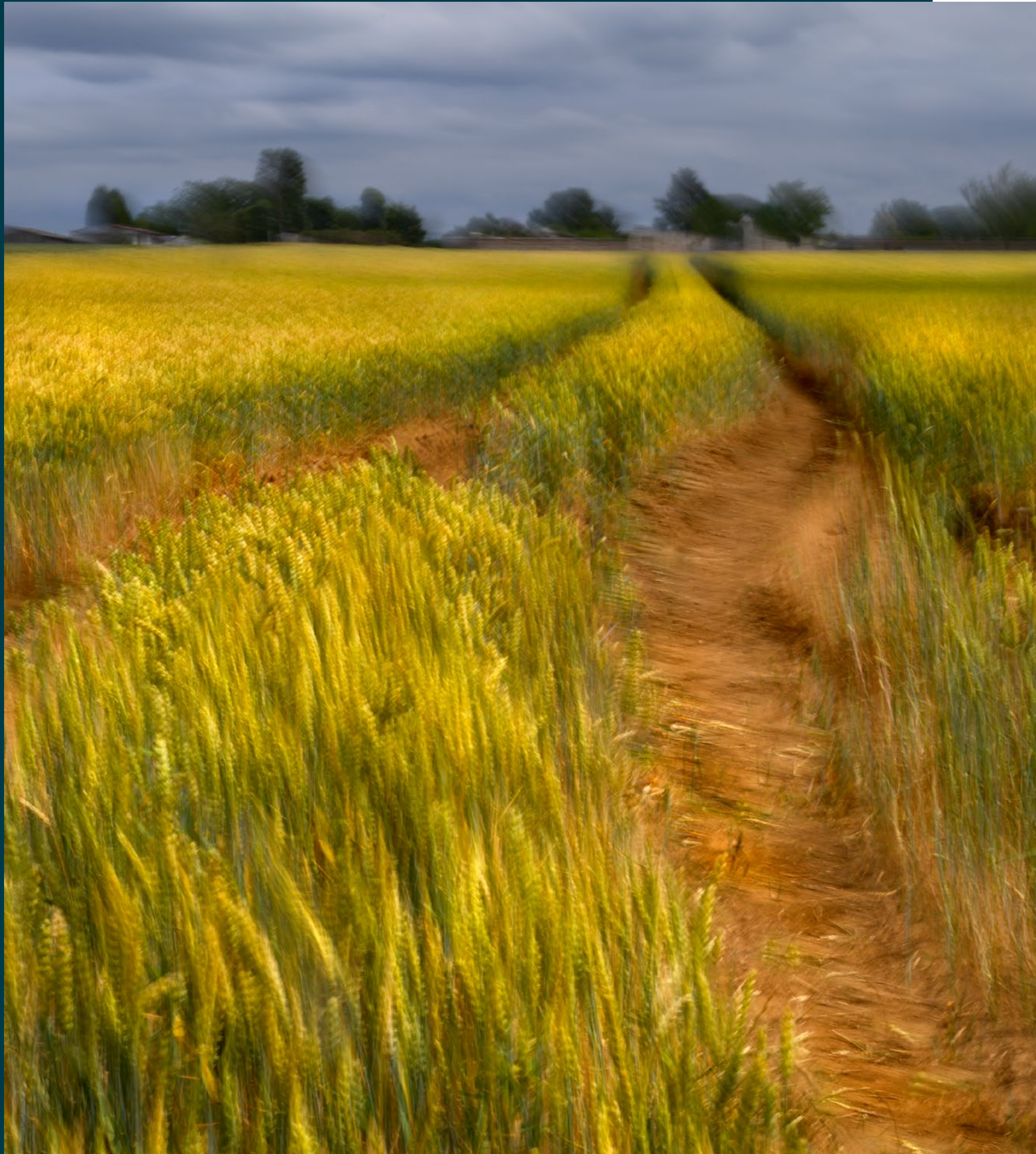
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Georges Poncet

"ETHICAL PATHS"

A JOURNEY
BY PHOTOGRAPHER
GEORGES PONCET

Photographer Georges Poncet¹ graciously accepted the assignment of illustrating this publication on the theme of "Ethical Paths" in tribute to the people entrusted to the care of *emeis* and the group's professionals.

His approach is:
"Being on a path".

"Wherever we are, what do we face?"

Where painting serves as the origin of a specific vision, esteemed over time or by art history, and a location is seen as a reflection of a spatial landscape, if not recognisable, at least acknowledged, there lies the manifestation of "being".

When I arrive at a site after a few hours on the road, driven by the ambition -or rather the point of attraction- of fulfilling what I've come to do, the act of seeing emerges.

This is the moment when the feeling is most apparent, a timeless incarnation, followed by the restorative work that photography entails to create materiality, serving as an object of exchange."

¹ <https://georges-poncet.fr>

EDITORIAL

‘Together, supporting and sustaining vitality’

Laurent Guillot

Managing Director, *emeis*

In ancient Greek, *emeis*, the name our group has chosen, means ‘we’.

We uphold this identity daily for the people we welcome, assist and care for in our facilities or those we assist through our homecare services. It reflects our approach to togetherness and our concern for the common good.

Us refers to our community of professionals who are allied in a life project with those who honour us with their trust.

It reflects commitment and responsibility, the values and meaning of our missions, and attention to others, for which each of us is responsible.

It means that each person is recognised for their uniqueness, history, hopes and skills among those who have chosen to be part of the human mosaic embodied by *emeis* in the diversity of its human and social commitments.

It must also include civil society, which must acknowledge the significance of the concern and solidarity that we demonstrate in our day-to-day work, sometimes against the grain of current issues.

That’s why our *raison d’être*, as approved at our last Board meeting, is to **contribute to mobilising everyone (us and you) in support of those who are most in need of respect, consideration, kindness and even protection**: ‘Together, supporting and sustaining vitality’.

While the aim is not to rehash the theory of sets favoured by mathematicians, we do need to master the principles and rules that can unify, harmonise, strengthen, and hence build on each other’s forces to serve a shared ambition. This is the ambition behind the Group’s reorganisation, and we already see promising developments of which we can be proud.

However, as we observe daily, *emeis* evolves in a complex socio-economic environment, itself weakened by tensions, contradictions, constraints and demands that we must factor in without giving up on our core values.

Understanding the real world and our capacity for vigilance, analysis, consultation, anticipation, and adaptation demand an ethic of governance that concerns each and every one of us so that management may benefit from proven expertise. Our concept of *us* must encourage us to break down barriers, communicate, share ideas, analyse experiences and integrate our beneficiaries’ expertise and preferences into our institutional choices.

This method is in keeping with the *emeis* spirit, which we aim to implement and embody together. This is not just about taking on a name or a brand, but about breathing life into them and taking pride in offering an *emeis* experience that inspires people to join us, whether as professionals, residents, patients, families or stakeholders.





FOCUS

An ethic experienced and defended every day

Emmanuel Hirsch
Ethics Vice-President, *emeis*

Working with people in vulnerable situations is a challenge that women and men face every day in a complex and difficult context. Unfortunately, their contribution to the values of fraternity and the common good is seldom recognised.

The administrative and *care* teams carry the hopes of a responsible and supportive society, upholding the spirit of trust we desperately need today.

Our living environments are hospitable, right up to the end of a person's life. Issue no. 1 of the magazine *Ethics With You And For You* bears witness to the ethics experienced and defended daily in institutions and in homecare services: the ethics of care, citizenship, links, and social cohesion.

The ethics of responsible, and often unconditional, commitment are embraced and tested in nursing homes, rehabilitation clinics, mental health clinics, and so many other health and social care facilities. These complex ethics, with their tensions and dilemmas—particularly in a restrictive context where expectations are intense and manifold—bring us together around shared values.

Today, we are fortunate to be involved in the exceptional adventure of reinventing care and support for our patients and residents experiencing illness, loss of autonomy, disability, or old age in the heart of the community. It may be a final journey, obscured by physical or even mental changes, making the presence of those who stay on even more precious.

I think it should be stressed that the duty not to give up is not solely a rhetorical exercise and that honour lies in supporting those who tirelessly devote their time and skills to people who, without their presence, would experience an even greater sense of premature social death.

Our facilities and services should be seen as laboratories of humanity, with more to teach the community than lessons in virtue and good behaviour! To achieve such exemplary status, everyone involved must be irreproachable in their conduct and practices, know how to analyse the complex social reality issues through research and consultation and develop an ethical culture based on operating rules that respect the principles of democratic life.

As I see it, sensitivity, attention and ethical questioning within a facility are relevant indicators. They build trust and support for projects and their coherence.

This ethic contributes to attractiveness, cohesion, well-being, a sense of fairness in action, and respect for both the individual and the common good. ■

The right care, at the right time and place for each person with frailties

Pierre Krolak-Salmon
EVP Medical, *emeis*

Together, we have undertaken to review all our actions and projects in the service of the very vulnerable, drawing on our strengths: the expertise and outstanding commitment of the teams involved on the front line and the care and support projects developed by each country in light of the drivers and obstacles specific to national regulations.

We are also developing new dynamics, such as those driven by the ethics department, by human resources, which looks after the professionals, by the medical and care departments, which consolidate the fundamentals, supported by the quality and operations departments as well as all *emeis* professions devising and applying an actual health and medico-social support policy.

An ethical and caring approach is everyone's business. It reflects on everything we do and every project we undertake, whatever our profession or expertise. It inspires us every day. 'We', *emeis*, mean to collectively take care of each person who calls on us, offering them specific consideration, a personalised offer, a care plan and sometimes a life plan of their own, designed around their needs and wishes.

The concept of delivering the right care at the right time and place originated in the interdisciplinary thinking of healthcare professions, particularly in North America, envisioning integrated (and seamless) pathways centred on the individual instead of organisations or professions. This is the project we are all working on together. It is demanding and exciting.

This vision commits us to considering or revisiting each project, irrespective of our area of activity within the Group, from the point of view of the person: a woman or a man, a person receiving care at home, a resident in an institution or a relative as well as all the professionals involved.

This first issue of *Ethics With You And For You*, which publication coincides with the second full year of our re-foundation, is an opportunity to discover the testimonials of several professionals directly or indirectly involved in care from an interdisciplinary perspective. From innovations in diagnosis, care, and support organisations to major societal issues such as end-of-life care, this publication will bring together a variety of perspectives in the service of a shared healthcare mission and assistance for the most vulnerable. ■



Reference

N. Seth Mohta, MD, E. Prewitt, MPP, L. Gordon, T. H. Lee, MD, MSc, 'Delivering the right care at the right time and place', *New England Journal of Medicine*, vol. 4, n° 3, 2023.

Towards an ethical scientific approach in nursing homes

Didier Pittet

Chairman of the International and Interdisciplinary Scientific Board, *emeis*



With an ageing population requiring increasingly specialised care, research in nursing homes plays a crucial role in improving the quality of services. However, conducting scientific research in this sensitive area calls for a rigorous approach that respects ethical principles and recognises the dignity of residents, their co-morbidities, and their families.

Informed consent is the foundation of all ethical research. It is essential to ensure that residents and their families understand what is at stake in the study and agree to participate.

The consent of families or loved ones is essential regarding individuals with impaired cognitive abilities. Rather than being a mere formality, this process should involve genuine dialogue that values everyone's contribution.

Respecting our residents' dignity is a priority. This calls for a personalised approach that recognises each individual's history, preferences and autonomy. Our approach to care should not be one-size-fits-all but tailored to the specific needs of each resident, ensuring their well-being.

When it comes to research, risk-benefit assessment is crucial. Particular attention must be paid to co-morbidities. Each study must, therefore, be carefully assessed, ensuring that the benefits outweigh the risks. The usual epidemiological criteria for methodological quality must be strictly followed: the clarity and relevance of objectives, sample size, skills and resources made available, and the impact and potential sustainability of the intervention tested.

Another fundamental issue is privacy and anonymity. It is imperative to guarantee the protection of our residents' data and ensure the anonymity of the information collected for the analyses. It will help establish a climate of trust essential to residents' and their relatives' participation.

Research in nursing homes should rely on interdisciplinary collaboration. Enlisting various health professionals, such as doctors, nurses, psychologists, and paramedics, can help us embrace and foster a holistic approach to care. Involving family and friends in the research process helps to understand the residents' needs and strengthens community support.

A key element is the training and awareness-raising of healthcare professionals. To ensure a respectful and competent care environment, training professionals in best practices, research ethics, and residents' rights is essential. Ongoing training ensures that we keep abreast of the latest advances in gerontology.

We must foster transparency and integrity at every step of the research process. Communicating the results clearly to stakeholders, including residents and their families, is crucial to building trust and ensuring that future practice is based on reliable data.

Finally, we need to ensure strict monitoring and regular evaluation of our interventions' impact to measure the effectiveness of our studies and assess their relevance. Adjusting protocols consistently with feedback and the results obtained is fundamental to guarantee continuous improvement in the quality of care.

Research that involves patients and residents is a powerful tool for improving their quality of life. By following ethical principles and adopting an approach focused on the dignity and well-being of individuals, we can hope to make significant advances that will benefit society as a whole. We have a duty to make this collective commitment to ensure a better future for those who place their trust in us. ■

Living up to the values and standards of *emeis*

Mary Vasseghi

Expert patient and caregiver, member of the International Scientific Advisory Board *emeis*



An integrated code of ethics has proved its worth

When I was invited to join *emeis*, I did so with some trepidation. However, now that I know the depth of passion, commitment and effort that has gone into ensuring that the organisation delivers the highest level of ethical quality care, I want to tell everyone about it.

The *emeis* Code of Ethics defines the moral integrity of the organisation. It aims to promote, improve, and maintain an ethical environment that fosters trust, transparency, and respect throughout the organisation. Simply put, the goal is to ensure the safety of people accessing the services while striving to provide the excellence of these services through constantly improving quality.

Integrating the principles of accountability, integrity, honesty, compassion, fairness, respect, responsibility, loyalty, transparency, leadership, and respect for the law and the environment makes this ethical culture possible.

These principles are essential for upholding high standards as individuals in the organisation navigate the challenges and peculiarities of everyday situations. They provide a framework for ethical decision-making, guaranteeing quality services while protecting professional integrity.

The healthcare sector, where *emeis* operates, is a particularly challenging working environment because it involves people's lives. This raises numerous ethical concerns, such as those related to healthcare provision, professional integrity, data processing, and participation in research. Strong ethical organisational policies, processes and procedures ensure that all employees live up to *emeis* values and standards. In addition to the complexities of the healthcare sector, *emeis* faces additional challenges when working in an international context, engaging where cultures have distinct values, norms, laws and practices. *emeis* faces many ethical challenges, demonstrating the importance of an integrated code of ethics.

Fostering an environment of ethical behaviour takes time and effort

From the company's point of view, when ethical leadership comes from the top, and all employees make ethical decisions, the organisation builds a reputation for ethical behaviour. Its reputation grows, and the company reaps the benefits of its ethical behaviour, such as brand recognition and growth, greater negotiating power, increased confidence in services, customer loyalty and growth while attracting talent and investors. Therefore, *emeis* must be ethically aligned with its missions. Otherwise, how would individuals receive the highest-quality care?

Fostering an environment of ethical behaviour takes time and effort; it starts at the top. Such an environment must be adapted to the specific care context, interpreted and translated into concrete actions and strategies, and regularly updated to meet organisational requirements. Sustained communication with all organisation members is critical, as is the implementation of education/training and reporting procedures and ensuring that alerts (if necessary) can be raised securely. In such situations, professionals must strive to respect ethical standards and create an environment where those involved are respected, heard, and fulfilled in their roles.

The *emeis* Code of Ethics describes the standards of ethical conduct expected of all employees at all times. While *emeis* leaders and managers play an important role in defining and upholding the culture of the facility or service, all have a personal and collective responsibility to lead by example, ensuring that these principles are followed and that colleagues, patients, residents, relatives and the public experience them when they have dealings with *emeis*. ■

Ethics and us

Asunción Zaragoza
CEO Spain and Portugal



Our choices are based on our principles and values

According to *Encyclopaedia Britannica*, ethics is the discipline that deals with what is morally right or wrong. The term also applies to any system or theory of morals, values or principles. Morality is defined as all the beliefs and practices attached to the culture of a community, including those relating to religion; such considerations fall under codes or systems of rules.

Why ‘Ethics and Us’? The term *us* refers here both to a community acting collectively and to a group of people. Every day, we make several choices and face situations that call for decisions. In many cases, the choices we make and the way we behave are natural and obvious. Others require further thought and analysis. Our choices stem from our principles and values; they reflect who we are.

Why ‘Ethics and Us’?
The term *us* refers here both to a community acting collectively and to a group of people.

As part of a community, we share a common goal: to improve the lives of the people who trust us. This is our goal, one way or another. We are committed to serving the people we care for, and our choices must reflect this objective. We serve people, and our choices have an impact on their lives.

Our teams handle complex situations. Sometimes, our residents’ families do not share our point of view regarding reference values (what would be best or suitable for the person, for example). Sometimes, our residents’ and patients’ views differ from those of their families. Right or wrong can vary according to culture and/or religion. Consequently, our perception of what is morally desirable may differ when faced with a choice. In such situations, we must remain faithful to our calling: to serve the people entrusted to our care, even when the choices we must make to achieve this are not entirely in line with our ethical convictions. This is the true ethical challenge.

Making choices also requires us to understand the thoughts and feelings of others. We must assimilate their ideas before we can even discern our own. We often claim to focus on the needs of people (employees, residents, patients, etc.), but we rarely try to understand them and give them our full attention. Professional ethics is incomplete if it is not considered from a broader perspective, from a social ethics perspective, to help us understand how each professional’s work contributes to the betterment of society.

Concern for the common good must be a shared endeavour for the benefit of all

Our community, within the *emeis* group, comprises our residents, our patients and our teams. Concern for the common good must be a shared endeavour for the benefit of all. Our mission-related actions must be inspired by the need to achieve our objectives while incorporating our shared rules and values. Ethical behaviour implies strong fundamental values: honesty, empathy, humility and respect.

Honesty means acting fairly and showing respect for others with integrity. We must respect the people we care for and the teams we work with. We can work together to achieve our goals only through mutual respect and understanding.

Empathy is the ability to understand others and see reality from their point of view. For us, this might be a question of understanding the mobility challenges of the people we welcome to our facilities. Let’s take a moment to imagine what it’s like to make an 80-year-old with dependency issues comfortable. This person has placed their trust in us after being forced to leave much of their past life behind. We must be aware that people retain some, but not all, of the memories they try to carry with them from one home to another.

We must have the humility to recognise that we should learn from others and admit that our thoughts and opinions are not necessarily the right ones. **We must never forget that our choices must be linked to our values and harnessed to achieve our goal of serving the individual.**

These observations encourage us to be aware of our ethical convictions and to consider them when implementing our objectives. The only way we can act ethically in our arbitrations is with reference to a system of values. Yet, we also need to be able to bring together people in our teams who share these values and are willing to implement them. Only in this way can we be sure of the quality of attitudes and behaviours.

Maintaining a rigorous and strong position about what we consider right can sometimes be challenging.



External factors can exert a great deal of pressure. Sometimes, you can’t stand up to a dominant but questionable position when you should have the courage to do so. I think everyone should be able to look in the mirror and feel good about themselves. They should be proud of what they’ve achieved and proud to be part of a company that aims to provide quality care. This is how *we*—as a group, a community of care professionals—can aspire to improve the quality of life of people who, without *us*, would not be able to do so. As embodied in *us*, this conception of our mission can be a genuine line of ethical action. ■

Faced with emergencies, economic and ethical performance are two sides of the same coin.

Pascal Demurger

Chief Executive Officer of MAIF, member of the Board of Directors of *emeis*

In 2019, MAIF enshrined its *raison d'être* in its articles of association: 'Sincere concern for others and the world'. This is the expression of an ethic that guides all our activities and is fundamentally aimed at pursuing a broader objective than simply maximising profit, giving due consideration to all our stakeholders. Although a growing number of companies are taking this route, many persistent cultural, economic and regulatory obstacles are still slowing down change.

However, solutions exist to turn the apparent opposition between ethics and performance into genuine opportunities.

'Business of business is business'

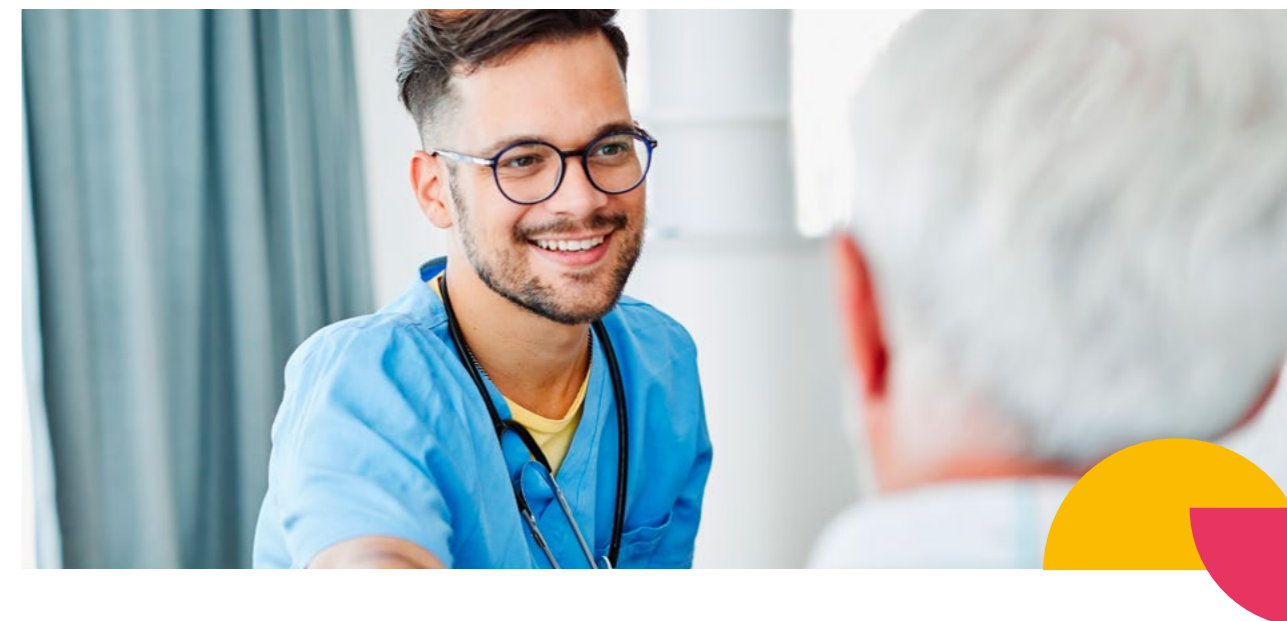
In the 1970s, this view of business by Milton Friedman took hold. The message is clear: a company's only objective should be to maximise profit. Not out of cynicism but concern for efficiency in providing goods and services in sufficient quantity and quality. And if that provides jobs and wages at the same time, so much the better, but that's not the priority.

In the 21st century, this formula has largely reached its limits. Globally, and for businesses.

Globally, the record is clear. Growth in the global economy creates chronic social instability and raises questions about our ability to preserve a liveable world. It also contributes to inequalities, job insecurity, climate change, and the destruction of biodiversity.

Awareness is growing as far as businesses are concerned. Many now understand that their long-term survival depends on their ability to look beyond the short term and profit. For economic reasons, models that consume fewer resources are more resilient to shortages and inflation while facilitating their integration into value chains undergoing major ecological and social transformation. Regarding attractiveness, customers and employees rightly demand that companies commit to the general interest. Finally, for compliance and reputation reasons in an increasingly demanding regulatory, legal and media environment.

While this reality is becoming increasingly prevalent, the 'Friedmanian reflex' is still thriving: the short term often remains the driving force behind many business models, CSR policy is an adjustment variable, and compensation logic slows down action. Everyone knows that this dissonance is unsustainable.



The challenge is to move from the constant friction between performance and commitment to a virtuous circle in which both feed off the other.

The question is how to achieve this.

Integrating an ethic of commitment at the heart of the business model

Integrating an ethic of commitment at the heart of the business model and the regulatory framework is the answer.

In a company, everything starts with management. By prioritising the development of their employees and building on their trust so that they become autonomous players, businesses generate efficiency and attractiveness because they consider, motivate and encourage informed decision-making. In addition to the positive internal effects, such as reduced absenteeism, this benefits the quality of the goods and services provided.

Building this virtuous cycle between performance and commitment also involves rethinking how businesses produce and sell. Sobriety then becomes an asset, whether reducing costs by controlling the consumption of resources, energy and labour at the other end of the planet or selling differently by resisting commercial pressures, solicitations and sales at any price to encourage loyalty and limit acquisition costs.

Finally, the success of this circle depends largely on governance itself. Giving equal importance to performance and commitment requires management to open up to other stakeholders and even to change the articles of association, as is the case for mission-driven companies.

Management, production, development, governance: aligning all aspects of a business with the search for commitment will determine its ability to harness it as a source of performance.

However, one final condition for success is more complicated and complex because it does not depend solely on the business.

This is the regulatory framework in which the business operates. To rise to the challenges and the urgency, the economy needs to adapt its rules to the 21st century. All too often, companies that commit are penalised because their efforts negatively impact their competitiveness, leading to a premium for inaction. Today, the aim is to reverse this logic by rewarding action. How? By creating specific tax, regulatory and conditionality rules to encourage corporate commitment.

In times of major ecological and social upheavals and growing economic instability, businesses must know how to adapt their development model. It involves being part of a circle where performance and commitment are mutually supportive. It also calls for tax and regulatory incentives along the same lines. Ignoring these challenges is taking a clear risk. Anticipating them will result in better resilience in tomorrow's world. ■



ETHICS AND COMMITMENT TO CARE

Ethics and Bioethics: A Common Approach to Dignified Professional Practices

Maria de la Mota

Medical Director, Spain and Portugal, *emeis*

A framework for critical examination of the moral implications of biology, medicine and healthcare

Ethics and bioethics are two interconnected disciplines that explore the moral considerations and principles that guide human behaviour, particularly in the fields of biology, medicine and healthcare. These areas aim to establish a framework for understanding right and wrong, good and bad and how to act in various situations.

Ethics is a broader discipline that examines questions of morality and ethical frameworks that apply to all aspects of human life. It deals with universal concepts such as justice, fairness, honesty and human rights. It explores philosophical theories such as consequentialism (the belief that the morality of an action is determined by its consequences) and deontology (which focuses on duty and adherence to rules).

Bioethics is a specific branch of ethics that focuses on the ethical issues raised by advances in biology, medicine and health. It examines the moral implications of medical research, the responsibilities of health professionals, the allocation of limited resources, end-of-life care, reproductive technologies, and genetic engineering, among other topics.

Some fundamental principles of bioethics include autonomy, benevolence, non-maleficence and justice.

-Autonomy signifies honouring an individual's right to make choices regarding their body and health, with healthcare professionals supporting and respecting informed consent.

-Benevolence emphasises the obligation to act in the best interests of others, to promote well-being and to prevent harmful actions.

-Non-maleficence concerns the duty to do no harm by avoiding performing actions that could cause unnecessary suffering.

-The concept of justice relates to fairness in access to healthcare, resource distribution, and participation in research.

Ethical issues in bioethics are often complex and multidimensional, involving multicultural considerations, personal values, religious beliefs and social norms. Subjects such as euthanasia, stem cell research, organ transplants, genetic screening and testing, and access to healthcare often lead to heated debates and differing opinions.

Bioethics relies on frameworks, guidelines, and ethical principles developed by organisations and institutions to address such ethical dilemmas.



These frameworks seek to provide systematic and reasoned approaches to resolving ethical conflicts, balancing the interests of individuals, communities and society as a whole.

In conclusion, **ethics and bioethics provide a framework for the critical examination of the moral implications of biology, medicine and healthcare.** By committing ourselves to an ethical approach, we can tackle complex ethical dilemmas, balance conflicting interests and work towards a more just and compassionate society. ...

... Applying ethical principles: A multifaceted approach

Applying ethical principles in nursing homes is a multifaceted process that requires careful consideration and the ability to adapt to various challenges.

1. Scarcity of resources

One of the main challenges is the issue of limited resources. Nursing homes often operate under difficult financial conditions, which can impact the quality and extent of care provided to residents. This scarcity of resources can create ethical dilemmas when decisions must be made about allocating resources and prioritising care. For example, it may be necessary to decide whether to invest in additional staff, equipment, or programmes that can improve residents' well-being. Reconciling financial considerations with the ethical obligation to provide optimal care can be tricky. Another major challenge concerns staffing issues. Inadequate staff and high turnover rates can compromise the quality of care and put pressure on other staff. This can lead to ethical challenges, such as neglecting residents' needs due to time constraints or lack of attention. Nurses and caregivers can be torn between the desire to provide compassionate care and work overload. Adequate staff and support are essential to ensure ethical care in care facilities.

2. Respect for the person's autonomy in the decision-making process

Autonomy and decision-making are another complex challenge. Residents of care facilities may have varying degrees of cognitive impairment or conditions that

impact their ability to make decisions. Balancing residents' autonomy with safety and well-being can lead to ethical dilemmas for healthcare providers. Determining the level of autonomy and participation that residents should be granted in decision-making processes, especially when they are unable to fully understand the consequences of their choices, requires careful consideration and ethical principles.

3. Aiming for a good quality of life

The concept of quality of life is essential to home care, but it can be challenging to integrate into the practical implementation of our objectives. Nursing homes strive to provide a good quality of life for their residents, focusing on their medical needs as well as their emotional, social, and psychological well-being. However, factors such as a lack of social interaction, limited access to outdoor spaces, and the institutional nature of the setting may affect residents' well-being. Ethical considerations come into play when balancing medical needs with promoting residents' overall quality of life, including their physical, emotional and spiritual needs.

4. End-of-life dilemmas

End-of-life decisions also pose ethical challenges. Nursing homes often care for residents right up to the end of their lives. Decisions about end-of-life care—including resuscitation, life-sustaining treatments, and advance care planning—can be ethically complex for care teams, residents, and their families alike. Open communication and a comprehensive understanding of residents' values and beliefs are essential to respecting their wishes while considering the potential advantages and disadvantages of certain interventions.

5. Cultural and religious aspects

Cultural and religious considerations add an extra layer of complexity to ethical decision-making in healthcare facilities. These facilities welcome residents from various cultural and religious backgrounds, each with their own personal representations and practices. Care teams must consider the beliefs, values, and cultural and religious preferences of residents and their families to meet their expectations ethically. This may include adapting to specific dietary requirements, modifying care practices to respect cultural norms or the need for spiritual support based on individual beliefs.

Meeting these challenges calls for a multi-dimensional approach. Care facilities must establish guidelines and propose precise ethical approaches reflecting resident-centred care values and principles. Ongoing staff training in ethics and cultural competence is essential to ensure that professionals have the knowledge and skills to deal seriously with ethical dilemmas. Interdisciplinary collaboration between healthcare professionals, social workers, and family members can facilitate ethical decision-making and help provide comprehensive care for residents. In addition, open and transparent communication with residents and their families should be encouraged to ensure their participation in care planning and decision-making processes. Although applying ethical requirements in nursing homes can be difficult in certain circumstances, prioritising the well-being and dignity of residents is essential. By recognising these challenges and implementing strategies to address them, nursing homes can strive to provide ethical care that upholds compassion, autonomy and respect. ■

Code of Ethics: Honouring the dignity and well-being of residents

Every long-term care facility requires a Code of Ethics.

The nursing home Code of Ethics upholds the values and quality standards of care for older patients. It also provides guidance for nurses, doctors and other healthcare professionals working in long-term care facilities.

It details and explains the ethical and professional standards they must meet.

The Code's guidelines are based on a set of fundamental principles, including:

- Compassion and empathy;
- Respect for patient autonomy;
- Commitment to effective communication;
- Non-discrimination;
- Professionalism in all aspects of practice.

These values must be considered to ensure quality care for the residents of nursing homes. This code has the same function for the care of older citizens. Ultimately, it promotes comprehensive health services based on integrity and compassion.

Bioethics principles are crucial in shaping the type of care and treatment provided in nursing homes.

In summary, applying bioethical principles in nursing homes involves maintaining residents' rights and autonomy, promoting their quality of life, making informed decisions about end-of-life care, and allocating resources fairly.

With these ethical considerations in mind, nursing homes can strive to provide compassionate care that honours the dignity and well-being of their residents.





ETHICAL GOVERNANCE

Ethics must be a constant companion, prompting us to question our actions

Julia Clavel

Group Director and in charge of Poland, England and Ireland, M&A Director

Ethics is a sensitive discipline because it is resolutely human

'Ethical governance' is a term that seems complicated to grasp when explaining our vision of the matter. In a company such as *emeis*, where this is a central element of the company's reorganisation and the basic criterion for action, it's not enough to say that it's a complex issue or that you're not a trained philosopher. And this is all for the best.

As someone who has spent the greater part of her career working for the State, the notion of the general interest, a concept that is sometimes a cliché but is very much a reality for me, has always been central to my concerns. Because the idea of service is etymologically rooted in the concept of public service, it appears as a given that is consubstantial with public action. So much so that we can sometimes forget to question, reflect on, and delve into its true meaning and implications for our daily lives.

The general interest in itself is not ethics. While the general interest focuses on decisions that benefit the majority—albeit sometimes involving moral compromises—ethics is a broader, subtler, more complex, less monolithic and, in some respects, transcendent concept.

When I decided to leave government service, I had my first direct encounter with ethics. My decision to join *emeis* was motivated by a desire to contribute to an edifice shaken by multiple crises, which had to be rebuilt, in a sector that needs to be rethought, given that it is at the heart of some of society's most sensitive issues: old age, loss of autonomy, mental health; vulnerabilities, in short.

Ethics is a sensitive discipline because it is resolutely human. It calls into question our social models—indeed, how a society cares for those who can no longer care for themselves alone speaks volumes about its fundamentals—and our individual relationship to death, illness, and loss. I believe I made the most well-intentioned choice, although not the easiest. This is why I was astonished when some people nevertheless questioned the ethical dimension of my decision! The sheer fact that my motivation can be questioned affects me deeply because if there's one thing I've never doubted, it is the rationale behind my choices.

Ethics is in fact everyone's business

Can we truly consider our actions to be just, moral or ethical if we do not constantly call them into question? Ethics are tested through confrontation with the reality of the decision, not intellectually but operationally. That's what *emeis* teaches us every day.



While my duties—M&A¹, strategy, and supervision of several of the Group's countries—may, at first sight, seem far removed from the ethical issues that underpin our care professionals' work, which I have found to be very important to them, ethics is, in fact, everyone's business. Putting ethics into practice implies governance that recognises, applies and adapts it in every role and form.

When developing the Group's strategic thinking, how can you ensure that the proper criteria are considered in determining the direction to take, whether regarding human resources, property, or innovation? Each area responds to different rationales and objectives. This is an ethical issue.

When recruiting as a manager, how do you judge a candidate's personality in light of these priorities? How do you know whether the person you've chosen or how you lead your team is helping to meet objectives? That's another ethical question.

When you have the chance to work with countries across Europe whose histories, cultures and social models are different, sometimes quite profoundly so, these

differences may lead you to consider as acceptable, fair or beneficial something that would not be so 800 kilometres further. How can we adapt our rationales and behaviours to accommodate these differences while ensuring respect for a standard set of values that must unite us as professionals in an international group? Yet another ethical matter.

These encounters and diversity must enrich us and enhance our culture of shared ethical commitment. To contribute to this, we need a methodological framework to carry out our missions and debating forums within our practices. We can also benefit from the expertise and insights of professionals who are confronted daily with human responsibilities involving ethical arbitration. Through discussion and consultation, we are able to understand, move forward, and progress at our own pace as we transform our practices. Ethics must be a constant companion for everyone in the organisation of *emeis*, forcing us to question ourselves daily and move forward cautiously and discerningly in the service of the values we share and embody in our commitments. ■

¹ M&A: Mergers and acquisitions.

Managerial ethics: The foundation of a humane and dedicated corporate culture

Fanny Barbier

EVP Human Resources, *emeis*

Managerial ethics is much more than a simple guideline; it is the soul of our collective commitment, the breath that drives every action and every decision within our company. We know that, like corporate culture, ethics cannot be decreed; it must be embodied. It is experienced daily in deep human relationships, in sincere actions, and when making the right decisions. Ethics is the golden thread that weaves trust, a precious and fragile thread that binds men and women together in a shared project.

Managerial ethics, an essential component of a people-centred organisation

Managerial ethics applies ethical principles to all company decisions, actions and relationships. It is a commitment to act with integrity, respect and responsibility, ensuring that every management decision is fair, transparent and respectful of the rights and dignity of every employee. Managerial ethics are not just desirable; they are essential to building an organisation where trust, fairness and collaboration grow daily.

They are the driving force behind a working environment in which our employees feel respected and valued, strengthening the commitment and motivation of every one of them. Fostering a culture of fairness and respect means improving satisfaction and well-being in the workplace, reducing staff turnover and absenteeism, and strengthening and maintaining the trust of our stakeholders.

Symmetry of attention at the heart of managerial ethics

We truly believe in symmetry of attention. This idea, which is both essential and subtle, makes perfect sense when put into practice: for our teams to offer a highly humane level of support, they must feel supported, respected, and valued. There can be no genuine care without mutual respect, no kindness towards others without kindness towards oneself.

Symmetry of attention is the beating heart of our managerial ethics. Our managers are expected to guard this harmony and create a climate of trust in which everyone feels heard and understood. By forging solid human relationships based on respect and recognition, they help build a strong corporate culture in which ethics is not a distant concept but a palpable reality.

Managerial ethics are not just desirable; they are essential to building an organisation where trust, fairness and collaboration grow daily.

Projects to support our ambitions and give our managers the resources they need to implement ethics daily

To reinforce ethics in every management aspect, we are implementing concrete projects to help our managers embody our values daily.

In 2024, we launched the School of Management and the IMPACT programme (*Innovation managériale pour les acteurs du care et de la transformation*) to train our managers and give them the means to succeed in their mission with their teams. Management is not innate; it develops through experience, reflection and learning. This training course was designed to provide our managers with practical tools to make their day-to-day work easier. It enables them to fully embody the company's values in every decision they make, in the service of ethics.

From 2025 onwards, we will pursue our efforts to develop a culture of ethics by implementing the *emeis* Way project: collectively translating our values into concrete behaviour for each business line and setting the framework for ethical and exemplary management at all levels. This project aims to provide all our managers with clear, practical guidelines for their work and ensure their actions remain consistent with our values.

Managerial ethics at the service of social ethics

Managerial ethics are the very essence of our ambition for humane management. We are committed to and determined to continue on this path, building on what we have already achieved while constantly striving to improve. By embodying our values daily and integrating ethics into every aspect of our management, we are building a future in which human beings are always at the centre of our actions.

But our commitment doesn't stop at that. We have a duty to be fully committed to our employees, to recognise their individuality and to support them in their professional and personal development. This social responsibility is at the heart of our ethical approach; our managers are the custodians of this commitment to every employee.

As a result, our corporate culture and ethical commitment are not fixed concepts but living, constantly evolving, and mutually supportive realities. They offer an exemplary management model in which every decision, large or small, is made with ethics in mind. By pooling our efforts, we are building a solid, resilient and profoundly human organisation, ready to take on the challenges of tomorrow while remaining true to our strength: our unwavering commitment to people and our social responsibility towards those who make our company tick. ■

The transformation of *emeis*: An ethical experiment

Charles Murciano

Head of Transformation, member of the Ethics Steering Committee, *emeis*

Simplify, reorganise and improve operational efficiency

In February 2023, the day after I joined Orpea, now *emeis*, I had the opportunity to visit one of the group's mental health clinics. A psychiatrist asked me what my job was while we were in the physicians' break room. I'll never forget his dumbfounded, even disapproving look when I told him I was Head of Transformation. Coming from a psychiatrist, this worried me! But his reaction also impacted me because his scepticism raised questions about the meaning of my job and, beyond that, the transformation driven and promoted by the Group's general management, which had been at the helm of Orpea for just a few months.

Yet we cannot help but be struck by the omnipresence, or obsession, with transformation in the contemporary landscape of large organisations. The latter—whether public, private or associative—often claim to be undergoing major transformations. In France, the government has even appointed a directorate for public transformation. Everything is happening as if the spirit of the times, in a hurry and therefore pressing, were demanding that businesses, administrations and associations commit to a constant change dynamic.

These transformations reflect the opportunities and crises of the time. Digital technology is a major driver of change, as is achieving carbon neutrality, motivated by the consequences of global warming. Broadly speaking, the search for performance is often behind the launch of significant

transformation programmes to simplify, reorganise and improve operational efficiency.

A business transformation is a trajectory through which a strategy implemented by a group of men and women takes them from point A to point B. The transformation of *emeis* is the operational implementation of Orpea's plan to rebuild the company—a strategy that should enable the company to emerge from the triple health, media and financial crisis that shook it to the core from 2020 onwards.

The new foundation is a promise that carries an ethical dimension of exemplarity

'Change management,' 'project management,' 'project management office,' 'key performance indicators': At first glance, these organisational transformations may seem all the more abstract because they involve a specific lexical field. In reality, this vocabulary covers methods, operating modes, and tools—in other words, techniques designed to steer the operational implementation of a strategy in time and space.

Regarding *emeis* in France, this technique involves monitoring the deployment of diverse projects, such as implementing our health and safety policy, designing an induction programme for all employees, and opening psychiatric units in nursing homes. These projects, like all those that structure our transformation, have one thing in common: they all contribute to achieving



the objectives of the rebuilding plan. Ensuring they are implemented is, therefore, a prerequisite for success.

But above and beyond any transformation technique, I'm convinced that ethics are involved. The proof is a care professional's comment during one of the management seminars in France in the summer of 2023: 'Senior management is calling for a cultural transformation, but why should I change my culture?' This says much about the ethical dimension of *emeis*'s transformation: the appeal to values (those of before and after the transformation), legitimacy competition (those of the field and the group), and uncertainty as to the promised results (will tomorrow be better than yesterday?).

This ethical dimension is all the more critical given that *emeis* is a sounding board for the fragmentation of French society, which is more than ever organised around

a 'centre' and 'peripheries', to use essayist Christophe Guilluy's expression¹. Our residents and patients, who demonstrate impressive strength of life to anyone who knows them, are sociologically relegated to the margins of society because of their vulnerability. Our care professionals, who suffer from a lack of recognition with intolerable consequences for their health and safety at work and their standard of living, are at the margins of the professional world. From this point of view, the transformation of *emeis* in France is profoundly ethical because its innermost ambition is to repair and strengthen a dislocated social body—the company's—which reflects French society as a whole.

The new foundation is a promise that carries an ethical dimension of exemplarity that transcends the sole destiny of *emeis*; it cannot, therefore, be betrayed or disappointed. ■

¹ Christophe Guilluy, "La France périphérique", Paris, Flammarion, 2014.



A sincere and ethical brand

Frédérique Raoult

Group EVP Communications, *emeis*

Transparency at the core of ethics

A brand is, first and foremost, a sign, a benchmark for differentiating products and services over the long term. It is also a commitment, a guarantee, that the company makes to its stakeholders. In this way, the brand conveys an immediately explicit and comprehensible truth about the company's actions, expressing its values, know-how, history, commitments, and expertise—evocations that build its image and credibility.

By placing ethics at the heart of the reorganisation plan initiated by the Emeis group in **November 2022, the company demonstrated its commitment by choosing a coherent and authentic approach that would result in a sincere and ethical brand.**

This principle has guided us throughout rebuilding the brand, bringing it to life and helping it grow through a demanding communications practice based, above all, on transparency. Transparency in discussing the various aspects of the current reorganisation plan, facing criticism, responding to it, finding solutions, and highlighting the company's strong fundamentals and the strengths of the team involved in the reorganisation.

This also guided us in defining the Group's *raison d'être* and creating the *emeis* brand.

By adopting a collaborative approach involving the company's stakeholders, we formulated a *raison d'être*, 'Together, supporting and sustaining vitality', the rallying cry of the Group's teams and businesses. Fuelled by four values—'a commitment to people', 'a zest for life', 'a thirst for learning', and 'the spirit of mutual support'—and bolstered by a CSR policy that frames and guarantees the company's commitments to its stakeholders, the *emeis* brand now has a sound foundation. This is the foundation on which we can build lasting relationships of trust with our stakeholders and deploy and grow safely.

emeis is at the beginning of its life, and our brand is like a living organism. Every day it must prove it is sincere and fulfill its promise. This is a virtuous long-term exercise that relies on each and every one of those who make up *emeis*. ■

***emeis* is at the beginning of its life, and our brand is like a living organism. Every day it must prove it is sincere and fulfill its promise.**

Ethical governance: Working together to think things through

Valérie Mollière

Nurse coordinator, educational consultant, Le Clos des Meuniers residence (Bagneux), member of the Ethics Advisory Board, *emeis*



Developing an ethical culture within the organisation

How can we encourage an ethical approach to governance? What type of governance could provide purpose and point the way? How can we support and strengthen the development of ethical awareness in an organisation?

For an ethical culture to emerge within an organisation, it seems to me that the following prerequisites must be met: that governance takes ownership of the idea, that it has the will to root it in reality, that it accepts to engage in internal debate, to subject itself to in-depth conflicts, to submit to slow and long timeframes, not to claim all the power but to be open to negotiation and compromise, that ethical concern is a choice that it fully assumes and whose consequences it imposes on itself, that it sets it as a fundamental and necessary challenge, as an enviable horizon. This *raison d'être*, this frame of mind, transcends a simple marketing image and is the only guarantee of good practice.

Secondly, governance that seeks to foster a culture of ethics must provide the guidelines, reference points and support necessary for developing and reinforcing ethical concerns. It should encourage the emergence of individual and collective questions such as 'Are we doing the right thing?' or 'Are we doing it for people's real needs, or even for the right people?'

Good governance is about enabling professionals to focus on authentic experience and adopt a critical attitude to their references and values (a process of construction and deconstruction). It must teach them to test, question, adapt and challenge certainties and givens.

It must, therefore, encourage communication built through the movements and hazards of the interaction. To this end, opportunities will be provided to build inclusive and supportive forms of cooperation, where practices can be tested that integrate all stakeholders, who will be able to express their expectations and their respective conceptions of the 'good' to be achieved (focus groups, clinical support, ethics committees, development of an institutional code of ethics). This approach is designed to encourage creativity and responsibility.

A requirement embodied in choices and behaviour

This governance will be committed to promoting individual talent and acknowledging the added value of each member of the organisation. It will need to demonstrate a spirit of openness and a willingness to call things into question. Together with the values of integrity and transparency, these qualities will be the prerequisites, the cornerstones needed to establish and sustain an ethical approach in our facilities.

Recognising the plurality of legitimacies, governance will devise consultation and decision-making procedures to facilitate the emergence of a common good. These procedures will rely on deliberation practices to overcome the usual conflicts of interest between the various stakeholders.

Governance will ensure that operations align with the organisation's objectives and values. It will propose a model in which clinical practice is meaningful and supported by management.

It will be able to stay the course through the storms, preserve the meaning of its actions against the odds, and make the right decisions in the face of uncertainty and doubt, facing up to the passage of time and humankind's shifting, variegated, undulating nature.

A company's ethical vision can only be fulfilled when embodied in the choices and behaviour of all those involved and if it permeates its requirements. For no purely

reflexive ethics can remain. Ethics must be embodied in everyday life and be consistent in actions and values.

Finally, and this should be emphasised, each player must actively participate in the analysis, reflection, and intervention process. Indeed, an ethical approach means sharing responsibility, particularly in preventing and mitigating the impact of problematic situations. This means, among other things, identifying inconsistencies between discourse and practice to reduce the gap between them.

While ethics is a means to question care practices, it also questions the virtues of leaders and their capacity to create the conditions for care, not just as a set of practices but as an experience and a learning process.

At a time when human vulnerability calls for solidarity and concern, it is our human and collective responsibility to work together to think things through. ■



The ownership pathway, a virtuous dynamic

Briac de Miollis, Nathan Mathieu

Business Transformation Managers, Graduate Program, *emeis*

The 'ownership pathway', a vehicle for a co-constructed improvement dynamics

Developed as a result of the collective reflection of managerial trinomials, the 'ownership pathway' was introduced in our facilities starting in October 2023. This pathway, based on a fun and visual approach, offers two very distinct registers illustrated on a visual document to which the discussions will refer:

- The first focuses on the Group's values and *raison d'être*, as well as on the responsibilities of healthcare facilities around two central themes: the employee experience and the patient/resident experience;
- The second register is centred on each person's contribution and impact within their facility. Beyond that, it also means questioning the direction of priorities to identify the plurality of viewpoints and their complementarity, both in terms of convergence and divergence.

As a result, the managerial trinomials, supported by management staff members, initiated several workshops between employees from different professions. At the end of the two-hour workshops, each sub-group allocated responsibilities and set priorities, revealing how 'taking care of our staff' is intrinsically linked to 'taking care of the people we welcome' and how every staff member must share these responsibilities in the facility. This way, throughout the discussions, the group gradually aligned around shared values and a common understanding of the issues at stake.

This participative approach resulted in five priority actions identified by each sub-group and the prioritisation of collective and individual behaviours to develop. Once the workshop findings had been shared with all employees at a site, the facility's management analysed the priority actions, identified the behaviours to be developed, and enriched its roadmap for 2024.

Some trinomials seized the opportunity provided by this co-constructed improvement process to present the results of these sharing groups at plenary sessions. This serves as a reminder of everyone's involvement in steering our performance at every level—human, medical, nursing and economic—and their responsibility and involvement in identifying their facility's priorities and achieving results. All in all, this experience of cross-disciplinary dialogue has given rise to a real sense of group spirit.

Knowing they are personally concerned and involved in identifying their organisation's priorities and achieving results.

Recognising each individual's place within a collective dynamic

The benefits of such an experience are manifold. First and foremost, in embracing the Group's values and ambitions. Rather than reciting them like poems, we aim to understand their meaning and how each of us might interpret them to contribute to our shared reflection. The goal is to promote a forum that is free and open to debate, where all professionals can express themselves, overcome certain convictions, and get to the heart of the matter. This is the basis of team dynamics. Going even further, we need to question the maturity and prosperity of this reflection: How can we get people on board and make this a daily reality? How should it be disseminated and sustained despite staff turnover?

Another essential point, partially addressed already, is recognising and appreciating the players involved in this collective approach. How can we consider the dynamics of the facility, its history, and the specific nature of each stakeholder in order to involve them in this reflective process? Ultimately, what can be done to ensure that everyone can identify with the spirit of this dialogue and thereby make the facility a different and more habitable place?

To conclude, the contributions of human experience, such as the ownership pathway, are all the more valuable when they allow for interpretation and freedom of understanding for each player involved. In addition to the common direction and cornerstones on which the institution is based, it is essential that everyone sees the specific features that concern them through their own prism, a prism that values the professional's human experience, knowledge, and expertise. It also means accepting to reconsider certain elements passed on so that every individual can take ownership of them. This path opens the way to several forks in the road, sometimes parallel and sometimes intertwined, that converge towards a shared vision and objective: to best **serve the most vulnerable while respecting the organisation's underlying performance objectives. Finding the right balance and symmetry of attention that respects all stakeholders.**

A virtuous and demanding path to success

As we have seen, rolling out such a programme across our facilities allows us to initiate a virtuous process to energise and unite the group around its shared mission. Implementing such a virtuous process is a real challenge, especially as it requires investment from every management team member. They must host 8 to 12 sessions, bringing together around ten employees for two hours, and ensure everyone is involved while communicating on subjects not systematically shared at all levels of the hierarchy. Genuine organisation and coordination skills are required for the successful completion of these workshops, without staff downtime during the workshop harming the quality of care provided to the people in our facilities.

Given the commitment required to roll out the programme, the managerial trinomial and executive staff must take ownership of it before they can feel comfortable sharing it with their teams.

Each site organised its working groups to suit its needs, allowing for the ups and downs of daily life. Some set aside two days so that all the teams could attend in turn; others scheduled a two-hour slot on a set day of the week or split the workshop in two so that employees would be mobilised over a shorter period of time.

Management is encouraged to circulate a synopsis of the discussions to all employees to pass on the results of these workshops. While some management teams organised plenary sessions to share their results, others favoured communication through team managers. Be that as it may, this feedback period seems crucial to adopting the co-construction approach. ...



... **Aim for true symmetry of attention**

In conclusion, the innovative approach embodied in the ownership pathway highlights the link between our duties towards employees and those towards patients and residents. This step-by-step process raises awareness of this true symmetry of attention among all the teams.

The same reflection on this dual responsibility is also necessary when drawing up facility projects in particular, as well as medical projects. Why not consider adapting such a tool to facilitate the preparation of such projects and their annual review?

In addition to the initiative's value at the site level, these exchanges between teams from all over France can open up new avenues of reflection at the regional, national, or even international level. Lastly, how can we ensure that this work, which stems from the group's essence—the field—shines through so that it inspires us to think afresh as a group? ■

We want to take this opportunity to congratulate and thank all the teams who have worked very hard to ensure that every staff member in our facilities may experience and benefit from the ownership process. We firmly believe in the virtues of co-construction of the roadmap for our facilities and in sharing the values and responsibilities that it fosters.



Extending personalisation to all aspects of the relationship

Muriel Barnéoud

Group CSR and Quality EVP, member of the Ethics Steering Committee, *emeis*

Satisfaction demands more than just operational excellence

In the *Podium de la relation client* (a benchmark ranking in the services sector), Kantar offers a definition that I shall adopt: 'Personalisation is the ability to convey the feeling of being a unique customer by providing personalised services that anticipate the customer's needs and desires. It's a key dimension of the relationship.'

It is worth noting that this assessment goes beyond what might be termed an 'adapted response' (i.e. the ability to provide a response perfectly adapted to the needs of the customer/citizen/user): providing an adapted response is a basic execution skill.

Satisfaction demands more than just operational excellence.

The demand for personalisation stems from the consumer society and digital transformation.

Personalisation is a legacy of the civilisation of 'the individual is king', that of the customer/user/citizen's power and the power to demand, multiplied tenfold by the power of the digital industry.

The customer who is/expects to be considered 'unique' must feel 'important' in the eyes of the brand. Their personal characteristics (identity, socio-demographic status, nature of their relationship with the business, etc.) must be known, and they must feel recognised. In the early days of this personalisation trend, some of us may remember Yves Rocher, a pioneer in celebrating birthdays, anniversaries, and the ages of its customers.

Businesses must master these practices and culture. Some hospitality facilities, for example, have developed behaviour management systems for their staff based on the cultural origins of customers/passengers (touching, distance, and eye contact adapted to the person's origin: Asia, the Middle East, Latin America, etc.). Their consumer/relationship preferences and tastes must guide service offerings, relationship methods and interfaces.

Personalisation also raises expectations of empathy and shared values between the brand and its employees (at MAIF, for example, policyholders are attended to by telephone advisors who share their hobbies, such as motorcycling and sailing).

According to Kantar, customer relations will be (among other things) proactive, combining the collection and exploitation of personal data with the customer experience driven by data and personalisation. This brings to mind Amazon's ability to predict our choices.

Much remains to be done, particularly regarding data processing and collecting opinions/comments/suggestions. This requirement applies to all aspects of life, whether we are talking about customers, citizens, users, beneficiaries, patients, etc.

The demand for personalisation is present throughout the customer/patient/citizen/user journey

The offer is designed with me in mind from the outset (persona, modularity of options, etc., depending on usage).

The place and means of contact are adapted to my expectations/practices...

I'm identified as soon as I enter into a relationship and recognised: I don't need to introduce myself once I've given my identifier (I may even have been identified through image recognition). The person I am speaking to has access to my customer relationship history.

The offer proposed can be interactively adapted to my needs: I have a choice of solutions and can interact at any time to find out the status of my request, process, etc.

I'm used to giving my opinion and being called back/contacted whenever I express dissatisfaction.

In relevant situations (crisis, incident, etc.), I appreciate being contacted 'ahead of time' (even before I express a need). Seventy per cent of people appreciate brands that proactively inform their customers of potential problems or service interruptions.

For a long time, personalisation concerned a product or service, but this is increasingly the case (as a complement rather than a replacement) with the personalisation of all aspects of the customer/user/citizen experience: I am asked for my preferred channel, directed to an advisor who shares my hobbies, allowed to adapt my space, choose my contact hours, etc.

It is the extension of personalisation to all aspects of the relationship.

The keyword: taking account of context

I am recognised in 'my context': the offer and solutions proposed are tailored to my situation.

Personalisation, like autonomy, is not strictly a customer expectation (the customer expects a solution/product/service that suits them in a particular situation). Still, it is the most appropriate way of responding to such expectations (just as autonomy is often the most appropriate response to the expectation of simplicity).

Personalisation is also increasingly linked to the ability to anticipate customers' specific expectations, to solve a problem before it happens, and to be in the posture of a preventive business (which anticipates the individual needs

of its customers to offer them suitable solutions). It's based on a genuine understanding of the customer, their situation, and their needs, as well as the response provided by a caring business.

A real challenge for the world of care and community living

These expectations are revolutionising how companies are organised.

When entering into a relationship, for example, or in a multi-channel strategy, the customer is often offered a choice (channel, solution, etc.), and it is necessary, given the wealth of options, to provide them with a guidance and orientation system. This is one of the key elements of an omnichannel strategy: giving customers a choice to find the solution that suits them best and guiding them so they don't get lost along the way (when faced with an abundance of possible channels).

Companies are faced with a paradox and an issue of trust: their customers expect a high degree of personalisation while expressing concern about the protection of their data...

Those involved in community life must reconcile their individuality with being part of a community, support and care, personalised expectations and standardised protocols, and customer/user/patient satisfaction beyond operational excellence, which is not up for discussion.

Our ethical approach is at the heart of this daily search for balance for our care professionals and all our teams.

'In institutions, the right balance must be struck between concern for the common good and respect for people's values, individuality, privacy, preferences and rights. [...] Random decisions, perceived as arbitrary, with no apparent justification and no appropriate means of communication, accentuate feelings of mistreatment and dependence: they contribute to mistrust and discredit towards the institution and the professionals.'

This steep and difficult path means that we are players in the social fabric, serving the most vulnerable and society as a whole. ■

¹ "Contre les maltraitances, pour la bienveillance témoignée à la personne âgée, *emeis* s'engage. Quelques considérations générales", considération n° 8, direction de l'éthique, *emeis*, 15 juin 2024.

The 'Culture Change' model in Belgium: a transformation based on people-centred values

Philippe Pletinck

Director, Château Dumont residence (Comines, Belgium) Ambassador for ethics, hospitality and kindness, Belgium



A person-centred approach

'I'd have to be demented to go to a nursing home; otherwise, I won't go...'; 'When you're old, they talk about thriving in nursing homes, but I'd be surprised if I did...'; 'I know what goes on there, it's dramatic...'; 'It's all very well for some people, but I'm not going...'; 'If I have to go, I'll kill myself...'; 'In my opinion, there's no life project in nursing homes, it's all rubbish...'; 'I call nursing homes waiting rooms for the dead...'; 'I get the impression that it's just a money-making factory...'; 'They see us as people who can't think for themselves or do things for themselves...'

Those are a few testimonials from people aged 65 and over regarding nursing homes. For most older citizens, even if there is no immediate risk of them entering such a facility, nursing homes are among the most widespread sources of anxiety, affecting their future lives. As reflected by these short testimonials, nursing homes are associated with a loss of freedom, autonomy and privacy and with a feeling of isolation, loneliness and insecurity for most elderly people.

Nursing homes are not appealing! As a result, attendance is reduced, as older people try to stay at home until they are highly dependent and need care.

A 2018 survey by Probis Plus (an innovative and specialist Belgian services and consultancy company) also highlighted this. The survey reported that nursing homes for older persons/rest and care homes (MRPA/MRS) are very unattractive due to their negative societal image. This results in a lower occupancy rate, difficulties with fast admission, a shrinking waiting list, and vacancy risk.

In Belgium, in the 1970s, the majority of hospital beds were used mainly by older adults at the end of their lives, which, in the long term, is costly for the social security system. As a result, hospital beds migrated to nursing homes, integrating the hospital model into nursing homes and simultaneously spreading the medicalisation of ageing.

In Belgium today, the 'hospital-style' model is dominant in MRPA/MRS: clear corridors, professionals in white coats, gloves and masks, hospital-style equipment, etc.

However, to ensure that the psychosocial dimension and mental health issues are adequately addressed for residents, professionals and their families alike, the institutional system providing support for older citizens needs to be thoroughly overhauled at every level: structural, organisational and so on.

The Pioneer Network fosters a new nursing home culture involving transformation based on person-centred values and the person-centred approach.

Relational aspects are just as important as care

The Culture Change model does not deny the need to provide care for residents (or at least for most of them). Instead, the idea is to make care less prominent and conspicuous. Culture Change promotes a 'person-centred' approach, driven by a desire to provide the best possible individualised support and ensure that the relational aspect is just as important as care.

The Culture Change model is a social model of care that aims to transform impersonal, hierarchical, and medical health care institutions (and related structures) into places where older people can feel at home while receiving long-term care where necessary.

According to this movement, each resident should be recognised as a person in their own right rather than as a 'patient'.

More specifically, the Culture Change model is based on values (such as choice, dignity, respect, self-determination and a preserved sense of life) centred on the individual but also on practices: the views of 'residents' and those working alongside them are considered and respected significantly in all aspects of daily life.

The key principles of culture change, as defined by a group of experts, include:

- Resident self-determination: resident care and activities are selected and determined by residents;
- Close relationships: residents, family members, staff, and the community are tightly knit;
- Empowerment of staff: work is organised to support and enable all staff to respond to the needs and wishes of residents;
- Collaborative decision-making: management enables shared and decentralised decision-making;

The opinions of 'residents' and those working alongside them are considered and respected in all aspects of daily life.

- Continuous quality improvement processes: comprehensive, measurement-based processes used to monitor, support and fine-tune culture change activities;
- Family environment: the environment is designed as a home rather than an institution.

Unlike the 'hospital' model in long-term care facilities, the 'Culture Change' or 'person-centred' model has positive effects on residents, professionals, and families: less anxiety and agitation, higher participation in everyday activities, and more interaction between residents, including at mealtimes, which they need less help to enjoy.

A 'homelike' environment can help professionals involve residents in everyday activities in which residents will engage more spontaneously.

Based on these factors, it is clear that an internal layout and organisation that makes care, illness and dependency less conspicuous would benefit everyone. Therefore, culture change must be implemented at all organisational levels, including for residents, staff, and management, as well as in the physical environment and architecture. ■

Commitment to people, with a genuine symmetry of attention: Bringing together the customer experience and the employee experience

Stéphane Lanfant

Health executive, Head of Care, Château de Bon Attrait clinic (Villaz), *emeis* Ambassador for ethics, hospitality and benevolence, AURA region

Valuing the relationship and the requirement to be available for others

'Care is twice first. It is not only caring for something, responding to needs, a condition of life; it is also caring for someone, the behaviour addressed, the constitution of a subject!'. The philosopher Frédéric Worms shows the extent to which investment in this primary human dimension of the care function should guide reflections on how to welcome and support others and *a fortiori* vulnerable in our facilities.

The care relationship, rooted in a relationship built on giving, includes concern for others, emphasising the relationship's value and the need to be available to others.

At a time when the healthcare sector is experiencing a profound crisis in vocations and a loss of interest among professionals who no longer believe that it is the essence of their commitment, supporting and nurturing this fundamental aspect of the relationship is eminently managerial.

Everyone who encounters vulnerable people can feel powerless in the face of sometimes unspeakable suffering and fail to find the proper posture, soothing gestures, and supportive words.

Therefore, discussing the ethical dilemmas generated by looking beyond the activity to the human dimension is crucial. This will reposition the emotional relationship as the foundation of the social bond while supporting each professional's development of skills that can be applied to clinical situations.

The role of local managers is fundamental. Indeed, they encourage such a detached perspective by creating an opportunity for objectivity that inspires the team to question their practice.

Despite the vicissitudes of everyday life, the passion and dedication that drive our professionals in these collective exchanges are obvious. The central role of the relationship, a gratifying component of 'care' that we can sometimes lose sight of because of daily constraints, is highlighted, fueling an interdisciplinary reflection on the determinants of 'doing well'.

However, these forums are insufficient if they do not consider the expectations of the people cared for, their physical or cognitive dependence, and those around them. By recognising and unconditionally respecting their right to self-determination, patients can genuinely express their experiences. It helps improve their satisfaction and involvement in the health decisions that concern them and even their life projects.



Implementing a strategy for collecting patient experience

This means thinking about coordinated care pathways within organisations designed not just regarding patient pathologies but also considering their concerns and expectations.

Implementing a patient experience collection strategy within a geriatric SMR clinic provides a first-level response.

A referral professional has been appointed to meet the patient within the first few days of hospitalisation. She checks that the customer is satisfied, ensuring that their needs and preferences have been addressed, and relays any concerns to the relevant parties. As a recognised and legitimate professional, she reports on areas of concern to the monthly management staff and the quarterly users' committee, which can be used to inform the various action plans.

Concurrently, field audits such as *shadowing* are carried out with user representatives. By following a person through a section of the care pathway pre-identified as offering room for improvement, the auditors can detect the person's feelings, experiences, and difficulties in real time.

These different insights ultimately help reduce the gap between the quality delivered by the facility and the quality perceived by the patient by implementing organisational adjustments that can transform the overall hospitalisation experience into a positive one.

Therefore, it is strategic to combine the customer and employee experiences, as the well-being of the former depends on the latter's well-being.

Leadership that empowers and rewards restores a form of 'power to act' to professionals. It can support collective achievement based on shared values, which is a component of the facilities' medical and economic performance: 'In healthcare organisations, the added value of the service provided to the patient and social performance drive efficiency... and not the other way round'.²

This impact on the social climate invites each manager responsible for ensuring compliance with the institutional framework to exercise particular vigilance about behaviour that is not in line with the requirements of good care so that it can result in an appropriate action plan.

The high standards and attention brought to these factors mean that, despite repeatedly using temporary staff due to scarce resources, we can maintain high-quality, safe activities.

Thus, managerial commitment is the foundation of the principles of action, a condition for trust, and an opportunity to question the quality of reception, support, and care, as well as the working conditions of professionals, per a genuine symmetry of attention. It promotes individual initiatives and supports the commitment to human values in a proactive approach to 'ethical care'. ■

¹ Frédéric Worms, "Le moment du soin, à quoi tenons-nous?", Paris, Presses universitaires de France, 2010.

² M. Abad, "Les leviers et les impacts de la performance collective", Soins Cadres, no. 92, 2014, p. 22-25.

Shared housing in autonomous teams: A context conducive to ethical reflection?

Valérie Monge

Head of Shared Property Operations

Léa Veiga-Planells

Head of Operations Compani

In theory or practice, acting in the best possible way while respecting people is not an easy task. Incorporating ethics into medico-social practice is challenging at every level and involves creating an environment conducive to this type of reflection in every aspect of daily life.

In this respect, the Shared Property's implementation of a framework that democratises this approach and facilitates its practical application is encouraging. While we are not ethics specialists, we would like to share our operational experience.

Shared housing: A living space for residents

This type of housing can accommodate up to eight housemates at different stages of cognitive impairment. A professional team is always present in the home. This team of six to eight professionals is attached to a home help service in the département that operates as an independent team (Alenvi).

In this living environment, the care assistants do not 'cohabit' with the residents but serve them—in the noblest sense of the word. Therefore, they must respect their housemate's freedom, which means that their professional organisation must accommodate the rhythms of each person's life.

This involves a trusting relationship between the helper and the resident, often witnessed by the caregivers. The care assistant must make sure to separate confidential information from information that can be communicated to the family, especially when the resident's privacy is at stake. This can lead to significant contradictions and even conflict. 'Should you tell a child how cognitive problems affect their parent's behaviour? We always consider respecting the integrity of the person who is ill, as long as this does not impact their general state of health,' Adam, a care assistant, explains.

The service can only be designed in a co-responsibility approach with the caregiver. For example, when a medical emergency requires a referral to the hospital emergency department and the family has explicitly stated that they do not want the patient to be subjected to intensive medication, should the care assistant have to decide not to seek the opinion of an emergency doctor? In this case, the aim is not to go against the family's ethical choices but to recognise the professional ethics of the home care assistant. The relationship between the care assistant and the caregivers is thus expressed through this co-responsibility towards the vulnerable person.

For us, the framework offered by shared housing represents both a challenge and an opportunity to share the responsibility towards the residents. Community living

strengthens relationships and facilitates daily decisions and arbitrations to respect the integrity of the housemates.

Team autonomy: An invaluable asset in this non-standardised type of accommodation

The most important thing to create and carefully maintain is the link within the team because unless the team 'works together', there can be no 'living together' with residents and caregivers.

Although care assistants perform the same 'care' job in an 'individual home' or a 'shared home', they recognise the specific nature of their job in shared housing. While nursing homes (medical-social facilities) are managed by procedures that strictly regulate the profession, shared housing (private housing) raises questions about the limits of the lack of rules and formalised procedures for the teams working there. The need for a framework to provide security for the professionals without hindering the residents' freedom became apparent from the outset. We felt that working in autonomous teams was particularly well-suited to meeting this need. This arrangement allows the professionals to take on a great deal of initiative while providing a supportive framework.

The house coordinator¹ creates the proper conditions for this team life and encourages self-organisation through genuine dialogue. This includes verbalising feelings and emotions, formulating precise demands on one another, working together based on the residents' shared wishes, and so on. 'Every month, we meet for a team meeting. We ask the caregivers to be with their loved ones, which gives us a couple of hours of peace of mind to discuss different aspects of everyday life in the home. We start with a personal weather forecast, where each of us expresses their current state of mind', Victor, a coordinator of a shared home, explains.

This working method eventually permeates our professional practices, favouring non-judgement and the proper distance from our vulnerability and the vulnerability of the people we work with.

This congruence is essential in the professionals' day-to-day work. It must be reflected in their supporting management: 'The professionals, who show concern for the residents, also need to be shown kindness, consideration, and recognition.'² This spirit of solidarity and support for the professionals creates a trusting environment and a desire to perpetuate the same principles toward one another.

Rethinking living spaces and organisational methods: A lever for unlocking agency and encouraging care ethics

To conclude, living in shared accommodation, owing to the intimate nature of the environment, challenges the professionals who work there to coordinate their work within a co-constructed framework. When combined with self-organisation methods and support for dialogue, robust professional postures emerge and are developed as a team. They facilitate a more serene approach to ethical issues.

What's more, in the last two years, we've been observing how the reflexes acquired in this context confirm the mechanisms of care ethics:

- Valuing the relationship and considering it when making decisions;
- Awareness of one another's responsibilities and putting them in their proper place;
- Becoming vulnerable to other people's vulnerabilities by being attentive to the emotions and feelings the situation triggers.

In a shared living environment with a small group of people, these dimensions are more readily developed, making it easier to integrate them alongside other considerations such as health or human rights. ■

¹ Feature formalised as part of the "Aide à la vie partagé" scheme, funded by the département.

² F. Gzil, "Pendant la pandémie et après. Quelle éthique dans les établissements accueillant des citoyens âgés ?" Repères et ressources en éthique, Espace de réflexion éthique d'Île-de-France, 2021, p. 67.

An exceptional situation: Preserving the ethical meaning of care in a time of pandemic¹

Muriel Torres

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Applying public health regulations with good judgement

The sudden onset of COVID-19 created an unprecedented situation: a lack of medical knowledge about the disease and its treatment, as well as a lack of resources and preparedness in society and the benevolence system in particular.

In this exceptional context, the duty of the State and our healthcare institutions is to protect the entire population, especially the most vulnerable: residents of nursing homes and patients in health facilities. The public authorities requested that organisational methods be implemented per the framework of recommendations set out in quality procedures.

Site managers received injunctions from the ARS and the Group's quality departments. Government departments, federations and quality departments were quick to set to work to produce organisational guides and safety procedures.

These injunctions were mandatory to ensure compliance, as the director was on the front lines during a critical health crisis caused by an unprecedented, virulent virus. The priority was to safeguard patients, residents, and staff against the alarming mortality risks predicted during the initial phase of the outbreak.

During the lockdown period alone, we received 70 procedures, some of which went as far as version 6, from our quality department, and sometimes several on the same day. What role did teams have in assessing their relevance to the unique nature of organisations? How do you make decisions when you don't know what's at stake? How can we discuss new areas over which we have no control and whose developments we witness daily?

We needed to make sense of the organisational measures we had to implement.

When, after the pandemic, we provided feedback at regional meetings, some directors expressed their suffering and that of their teams, who had had to implement imposed organisational methods that had proved deleterious. They felt that these injunctions instrumentalised them and were, therefore, abusive.

A similar sentiment is echoed in the studies carried out among patients. While they considered the collective constraints acceptable regarding the need for solidarity, they nevertheless felt that a restrictive framework was necessary. They also felt that human relations should be preserved in an environment that respects the rules of transparency and fairness in communication².



Working together to understand, adapt and rule on our organisational methods

Looking back on the lockdown period with the teams from the Pont du Gard clinic, a different perception of the situation emerged.

It is interesting to consider the factors that helped professionals get through this crisis without losing their sense of purpose. Throughout the crisis, the medical, care and general management teams worked with total concern for transparency towards patients, their families, and employees. Similarly, they consistently reflected on the proportionality of decision-making, scrutinizing the issues of quality and risk management based on ethical considerations. These times of dialogue contributed to the emergence of shared ethical skills.

We decided to work together to understand, adapt and rule on our organisational methods. As a result, we held daily meetings with all staff to discuss the day's measures once the management staff had been briefed. For each decision,

we provided feedback to patients to explain, share and sometimes reconsider our choices. Drawing on everyone's ethical intelligence helped to make sense of the implemented measures, reach a consensus and ensure that everyone felt heard and respected so that they could work confidently and safely.

We were tasked with setting up a patient zoning system to ensure patient safety. This system separated patients into different areas according to a specific classification system. The admission zone involved a 15-day room confinement, a separate zone for contaminated patients and contact cases, and another zone for individuals at risk of severe illness. Consequently, we had to move all the patients. Moving vulnerable, fragile patients quickly and suddenly from one room to another proved difficult. Particularly for psychiatric patients who express the need for bearings and stability. In addition, the impossibility of partitioning off secure areas to prevent the spread of the virus led to a loss of confidence and purpose within the teams. The feasibility and relevance of such an organisation came up against the architectural constraints of some of our facilities. ...

¹ The ethics department of *emeis* published a document entitled "Protection de la personne en situation de crise sanitaire. Indicateur éthique (2)", juillet 2024.

² M. Spanzi et coll., "D'une 'éthique d'exception' à une éthique de la santé publique. Patients et proches face à la Covid-19. Éthique et santé publique en temps de Covid-19", Santé publique, no. 36, 2024, p. 97-108.

Ethics is a reflection on the values that guide and motivate our actions. It concerns our relationships with others.

... **Making sense of our actions and keeping it that way**

Psychiatric care is based on interaction between the carer and the patient, on therapeutic interviews and workshops, and not only on technical skills. We felt it was essential to protect the relationship and social interaction.

We used quality procedures as a methodological guide, whether for authorising patients to leave during lockdown, authorising visits, organising activities or managing human resources. **Ethical awareness allowed us to keep our wits about us and make decisions with a clear conscience and a sense of responsibility in our patients' best interests.**

Under these circumstances, the ability of the Pont du Gard clinic's professionals to make sense of their actions was a key factor in the clinic's collective ethics. Care is an essential form of responsibility toward others. It becomes an ethical act, a way of behaving toward others.³

Ethics is a reflection on the values that guide and motivate our actions. It concerns our relationships with others. This approach can be taken at two levels. Broadly speaking, ethical reflection concerns conceptions of the good, the just and human fulfilment. Regarding care, ethics provides a methodological framework to structure the debate.

According to WHO, quality of care means 'providing each patient with the right mix of diagnostic and therapeutic procedures to ensure the best possible health outcome, consistent with the current state of medical

science, at the lowest cost for the same result, with the least iatrogenic risk, and with the greatest satisfaction in terms of procedures and human contacts within the health care system'.

Therefore, the quality approach aims to deliver care that will ensure the best result with the least risk, in accordance with the current state of science. The lesson drawn from these considerations is that the lack of evidence in the early stages of the pandemic may have made it challenging to implement a quality approach. In fact, a quality standard or procedure implies a reference framework. Therefore, quality of care has a structuring purpose: it ensures that processes are under control through procedures, controls, and assessments. It is an aid and support for organisation and decision-making.

Lastly, quality seeks to achieve patient satisfaction by integrating the challenges of appropriate practices and their relational quality, respecting the patient's autonomy and position in the arbitration of decisions, and considering the patient's well-being.

While the efficiency of the quality approach is now an integral part of our professional practices in routine situations, what about its transposition in the context of degraded practices, such as in health crises? Do we have appropriate analytical tools to anticipate exceptional circumstances?

Ethical reflection should allow us to contribute to essential consultations to arbitrate our choices in situations where public health priorities and administrative injunctions could conflict with the values that guide our care practices. ■

³ P. Svandra, "Un regard sur le soin", Recherche en soins infirmiers, no. 95, 2008, p. 6-13.





ETHICAL APPROACH: INITIATIVES



The eDEK Ethics Committee (Germany)

Anja Dekant

Medical Director and Quality Manager Germany, member of the Ethics Advisory Board, *emeis*



Creation of the eDEK Ethics Committee

The Ethics Committee of *emeis* Germany, *emeis* Deutschland Ethik-Komitee (eDEK), was officially established on 1 December 2021 to implement the Corporate Social Responsibility Guidelines and Code of Conduct of the *emeis* Group.

A founding document and internal rules were drawn up. Its members form a multi-professional team from different specialities—medicine, care, psychology, rehabilitation—and all sectors of the company: care facilities and inpatient and outpatient rehabilitation. They must also show an interest in ethical issues.

As part of their work for the committee, members do not receive instructions and are bound by confidentiality. The Ethics Committee meets on an ad hoc basis and at least twice a year. The Country Medical Director chairs the eDEK and presides over the committee's meetings. He is represented by the Vice-Chairman.

It is not uncommon for the committee to make complex and ethically tricky decisions, for example, regarding end-of-life matters, but also everyday situations. Thematic highlights may concern the following issues:

- Addressing situations linked to dementia;
- Palliative medicine and palliative care (end-of-life matters);
- Serious incidents reported internally;
- Respect for the rights and requirements of patients, residents, their families and the staff;
- Respectful treatment of patients; residents, relatives and staff.

Other ethical issues are also addressed.

Our approach to ethics

eDEK follows and works with the Nimwegener method, which considers multiple aspects of ethical issues: medical, nursing, psychosocial, religious, organisational, legal and ethical principles. In this respect, **eDEK can produce recommendations for guidelines or instructions on behaviour that favour an ethically appropriate approach to the issues.** This helps to initiate projects to find individual solutions in our care facilities.

eDEK's opinions are purely advisory and informative.

eDEK is available to all staff, patients, residents, families, and (external) doctors working in care facilities.

Access is granted through the ethics officer appointed by the facility or, failing that, by e-mail (edek@emeis.de).

The ethics officer is an employee of the facility interested in ethics, usually a nurse who follows ethics training courses. Their tasks are specified by an addendum to their job description or in a supplementary contract. As of late 2023, each facility had its ethics officer.

A brief note: The group's ethics committee in Germany deals with fundamental issues that go beyond the usual challenges and disagreements in interpersonal relations. In their relationships with the people entrusted to their care, caregivers are not immune, despite their professionalism, to feelings such as sympathy, antipathy, joy, anger, incomprehension, etc. If these feelings have a decisive influence on their work, for example, they could also jeopardise ethical principles.

The topics covered by eDEK to date have been placebo prescribing, violence against care, self-determination in dying and the palliative care management process.

At the end of the year, the eDEK delivers an annual report to the Board mentioning, among other things, the number of meetings held, the ethical issues handled and the recommendations drawn up. ■



NEWS ON ETHICAL REFLECTION



ChatGPT, ethics, quality and responsibility¹

Laurent Serris

Corporate Quality Manager, member of the Ethics Steering Committee, *emeis*

Our personal ethics are sometimes challenged by the tools available to us and our drive for efficiency. In our professional lives, we adopt practices, methods and procedures that help us perform more efficiently. The example of managing serious adverse events is particularly illustrative in this respect.



Ethics plays a crucial role in handling serious adverse events in nursing homes. It is the moral foundation on which the quality of the care provided to residents rests. These facilities are responsible for the well-being and safety of older citizens, and each delicate situation requires an ethical approach to ensure respectful and accountable care. We will explore the importance of ethics in situations involving residents who suffer falls and are hospitalised in nursing homes through two illustrative case studies.

When a resident falls in a nursing home, ethics demand that we provide a comprehensive and respectful response. Implementing rigorous preventive measures, such as adjusting the living environment and careful monitoring, is imperative to minimise the risk of falls. In the event of a fall, ethics guide transparent communication with the resident's family and the resident. Professionals must guarantee appropriate post-fall care while preserving the resident's dignity. This includes a careful review of the care plan, adjustments to daily assistance and open communication about potential changes in the resident's health or mobility.

Ethics play a fundamental role when hospitalisation becomes necessary. Transparent communication with the family and the resident is imperative. It will allow all parties to understand the need for hospitalisation and its implications. Ethics guide effective coordination between the medical staff and the nursing home during the hospital stay to ensure continuity of care and a smooth return. Any decisions made must take account of the resident's wishes and overall state of health. Ethics also require careful monitoring after a patient returns to the nursing home and appropriate adjustments in the care plan to promote recovery and well-being.

Ethical handling of serious adverse events in nursing homes is essential to ensure residents' safety, dignity and well-being. Observing practical cases of falls and hospitalisations shows that ethics goes beyond protocols and regulations; it involves in-depth reflection on moral responsibility towards the elderly. Nursing home professionals are responsible for creating an environment where old age is lived with dignity, respect and compassion, even in the face of the most difficult challenges.'

Should efficiency guide our daily lives?

The four preceding paragraphs, which I fully endorse, explain the links between ethics and the processes for managing undesirable events in nursing homes. They were not written directly by a quality expert, nor by the French

National Authority for Health (HAS), nor by me, but by ChatGPT², in less than half a second...

Of course, this text can be improved: the level of reflection required in a magazine like *Ethics with You and for You* is a different requirement altogether. Yet, this type of robot will undoubtedly revolutionise our daily lives by freeing us from time-consuming drafting and summarising tasks that seldom have added value. Producing these documents would be a waste of time when a tool does it more quickly, rigorously, and with fewer errors. This should not absolve us from the need to be cautious, as there is a risk of losing the capacity for human vigilance or even competence.

Quality tools are the foundation of our efficiency

Quality tools serve the same purpose as digital devices, enabling us to call on expertise. Protocols and their assessments must help us control our practices, detecting and correcting variations attributable to systemic or human error and, therefore, avoidable. Implementing these processes is essential as we are responsible for following the expected good practices that allow us to guarantee operational control. These approaches are no longer debatable; they are validated and established in all the regulations of the countries where we operate.

However, it can be challenging to apply these procedures to the personalised care and support provided by *emeis* teams. Unlike the production of manufactured objects, which are defined by specifications and are strictly measurable, our activity involves more than mere compliance. While disregarding quality tools would be a mistake, using only quality tools would be just as bad. **Thinking that our know-how and empathy are the only things that ensure we provide the best possible support to our residents, patients, beneficiaries, and their families can only lead to approximations, mistakes and a lack of professionalism. Quality tools become the foundation of efficient work when used with good judgment.**

Using quality tools, emphasizing ethics and human values to ensure that our assistance keeps its promises

The use of ChatGPT is not morally reprehensible: it meets a requirement for efficiency and clarity based on impressive expertise, as it mobilises colossal documentation. I fulfil my mission when I use this artificial intelligence to make the right (or even the best) arguments. It also allows us to make more time for relationships and give our professional practice more meaning. Conversely, one might consider that, in some way, my approach to my responsibilities in good conscience departs from the implicit commitment expected of me in terms of authenticity or even human truth. Indeed, I'm leaning on a third party not as part of a collegial deliberation but in an abstractly technological way.

The use of quality tools should free us from the constraints of providing care per regulations and standards. Quality management, through procedure monitoring and proof of achievement through evaluations, protects us from strictly prescriptive injunctions. It means we are freer to be present in a role that demands our human availability.

We need to develop professional practices that consider quality management and involve everyone—including professionals who are far removed from the field—so that the lives of residents, patients, beneficiaries, and their families are addressed as a shared priority when we perform our duties.

Ethical approaches encourage us to reflect on our values, principles and actions concerning the dignity, autonomy and vulnerability of the person seeking our care. The same attention applies to processes for managing adverse events so that residents experience 'old age [...] with dignity, respect and compassion, even in the face of the most difficult challenges', according to ChatGPT's analysis.

However, we must move beyond this reflection and embody this humane approach and our promise to support the most vulnerable on the field. ChatGPT finds its limits where our human and professional responsibilities must be met responsibly. ■

¹ Article written with the help of OpenAI. (2023). GPT-3.5 "ChatGPT. Un modèle de langage pour la génération de texte": (<https://www.openai.com/ accessed on 14 December 2023>).

² For Chat Generative Pre-trained Transformer, a prototype conversational agent using artificial intelligence, developed by OpenAI and specialising in dialogue.



New prospects for artificial intelligence in patient management tools

Loïc Di Benedetto

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In the French medical-social landscape, artificial intelligence (AI) is emerging and extending the field of possibilities, redefining both care practices and essential interactions between patients and caregivers. At the heart of this transformation are technical innovations designed to improve the personalisation of care and the overall management of patients.

Personalised care

AI offers unprecedented healthcare personalisation, helping healthcare professionals tailor treatments to each patient's needs. AI algorithms analyse medical data and patient histories to identify the best treatment options, minimising side effects and maximising treatment effectiveness.

Computerised records will incorporate modular tools powered by AI algorithms: multimodal prescriptions will be analysed in real time and compared with the scientific literature and the latest recommendations from learned societies.

These new interactions between the patient's condition and the state of the art in medicine will offer new therapeutic options and secure existing protocols.

Existing AI systems can predict responses to specific treatments by analysing the patient's history, laboratory results and clinical data. **This personalised medicine approach allows for the delivery of therapies to improve clinical outcomes and strengthen the trust between patients and their healthcare team.**

Augmented assistance for care professionals

Nowadays, AI systems can analyse patient data in real time to detect warning signs of clinical conditions and enable care professionals to step in if necessary. This ability to anticipate potential problems enables medical teams to intervene quickly, reducing patient risks and improving clinical outcomes.

The *emeis* group has made strides in this area, particularly through the use of sound analysis technologies. Their AI model can detect and interpret various signals, including respiratory distress, falls, and sleep apnea.

In addition to the healthcare team's new 'augmented listening' capacity, these models will offer forward-looking analyses to anticipate certain behaviours and open new perspectives for the medical prevention approach.



Moreover, AI tools can facilitate care documentation, reducing the administrative burden on care professionals, who can devote more time to direct patient interaction.

By automating routine tasks such as typing transmissions or referral letters, voice recognition systems combined with AI are already freeing up precious time for care professionals.

It is this resource, time, that we give back to our patients so that we can apply ourselves to our most noble work: caring for people.

Prospects and research

Integrating AI into healthcare facilities' analysis of care data will represent a significant advance in the medical field.

By exploiting these vast datasets, AI can provide valuable information and new perspectives on improving healthcare. Its algorithms can identify trends, predict results, and even help make more accurate diagnoses.

This advance corresponds to a paradigm shift in the use of data currently managed by advanced business intelligence (BI) systems. These systems will no longer be satisfied with providing qualitative and quantitative

analyses but will be able to deliver forward-looking models customised by patient type and treatment.

Prospects and challenges

AI will transform all our organisations: the *emeis* group must support this change and meet the associated challenges.

The first challenge is guaranteeing the confidentiality and security of patient data. These issues raise several questions, particularly about informed consent to data use and the right to privacy protection.

We must also invest in training. These are disruptive technologies: imperfectly integrated progress can be a source of misunderstanding and injustice. Education efforts must involve both healthcare teams and patients.

Most importantly, we need to continue to think collectively about the goals we want to achieve with AI so that we can adjust in the light of our knowledge and find the best balance between machine assistance and humane care. ■



NEWS FROM THE ETHICS DEPARTMENT

The *emeis* ethical approach: Serving the individual, the values of care and support

Emmanuel Hirsch

Ethics Vice-President, *emeis*

Committed ethics

A few principles for action

Our ethical approach is part of the *emeis* rebuilding process. It draws on experience and expertise in the field and is committed to involving all professionals and stakeholders in building a virtuous model.

Ethical management, team relations and collaborative working practices contribute to dignified and competent practices.

Our aim is to personalise the care and support we provide. Our professional practices respect the fundamental rights, integrity, values and choices of individuals. In vulnerable situations, we focus even more on the person's specific needs and the expectations of their family and loved ones.

Recognition of the expertise of the people under our care and dialogue with stakeholders bear witness to our concern for others and our spirit of openness.

In its rightful place, our approach contributes to debate, innovation and social change.

Organisation

The Ethics Steering Committee (ESC)

As the Group's ethical guidance body, the ESC's role is to set the guidelines for our ethical approach, support its implementation and assess its relevance, consistency and effectiveness in the light of *emeis* commitments.

The international ESC is currently being set up.

The Board

As the ESC's governing body, the Board brings together the skills of representatives of *emeis*'s missions in France and abroad.

The National College

Following a call for applications and direct exchanges, people from civil society, sometimes residents of our facilities or their relatives, sought to contribute to the group's ethical approach, along with *emeis* professionals.

Ethical consultation body in complex situations

While governance, anticipation, monitoring, and vigilance systems must enable appropriate decisions and support, specific, exceptional, or complex situations may require consultation with an ethical analysis body.

Participating in *emeis*'s
ethical approach

Find out more
ethique.direction@emeis.com

This body can mobilise expertise for consultation, analysis, feedback, and proposals at the request of general management, the medical department, or a regional department, in consultation with the Ethics, Hospitality, and Benevolence Embassy, or at its own request.

Research Ethics Monitoring Committee

When a research protocol is submitted to the *emeis* International Multidisciplinary Scientific Advisory Board, the Research Ethics Monitoring Committee then issues an opinion on the proposed biomedical, human, and social sciences studies.

Field and territories ethics

The Ethics, Hospitality and Benevolence Embassy

The embassy's Ethics, hospitality and benevolence ambassador is the ESC's regional delegate. He informs *emeis*'s ethical governance through the expertise drawn from its commitments and experience in the regions. He also contributes to the group's strategy by developing networks that are as close as possible to grassroots practices and obligations.

The embassies set up a regional guidance office.

Regional ethics workshops

The embassy in each region organises them on the initiative of the Ethics Department. The workshops bring together ethics and good-treatment referents, ethics bodies coordinators and ambassadors. These meetings allow professionals to participate in ongoing training, update their knowledge and meet the regional ethical network.

Regional ethics meetings

Initiated by the embassies or professionals, these themed meetings bring together professionals, families, friends and residents. Mornings are devoted to defining the framework for the chosen theme, while afternoons are devoted to rich debate based on clinical situations that the professionals prepare in advance.

Webinar 'Les experts de l'éthique, c'est vous...' (You are the ethics experts)

This monthly webinar invites regional embassies to participate in a team discussion about a situation that presented them with an ethical dilemma. A discussion is held following the presentation to develop the arguments, drawing on both expertise and experience.

Local ethics bodies

emeis boasts a wide range of local ethics bodies. Recently, a mapping exercise was carried out in France and supplemented from an international perspective.

Jointly evaluating their activities helps to identify these bodies' contributions to a shared culture of hospitality, good treatment, and skills that are applied to both institutions and homecare services.

Drawing on the expertise and experience representative of life in our facilities or our homecare services, these ethics bodies have a mission to be stakeholders in the *emeis* ethical approach: they guide it through their local expertise in interaction with their environment.

Local ethical approach circle

This circle brings together people who are involved in the facility's bodies or departments to stimulate ethical reflection, consultation, monitoring and vigilance. It contributes to the development of the missions assigned to local ethical bodies.

Circle of ethics and good treatment advisors

Ethics and good-treatment advisors are responsible for keeping a watchful eye on our facilities and raising awareness among our teams of the importance of a caring approach that respects the shared values of our residents, their families and the professionals who work with them.

Sharing know-how, knowledge and expertise

Training strategy

Provide diversified, up-to-date training courses that are accessible to all and useful for everyday practice.

Promote the development and dissemination of an ethical culture in institutions and homecare services: good judgment and dialogue in the service of the values of care and assistance.

Working together to build courses for ethics certification (advisors, coordinators of bodies, ambassadors, etc.). ■



The rights of older citizens: Fulfilling the promise of the Universal Declaration of Human Rights



On October 1st, 2023, the United Nations dedicated the International Day of Older Persons to a commitment: 'Fulfilling the promise of the Universal Declaration of Human Rights'.

The *emeis* ethics department supports this approach by publishing the following resolution: 'The rights of older persons. Fulfilling the promise of the Universal Declaration of Human Rights'.

In his Nobel Peace Prize speech on 11 December 1968, René Cassin described the Universal Declaration of Human Rights as 'The first ethical manifesto that organised humanity has ever adopted'.

The principles set out in the Universal Declaration of Human Rights are essential points of reference for an ethical approach that recognises the effectiveness of human rights. We need to consider them, bring them to life, and, if necessary, defend them every day.

Unconditional respect for the values of integrity, dignity, justice, and loyalty, as well as attention to the essential choices of older persons, bind us personally when exercising our assistance and care duties in a democratic society.

The professionals working in our services, both in homecare and our facilities (mental health and rehabilitation clinics, nursing homes), are mobilised to implement the principles of action inspired by the ethics of human rights, involving the people under our care and their families, stakeholders and associations.

They wished to proclaim this ethical resolution on World Human Rights Day on 10 December 2023.

Principles

We recommend:

- 1. Recognising and respecting people's identity,** values, privacy, intimacy, spirituality, convictions, preferences, attachments and wishes.
- 2. Recognising and respecting people in their uniqueness,** culture, traditions, representations, relational and emotional life choices, intentions and projects.
- 3. Recognising and respecting the person's authority,** position and social experience, expertise, knowledge, decision-making abilities, and right to benefit from information concerning them and to determine, with them, the conditions for sharing such information with third parties.
- 4. Recognising and respecting the individual as a citizen,** as a member of society and as a contributor to the life of the nation. Ensuring access to the rights, solidarity and assistance from which they may benefit.
- 5. Recognising and respecting the person's position within the facility they have chosen to live in or in the context of a service in their own home,** taking into account their experience and expertise in consultation and arbitration of decisions in the general interest.
- 6. Recognising and respecting people as they move through life, in institutions or at home,** accessing the facilities they need for independence and self-determination in a context that respects their values, preferences and needs, and benefiting from appropriate skills in a spirit of goodwill and justice.
- 7. Recognising and respecting people in vulnerable situations regarding their autonomy, including restricted autonomy,** and their right to benefit from an environment conducive to expressing, developing and maintaining their abilities and aptitudes. It is essential to work with the person and, if necessary, their relatives to define the support needed to compensate for the impairments that limit their scope for initiative and enable them to pursue their aspirations for a dignified and integrated social life.
- 8. Recognising and respecting the specific needs of people who are unable to exercise discernment and** critical judgement and their right to benefit from an environment designed to prevent any avoidable risk through a concerted protection system that is proportionate to safeguarding their direct interests, assessed from the point of view of its method, use and consequences.
- 9. Recognising and respecting the rights and needs of the person's family and relatives and encouraging them to** foster ongoing relationships in an environment that is attentive to their presence and support.
- 10. Recognising and respecting the rights of professionals and members of associations and** fostering appropriate working conditions in a competent and caring environment that respects everyone's position, including that of family and loved ones. Particular attention must be paid to the working conditions of professionals in sometimes complex situations, which require skills, availability, and assistance commensurate with the individual's needs and expectations.
- 11. Preventing and prohibiting inhumane or degrading behaviour,** any act of direct or indirect abuse, even unintentional, discrimination, injustice or negligence, by upholding shared values of commitment, a monitoring and vigilance approach, effective risk anticipation, awareness-raising and training measures as part of concerted and evaluated approaches, and regular evaluation of the ethics of practices as part of dedicated discussion sessions involving all the expertise concerned. ■



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