

Adventist Bioethics

CONSORTIUM

9th Annual ABC Conference **May 12-13, 2025** **Andrews University**

The phrase “No Margin, No Mission” is often attributed to Sister Irene Kraus, a visionary leader who served as the CEO of the Daughters of Charity National Health System. Her leadership, grounded in fiscal responsibility, enabled her health system to thrive while remaining true to its faith-based mission. Today, this phrase acknowledges the tension between service and sustainability, particularly when financial decisions need to be justified. Taken at face value, it can suggest that mission is secondary to margin. This raises the critical question of how faith-based healthcare institutions can remain faithful to the healing ministry of Jesus Christ while managing challenging financial constraints. Must faith-based healthcare systems drift from their core missions to stay sustainable?

Jesus’s rebuke of Peter in the Gospel of Matthew inspires this conference’s theme. In Matthew 16:21-28, Jesus predicted his death and admonished Peter for focusing on earthly concerns instead of divine purposes. He then invited his followers to take up their cross, challenging them to prioritize self-sacrifice and eternal values over self-preservation and material gain. The stark dichotomy between what is divine and earthly challenged Jesus’s disciples to examine whether their priorities aligned with his. In our present time, Jesus calls us as individuals and organizations to do the same. How should we characterize the division between divine and earthly priorities? For faith-based healthcare organizations, this reflection must extend beyond institutional finances to our broader mission of serving the vulnerable.

The word “margin” has another meaning. It can refer to places and people negatively impacted by health disparities and social inequality. Reframed in this way, margin alludes to their experiences of being excluded from the resources and conditions needed to thrive—suffering poor health due to lack of access to healthcare, essential services, or the environmental factors necessary for flourishing. This perspective compels Adventist healthcare organizations to ask: How can we attend to the needs of those on the margins without compromising institutional sustainability?

Addressing this question requires confronting ethical dilemmas at multiple levels of healthcare:

- First, healthcare institutions face significant pressure to meet financial targets, which can lead to prioritizing lucrative services over essential but less profitable services, like primary care or mental health. Cost-efficiency measures can result in understaffed facilities and overburdened workers, compromising the quality of care and eroding provider-patient relationships.
- Second, clinicians must regularly navigate the challenges of over-treatment and under-treatment. Patients’ health may be compromised when clinicians feel constrained from offering specific treatments without first obtaining non-clinical approval. Patients’ autonomy may be undermined when healthcare recommendations are tailored to adhere to financially beneficial institutional guidelines rather than the patient’s best interests or preferences. Financial metrics can overshadow holistic outcomes, such as improving quality of life or addressing social determinants of health.

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- Third, healthcare professionals face growing moral distress as they grapple with institutional pressures to reduce costs or generate revenue, often at odds with their ethical obligations to patients. These pressures contribute to burnout, emotional exhaustion, and high turnover rates, further straining the system, jeopardizing the quality of care, and undermining patient trust.

The 9th Annual Adventist Bioethics Consortium Conference theme, Know Mission, Know Margin, encourages the exploration of these issues and more. The Adventist Bioethics Consortium invites ethicists, healthcare professionals, administrators, scholars, chaplains, pastors, and others passionate about faith-based healthcare to examine the intersection of mission and both senses of the word “margin.” Together, we will reflect on how an expanded understanding of *mission* can reshape our perception of *margin* and help us attend to ethical challenges across organizational, clinical, and professional levels. Join us as we engage in this critical dialogue to ensure that our institutions remain steadfast in their sacred calling to serve the marginalized and uphold the dignity of every patient.