

## Q2 Please enter any comments you want to make.

The Faculty Association should avoid taking a position concerning the affiliation.

| #  | RESPONSES  | DATE               |
|----|--|--------------------|
| 1  | This is a business decision between Dignity Health and UCSF Medical Center. I doubt the faculty have information to make an informed recommendation. The matter seems inappropriate for the faculty senate but more suitable for a specialized group of faculty who actually have a clinical practice. There is an apparent paucity of hospital beds in SF. This has been exacerbated by the construction of Sutter Health's new hospital on Van Ness, which has fewer beds than the CPMC Pacific Campus hospital that will shut down by 2020. Assuming this information is correct, it stands to reason that giving UCSF physicians access to Dignity Health Hospitals could increase the number of patients that receive care, as claimed by UCSF health center. It should be pointed out both UCSF Medical Center and Dignity Health have a mission for the underserved: both are leading providers of MediCal care. I am pro-choice and an ally of the LGBTQ community but can't stomach the homelessness problem and the humanitarian crisis at the border that is affecting our state. The bottom line is utilitarian. If nothing is done, Dignity Health will continue with its policies. This is also true if the affiliation is made, but more people will receive health care. | 5/20/2019 10:30 AM |
| 2  | I am here to care for patients. I prefer not to take sides regarding a business negotiation. Regardless of the outcome, I will continue to provide the same care for my patients.  | 5/20/2019 10:00 AM |
| 3  | I think we need more information. On one hand, UC needs to expand its footprint to remain relevant and competitive from a business standpoint and we need training positions for our trainees. Having a community network provides valuable learning opportunity and a way to reach the community that remaining isolated in SF does not. On the other hand, it is important that patients, staff, and faculty are able to execute UCSF's PRIDE values and provide comprehensive care across the life spectrum and all agreements ought to honor that. It will be helpful to know how UCSF's values might be upheld, what processes might exist if a patient sought a service that Dignity Health as a Catholic organization did not provide.  | 5/16/2019 9:16 PM  |
| 4  | Prefer to have the faculty association make a statement that this association does not mean the faculty agree with Catholic values limiting certain services; the faculty continue to support the standards of UCSF and the University of California to offer all services at the UCSF Health System hospitals and clinics.  | 5/16/2019 6:24 PM  |
| 5  | It is not clear that this is a good idea. But, taking a public position can only be hurtful.   | 5/15/2019 11:50 PM |
| 6  | I believe that both arguments for and against are valid but neither are strong enough to make a concrete decision. There are many other factors that will go into this decision that would take precedence.  | 5/15/2019 11:43 PM |
| 7  | I do want to believe the assurances provided about the nature of the partnership, but the public perception appears to be almost toxic. I worry about adding our names to it. I think we should ask for detailed evidence...and possibly a trial program...prior to offering our approval. I think that hundreds of thousands of Dignity patients will be helped by having greater access to us, and that contributes to our mission. However, our reputation should be improved by such partnerships, not harmed. We need to be unparalleled in our support for reproductive rights, LGBTQ services, and secular approaches to care.  | 5/15/2019 8:49 PM  |
| 8  | This does not affect me professionally. However I am aware of clinical colleagues who are affected by this. In that event, my no vote would be in support of their professional opinion. But I think the University should be listening to those affected Faculty, not me. So I indicate the Faculty Association should provide the opinion to listen to them.   | 5/15/2019 7:25 PM  |
| 9  | None   | 5/15/2019 4:27 PM  |
| 10 | I have mixed feelings about this and can see the arguments on both sides. I think broadening access to UCSF-level care is always beneficial, but do not think we should be limited in the care we can provide at any site where we work or educate trainees.   | 5/15/2019 4:14 PM  |
| 11 | What if teaching was taken off the table and patients not getting needed services could be facilitated in transfer to UCSF clinics? Then all need could be met   | 5/15/2019 4:00 PM  |
| 12 | Ensure all patients' abilities to make their own decisions about care  | 5/15/2019 2:25 PM  |

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| 13 | I want more reassurance that patient care, education and clinical judgment will not be restricted in any way. We should not compromise any of these things or our values for money.   | 5/15/2019 2:13 PM |
| 14 | Dignity is a mismanaged, money losing operation. St Francis has a very high proportion of indigent patients. Ancient protective employment contracts insure that incompetent employees remain on the job. It's a rats nest. Only in this Bay area where territorial and market share concerns around Sutter/Stanford/Kaiser are prominent, does this affiliation make any sense. It should've done only if the Dignity culture can be effectively replaced by UCSF              | 5/15/2019 2:13 PM |
| 15 | I am in favor of the association  | 5/15/2019 2:09 PM |
| 16 | I personally support the affiliation, but feel that the faculty association should not take a position on this issue.   | 5/15/2019 1:43 PM |
| 17 | This is an extraordinarily difficult decision. It is important that we affirm our principles regarding the rights of transgender patients and importance of treating all patients with respect and dignity. However, service to patients from minority communities served by Dignity Health and those with poor access to care deserve medical care that should be a pre-eminent principle.   | 5/15/2019 1:42 PM |
| 18 | There are both pros and cons to the affiliation, making a neutral position for the Faculty association make sense to me.  | 5/15/2019 1:41 PM |
| 19 | As I understand it this is a UCSFH-Dignity joint venture type of affiliation to increase needed capacity as we compete with Sutter, CPMC, Kaiser etc. - not ownership, not merged med staffs, etc. It is iffy re the initial, emotional 'sniff test' but when one understands the nuances it's much less 'smelly' :)  | 5/15/2019 1:28 PM |
| 20 | The Faculty Association should probably remain neutral, because there are strong enough arguments to support either side. But it was annoying to read the editorial by David Teitel in the Chronicle supporting the affiliation, without to my knowledge, a vote of the full UCSF Academic Senate in favor of his position. Why was the vote supporting in position undertaken by only the "Executive Council"? The performance of the UCSF Academic Senate leaves a bad smell. | 5/11/2019 2:18 PM |
| 21 | I think there are good arguments on both sides. Devil is in details and I would want to see them before making an opinion. I strongly oppose making their positions on implementation of the end of life option act an issue parallel to gender and reproductive health. Lethal prescriptions are not medical care, nor should we be pressuring anyone or any organization to participate. That, in fact is illegal.  | 5/8/2019 5:40 PM  |
| 22 | I can honestly and sincerely see both sides of this issue. I would say, that if we do proceed, the learning opportunities to show how systems differ based on religion vs. science and the resulting impact on patients should be a core part of curriculum for anyone rotating through. For patients, the access vs women's health access issue is a hard choice. Philosophically I am completely against the affiliation, but pragmatically I can see the benefits.           | 5/8/2019 10:24 AM |
| 23 | I prefer no association. This is a catholic organization and not a representative of all religions groups.  | 5/7/2019 9:33 PM  |
| 24 | This issue requires more discussion and debate. Thus I refrained from voting yes or no. I am also distressed that the sensitivity of this issue was not identified earlier -- before the agreements were started.   | 5/7/2019 5:55 PM  |
| 25 | I support the affiliation but opinions are strong and emotional on both sides. The FA should abstain as there are good arguments on both sides and the FA's position is not going to be a major determinant of what will actually happen.   | 5/7/2019 5:23 PM  |
| 26 | Both positions arguing and arguing against this issue have merit. At this time the Faculty Association should take a neutral stance concerning this affiliation.  | 5/7/2019 5:23 PM  |
| 27 | I think there are good arguments on both sides.   | 5/7/2019 5:06 PM  |
| 28 | Dignity has one of the better records on indigent care. I would support a statement after the affiliation deploring their stance on women's health services.  | 5/7/2019 4:56 PM  |
| 29 | No matter what efforts are made on our part, patients and the public (and many medical providers) will be confused and will think we are endorsing some of their principles (i.e. it's fine to impose your own personal religious beliefs on the health care of other people).  | 5/7/2019 4:49 PM  |