

Preface

EVOLUTION IS A progression of interrelated phenomena. Society is continuously evolving, and as an institution of society, healthcare is evolving as well. Thoughtful men and women have studied this evolution and helped develop rules of conduct for each new paradigm. Our sense of morality also changes, and the old rules of moral behavior do not always apply. On a fundamental level, people need and want guidance and standards to help them “do the right thing.”

Nowhere is this evolution more evident than in the complex field of healthcare management. Healthcare as a microcosm of society reacts and responds to societal events. Continual advances in technology, changes in healthcare financing, increasing consumer needs and expectations, the proliferation of socioeconomically induced health problems, ever-expanding public scrutiny and litigation, and the debate over healthcare reform all contribute to the significant complexity of healthcare. The decision-making process in healthcare management has become more complicated, and healthcare executives may sometimes waver in their confidence that they are making ethically responsible decisions.

Amid this turmoil of constant change, healthcare executives frequently find themselves in uncharted waters where the ethical “rules” may be unclear. Real-life ethical dilemmas are complex. Rarely do such dilemmas involve a single ethical issue. More often, numerous intertwined issues—involving many stakeholders with diverse values—clamor for attention. Ambiguities abound; resolutions to ethical dilemmas do not come easily. Friedman (2012) suggests that future ethics issues will surround access to care, informed consent for participation in “health policy trials” such as accountable care organizations, insurance discrimination, power shifts, scope-of-practice issues, the drive to maximize profits, end-of-life issues, privacy and security of health information, and a focus on thinking communally. Friedman tells us that we need ethical leadership to address these issues head-on and that “being able to justify one’s decisions on ethical grounds as well as fiscal ones will be essential to success.”

PART I

Part I of this book deals with ethics as a leadership imperative. Zenger and Folkman (2002, 12) report that “character is at the center of leadership” and is “the core of all leadership effectiveness.” Indeed, when we hear of the leadership failures of industry titans, corporate executives, politicians, religious leaders, and others, we find these failures are often ones of character and ethics. Healthcare executives are not exempt from such failures. Part I discusses the ethical responsibilities of healthcare executives and makes the case for committing resources to establish an ethical culture and infrastructure in one’s organization.

PART II

Part II presents cases that reflect the realities of healthcare management, the diversity of special interests, and the competing values and moral conflicts that challenge the healthcare executive. Many of the cases examine the ethical responsibility of managers as stewards of valuable organizational and community resources. Each case is followed by a description of the ethics issues inherent in the situation presented and a discussion of these interrelated issues. These cases and discussions are intended to stimulate thoughtful analysis and reflection that will help readers successfully navigate the quagmire of ambiguity that ethical dilemmas can present.

The Paradise Hills Medical Center case in chapter 3 focuses on medical errors, truth telling, and autonomy. In chapter 4, the Qual Plus HMO case appears to focus on conflict-of-interest issues but actually explores the issue of conflicting moral demands when an individual is asked to do something he believes to be unethical or observes someone in authority behaving in an unethical way. In chapter 5, the Rolling Meadows Community Hospital case discusses the issues surrounding mentorship, sexual harassment, and gender discrimination and highlights some of the ambiguities of wrongdoing. In chapter 6, the University Hospital case examines some of the pitfalls of professional impairment and shows how impairment can compromise patient safety, employee morale, and graduate medical education.

The Hillside County Medical Center case by Glenn A. Fosdick, FACHE, in chapter 7 focuses on the ethical implications of workforce reductions. Hospitals under financial stress sometimes use the euphemism “rightsizing” to describe such reductions, but to the employee being laid off and the ones left behind to pick up the slack, a workforce reduction can be a disaster. This case looks at the issues involved and the leadership required to make ethically sound decisions when a hospital is in financial crisis.

The Metropolitan Community Hospital case (chapter 8) is an example of the failure of leadership to effectively address a nursing shortage and the disruptive behavior of physicians. The Heartland Healthcare System case (chapter 9) examines the ethical issues surrounding a major information technology setback. The Richland River Valley Healthcare System case (chapter 10) explores the ethics issues surrounding a failed hospital merger and takes a closer look at administration–board relationships.

The Hurley Medical Center case (chapter 11) is ripped right from the headlines; both timely and challenging, it involves a situation where workforce diversity, patient demands, and hospital policies collide. The issues this dilemma presents are far-reaching and have unanticipated consequences.

The Baby Charlie case (chapter 12) examines the many management and ethical issues surrounding the case of infant Charlie Gard, on life support in a British hospital for an extended period of time. Baby Charlie made international news, prompted public discussion and controversy, and elicited commentary from all walks of life, including President Donald Trump and Pope Francis. This chapter identifies primary and secondary stakeholders and influential others, examining their interests and perspectives on the issues that arose as part of this tragedy. It includes an analysis of the significant impact the media had on the case's events.

Chapter 13 provides a legal perspective on each of the cases in part II by attorney Walter P. Griffin, JD, who also discusses the differences between “illegal and unethical” and “legal but unethical” behaviors.

PART III

Part III looks at the importance of establishing policies and infrastructure components that support an ethical culture and integrating ethical decision-making into the way of doing business. For most of the cases in part II, a relevant chapter can be found in part III that expands on the issues in the case and enriches the discussion.

Chapter 14, on the intersection of management, governance, and ethics, examines the often complicated relationship between governance and management and the ethical issues that can arise as a result of their interactions. Paul B. Hofmann, who is nationally recognized for his significant contributions to the field of healthcare management ethics, discusses the roles, responsibilities, and authority of each within the context of ethical questions.

In chapter 15, Joan McIver Gibson, PhD, describes a values-based ethical decision-making model and a process that leads to decisions made with integrity that are comprehensive, coherent, and transparent. In chapter 16, I discuss the

ethics of managing people and examine the different values, special interests, and goals that each person brings to the workplace, as well as the conflicts and ethical dilemmas that may ensue. Management style, role modeling, mentoring, and ethical human resources policies and practices are also addressed.

Chapter 17, on managing diversity, has been excerpted from the book *Health-care Leadership Excellence: Creating a Career of Impact* by James A. Rice and Frankie Perry and discusses the ethical responsibility of management to create an organizational culture that promotes an understanding of, and respect for, cultural differences. It examines issues and considerations related to diverse patient, physician, workforce, governance, and community populations. It discusses the many facets of diversity—including race, ethnicity, gender, age, religion, and socioeconomic status—and looks at ways healthcare managers can ensure that their organization is providing culturally competent and safe patient care.

Chapter 18 looks at how the ability to manage and deliver healthcare under the traditional model is being challenged. Howard J. Gershon, a highly regarded healthcare consultant specializing in strategic planning, market research, and program development, provides advice to healthcare leaders on increasing the capacity for innovation in healthcare management.

In chapter 19, Richard H. Rubin, MD, examines from a physician's perspective both the ethical issues and the legal ramifications faced by physicians and managers of managed care organizations. In chapter 20, Rebecca A. Dobbs, RN, PhD, outlines strategies for evaluating healthcare ethics committees to determine if they are meeting the needs of the organization and the patients and clients served. In chapter 21, J. Mitchell Simson, MD, explores the prevalence, prevention, and treatment of substance abuse and addiction among healthcare professionals. In chapter 22, C. Rod Pattan, MD, looks at unique ethical considerations that must be given attention in teaching hospitals.

Finally, contemporary tragedies have necessitated a call to action for emergency preparedness in the event of an active shooter or other threat of violence to the public. Rebecca A. Dobbs, RN, PhD, a national expert on planning and evaluating healthcare's response to disasters, shares her expertise in chapter 23.

EPILOGUE

For those who wish to know if and how the ethical issues in the case studies were resolved and what happened subsequently, the epilogue provides follow-up on each case presented in part II.

I have drawn all of the cases from real-life experiences. They represent the kinds of management dilemmas and moral challenges that confront healthcare managers

on a day-to-day basis. Thoughtful analysis of these cases, and exploration of strategies that deal effectively with the issues they present, will better prepare healthcare managers to successfully address similar issues in the future. If anticipating and forestalling situations comparable to the ones presented in this book is the result of your thoughtful reflection here, then this work will have served its purpose. If, having read this book, you are more apt to add a discussion of ethical implications to your decision-making process, then even better. And finally, I hope that you will become ever more aware that good management requires morally sound management decisions. Ignoring the ethical implications of management decisions can be disastrous—to the organization, to the community, to patients and clients, and to the careers of healthcare managers.

INSTRUCTOR RESOURCES

This book's instructor resources include PowerPoint presentations, a quiz, additional cases, case analysis instructions, and websites of interest.

For the most up-to-date information about this book and its instructor resources, go to ache.org/HAP and search for the book's order code (2406).

This book's instructor resources are available to instructors who adopt this book for use in their course. For access information, please e-mail hapbooks@ache.org.

REFERENCES

- Friedman, E. 2012. "The Ethics of Change: Making the Right Decisions in a Shifting System." *Hospitals & Health Networks Daily* October 2. www.hhnmag.com/hhnmag/HHNDaily/HHNDailyDisplay.dhtml?id=8200007092.
- Zenger, J., and J. Folkman. 2002. *The Extraordinary Leader: Turning Good Managers into Great Leaders*. New York: McGraw-Hill.