Evolution is a progression of interrelated phenomena. Society is continuously evolving, and as an institution of society, healthcare is evolving as well. Thoughtful people 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.

More than a decade ago, Friedman (2012) suggested that future ethics issues would surround access to care, informed consent for participation in 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 said then that healthcare leadership would need to be “able to justify one’s decisions on ethical grounds as well as fiscal ones to be successful.”
It would appear that recent history has proven Friedman right. Today healthcare management struggles with ethical decisions in the wake of power shifts within the healthcare system whereby more and more healthcare decisions appear to be driven by healthcare insurers and more and more healthcare costs are attributed to escalating usage and prices of pharmaceuticals.

**PART I**

Part I of this book deals with ethics as a leadership imperative. It has been said that “character is at the core of leadership.” Indeed, when we hear of the leadership failures of industry titans, corporate executives, politicians, religious leaders, and others, we find that these failures are often ones of character and the lack of a personal moral compass. 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 wherein ethical decision making becomes standard practice.

**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 responsibilities 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 names of the people, places, and institutions in the case studies and examples used in this book are fictional. Any real people, places, or institutions referenced in this book are ones that have been publicly identified in the news or media, and appropriate attributions have been made here.

**PART III**

Part III stresses 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.

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 cases presented in part II.

I have drawn all 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 such thoughtful reflection helps you anticipate and forestall situations comparable to the ones presented here, then this book 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 (2505I).

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.

REFERENCE