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 to 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 reform mandate 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. The implementation of the Patient Protection and Affordable Care Act will present new ethics issues and will pose new ethical challenges. Friedman (2012) suggests that these 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 (2012) 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 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 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 then by a discussion of these interrelated issues. These cases and the discussions emanating from them are intended to stimulate thoughtful analysis and reflection that will help readers to 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 is actually exploring 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 explores 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 today's 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.

Chapter 12 provides a legal perspective on each of the preceding cases by attorney Walter P. Griffin, Esq., who also discusses the differences between "illegal and unethical" and "legal but unethical" behaviors.

Part III, "Addressing Structural Issues That Affect Ethical Decision Making," looks at the importance of establishing policies and infrastructure components that support an ethical culture and integrate 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. In Chapter 13, Joan McIver Gibson describes a values-based ethical decision-making model and a process that leads to decisions made with integrity that are comprehensive, coherent, and transparent. Chapter 14 discusses the ethics of managing people and examines the different values, special interests, and goals that each person brings to the workplace and the conflicts and ethical dilemmas that may ensue. Management style, role modeling, mentoring, and ethical human resources policies and practices are also discussed. In Chapter 15, 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 16, 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 17, J. Mitchell Simson, MD, explores the prevalence, prevention, and treatment of substance abuse and addiction among healthcare professionals. In Chapter 18, Clinton H. Dowd, MD, looks at unique considerations that must be given attention in teaching hospitals.

Make no mistake about it—our society has undergone major change since September 11, 2001, and the burden on healthcare to be able to plan for and respond appropriately to disasters,

whether the result of nature or terrorism, has never been greater. The 2013 Boston Marathon bombing brought high praise to Boston hospitals and healthcare workers for their successful medical response to the mass casualties of that day, a response attributed to their ability to build and practice state-of-the-art emergency preparedness programs (Biddinger et al. 2013). With this enormous responsibility come ethical issues that must be anticipated and addressed. Rebecca A. Dobbs, RN, PhD, who is a national expert on planning and evaluating healthcare's response to disasters, shares her expertise in Chapter 19.

Finally, 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 scenario 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 a healthcare manager 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.

References

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