S E C T I O N

I

Foundations for Ethics

■ INTRODUCTION

"It was the best of times, it was the worst of times. It was the age of wisdom, it was the age of foolishness. It was the epoch of belief, it was the epoch of incredulity. It was the season of Light, it was the season of Darkness. It was the Spring of hope, it was the Winter of despair. We had everything before us, we had nothing before us. . . ."

This quote from *A Tale of Two Cities* by Charles Dickens (p. 1) could have been written about the healthcare system of today. It is truly the best of times and the worst of times. The American healthcare system is one of the most technologically advanced in the world. The potential to conquer diseases and extend life to almost biblical proportions seems possible. A system exists that once was just part of the imaginations of science fiction writers and dreamers. In many ways, this is the best of times in health care.

Yet, these same advances in the system pose enormous challenges in the human dimension and could lead to the worst of times. Members of the system and society at large are faced with decisions that would test the wisdom of Solomon. For example, one must determine the answer to the following question: "if we have the technology to create new forms of human life, does this mean we should use it?" From an organizational standpoint, how do we decide who benefits from technology and life-extending procedures, and who does not? Who will pay for optimal health care for all Americans? The tremendous progress in medical knowledge and technology makes it a difficult time for ethics and ethical decision-making.

What is the role of healthcare administration in all of this? We know that healthcare administrators (HCAs) do not provide the care, conduct the research, or design the technology. Yet, they are critical to the success of these functions because they provide the environment where the important work of health care can take place. Administrators are the

creators of structure and support for the healthcare system. They are also the connection to the community and the stewards of the resources society invests in health care. Certainly, this is a grave responsibility.

How are you, as an HCA, supposed to meet this responsibility? The task requires a foundation in knowledge of system functions, human relations, finance, and leadership that you will gain through your formal education. It also mandates a deeper understanding of the principles of ethics and appropriate ethical behavior from the individual, organizational, and societal view. This foundation will provide you with the tools to make decisions that are not just fiscally sound, but also ethically appropriate. Ethics must be a way that you conduct the business of health care on a day-to-day basis.

A Word about the Text

Just like a healthcare organization, this book has a mission and a vision. Its mission is to give you solid preparation in both the theory and principles of ethics. More importantly, it will guide you to be able to apply ethics in the real world of health care. Scholarly textbooks exist on many forms of ethics and the knowledge they provide guided the creation of this text. However, theory alone is not enough. To fulfill this book's mission, it must also give you practical examples of how you can use ethics in your daily decisions as an HCA.

Therefore, this text combines theory and practice in a palatable format. Each chapter contains a feature called "points to ponder" that should help you to focus on the most important chapter concepts. It is a good idea to think about these questions as you read the chapter. There is also a "words to remember" section that features important words and phrases. You will find these words in bold print in the content section of the text.

In addition to information about the topic under study, each chapter contains case studies in the form of stories. These are fictionalized versions of stories contributed by healthcare providers from many different healthcare settings. They attempt to show you how the chapter information relates to the real world of health care. References are also included at the end of each chapter so that you can do additional reading if you choose.

The model seen in Figure I-1 guides the vision for this text. Because you do not make ethics decisions in a vacuum, the circles in this model represent the impact of influences on your ability to make ethics decisions. They start with the circle representing theory and principles that are the foundation of ethical decision-making. The next circle represents community areas that are external to the organization but have an impact on how you operate as an ethics-based administrator. The model also includes a circle for forces within the organization that can also influence your decisions and practices. Finally, the inner circle

Personal
Ethics

Internal
Influences

External
Influences

Founding
Principles
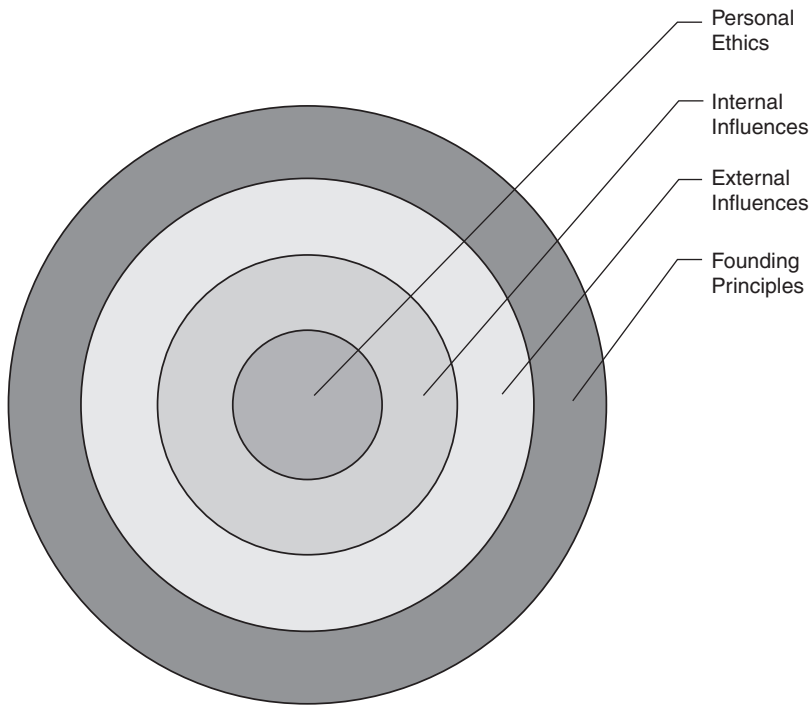
Figure I-1.   A System of Healthcare Administration Ethics.

represents how your own personal ethics influences what you do. Each circle should be part of your consideration as part of ethics-based administrator.

The chapters follow this model through sections that illustrate key issues within these circles. Section I, represented by the outermost circle, assists in establishing your foundation in ethics theory and principles. Chapter 1 explores founding theories of ethics that guide most of Western ethical thinking. Using this theoretical foundation, Chapter 2 explores autonomy, which is one of the four key principles of healthcare ethics. Chapters 3 and 4 deal with nonmaleficence, beneficence, and justice and represent the remaining key principles. In Chapters 2 through 4, you will also be able to read cases or stories that will allow you to apply these principles to real-world events.

Section II, the next circle, presents some of the external influences on ethics for the HCA. Chapter 5 provides information about how the community protects itself from the power of the healthcare system. Chapter 6 deals with the powerful influence of market forces, including managed care and alternative medicine. Chapter 7 also deals with external influences through a discussion of social responsibility and ethics. Finally, Chapter 8 presents an in-depth view of technology's

impact on ethics. Each chapter also includes cases or stories that will help you apply what you are reading to practical ethical decisions.

The healthcare organization's influence on your ethical decisions is the focus of Section III. Chapter 9 presents the challenging area of how fiscal responsibility influences our ethical decisions. Chapter 10 examines the impact of organizational culture on ethics and features information on ethics committees and models for decision-making. Chapter 11 presents the issue of assuring the community that healthcare facilities are providing quality care. Finally, Chapter 12 addresses how the organization views patients and how it acts to meet their needs.

Section IV (the innermost circle) is designed to present a more personal look at your ethical foundation. Chapter 13 discusses the concept of moral integrity and its meaning for you as an HCA. Chapter 14 presents information about codes of ethics and the impact they can have on administrative practice. Chapter 15 discusses issues related to your day-to-day practice as an ethical HCA. Finally, because ethics is a dynamic area of health administration, Chapter 16 addresses issues that are in the immediate future and their ethical implications. It also provides an overall summary of the learning in the text.

Why bother reading this book? While it will not make you an ethics scholar, this book will assist you to become someone who is of great value in today's healthcare system. You will be of value because you can be an administrator who sees the world through "ethical eyes" as well as through financial ones. On the surface, this ability may make things more difficult for you because your decisions will not be simple ones. However, by being able to look at any situation holistically and make appropriate, ethics-based decisions, you can actually enhance the overall effectiveness of your organization. Because health care is a trust-based industry, you will be able to maintain the community's trust by helping your organization avoid actions that the community might view as unethical or immoral. In addition, you can enhance your own career by your reputation as an administrator who understands that ethics makes a difference.

Reference

Dickens, C. (1997). *A tale of two cities*. Mineola, NY: Dover Publications.

CHAPTER
1

Practical Theory

"A theory must be tempered with reality."

—Jawaharlal Nehru

Points to Ponder

1. Why does a healthcare administrator (HCA) need a foundation in ethics theory to be effective?
2. What ethics theorists are included in the Big 8, and what did they contribute to modern-day ethics?
3. What is my working definition of ethics?

Words to Remember

The following is a list of key words for this chapter. You will find them in bold in the text. Stop and check your understanding of them.

categorical imperative	consequentialism
conventional	deontology
eudaimonia	I-THOU
moral development	natural law
original position	preconventional
premoral	principled moral reasoning
practical wisdom	self-interest
sense of meaning	social justice
utilitarianism	virtue

■ INTRODUCTION

Becoming an ethics-based administrator begins with a foundation in the theory and practice of ethics. This foundation is necessary because

your work will challenge you to balance the financial and human aspects of the healthcare business. These decisions are hardly ever black or white. In fact, their shades of gray might cause you some sleepless nights. Having a foundation in ethical theory and using it in practice should help you sleep better and be able to defend your choices.

Ethics has been a subject of study for many thousands of years and brilliant scholars have spent their lives exploring it. In this chapter, you will examine eight key theorists who were instrumental in creating the foundation of ethics for the healthcare setting. When students read these theorists' works in their original forms, they find them obtuse and uninteresting. Some have even complained that they found it hard to understand what these "old dead guys" were trying to say.

In order for you to view to see these theorists as people and not just "old dead guys," the chapter begins with a brief biography of each theorist. Each theorist created a large body of work and there are experts who specialize in each of the theorists cited here. However, a concept summary with the essence of each scholar's key points is included to help to have a working knowledge of their thinking. Finally, as Nehru suggests, their theories will also be "tempered with reality" through the inclusion of a section on application to health care.

The survey of theorists should lead you to the final section in the chapter that examines various definitions of ethics. After this review, you should be able to develop your own working definition of ethics. Your personal definition, based on the thoughts of experts, should serve as a solid foundation for your role as an ethics-based HCA. Therefore, the goal of this chapter is to give you a personal theoretical foundation and working definition of ethics.

■ WHY STUDY ETHICS THEORY?

Can you imagine being a surgeon and not knowing the anatomy of the human body? What if you were an accountant and did not know how to use a calculator? You might do the job, but the results would be a complete disaster. It is not any different for an HCA. You must have the basic knowledge, skills, and attitudes to do your work effectively and efficiently.

Why include a foundation in ethics as part of these basics? Health care is a dynamic environment where one area affects the other. Answers to problems that you will encounter may not be found in a textbook or on a balance sheet. They involve qualitative intangibles such as organizational mission, values, trust, human dignity, and service to community. Therefore, your decisions have to be made based on an accurate assessment of your financials and resources (quantitative information), in conjunction with qualitative intangibles. In addition,

your patients, staff, organization leaders, and the community expect your decisions to be ethical. How can you make ethics-based decisions without a foundation in ethics?

The writers represented in this chapter are known as the Big 8: Aquinas, Kant, Mill, Rawls, Aristotle, Buber, Kohlberg, and Frankl. These philosophers created the ideas that led to the major principles of ethics found in Chapters 2, 3, and 4. The first group of philosophers—Aquinas, Kant, Mill, and Rawls—examined the global issues surrounding ethics and ethical decisions. The second group—Aristotle, Buber, Kohlberg, and Frankl—studied personal ethics and moral development. This chapter gives a summary of their works and provides an understanding of their contributions to healthcare ethics.

■ ST. THOMAS AQUINAS (1225–1274)

Biographical Influences on His Theory

Aquinas received his calling to the church early in his life, but his family did not support this vocation. They considered his choice to join the Dominican Order inappropriate because this order was too radical. In an effort to change his mind, his family actually held him prisoner for two years. They even tried to make him renounce his calling by tempting him with worldly pleasures (including women). Finally, the family relented and allowed him to go to Cologne, join the Dominican Order, and study with the major scholars of his day. Aquinas became a prolific writer; the greatest of his writings was the *Summa Theologioe*. Part Two of this work was devoted entirely to ethics and combined Aristotelian and Christian thinking. This work helped to establish the concepts of **natural law** that are part of Aquinas' ethics theory.

Concept Summary

Aquinas believed that God is perfectly rational and that He created the world in a rational manner (Summers, 2009). His design for the world included giving humans the ability to reason and to wonder about the cause of all things. Because humans have this gift of rationality, they are capable of choosing good and avoiding evil. Notice the word "capable"; it does not mean that people always do this. Rational people may violate natural law because they are also given the gift of free will. However, if people are true to their rational natures, they will listen to their consciences (i.e., the voice of God) and choose good over evil.

So what is goodness as defined by Aquinas? He believed that goodness preserves life and the human race. Something is good if it advances knowledge and truth, helps people live in community, and respects all persons. He also believed that to find happiness people must not look

to pleasures, honors, wealth, or worldly power because these are not the true source of goodness. True happiness is only found in the wisdom of seeking to know God and the achievement of your highest potential. Truly understanding God is the ultimate good that is sought by all rational human beings.

Theory Applications

First, you must remember that knowledge of ethics builds on the work of previous scholars. Aristotle, Dionysius, and Christian doctrine heavily influenced Aquinas' thinking. How does his philosophy of ethics apply to today's world? If people choose to act against their "rational nature" (as defined by Aquinas), they can do things that are evil for themselves and others. Think of a modern day example. It is not rational to drink to excess and then get behind the wheel of a car. Yet, if people make this irrational decision, their actions can cause them harm or even death. This harm can also extend to others who have the misfortune of coming into contact with them in their compromised state.

In addition, Aquinas's idea of "basic good" seems on the surface to be simple. All you have to do is respect people and help them live in community. However, when you translate this into the healthcare system and its policies, it becomes much more complex. What does this system do about people who do not make rational choices for good—such as those who abuse alcohol or drugs? Do they deserve the same level of care as those who make rational choices? How can the business of health preserve the human race and still have enough money to keep its doors open? These questions relate to the difficult choices (gray areas) that are part of today's healthcare system, where demand for care often exceeds finances.

■ IMMANUEL KANT (1724–1804)

Biographical Influences on His Theory

Although Kant became a dominant force in ethics theory, he rarely left his hometown of Königsberg, Prussia. He began his academic career by studying math and physics and proposed a theory of the formation of the solar system. However, he is better known for his work in moral philosophy. His writings in this area even came to the attention of King Fredrick William II, who accused him of corrupting young people through his writing and teaching. In fact, in 1792, he decreed that Kant could not teach or write about anything related to religion or ethics. While Kant honored the King's right to censor, he actually scolded the King (McChance, 2004)!

Concept Summary

Kant's work in metaphysics had a major impact on his work in ethics. His two most important works in this area were *Foundations of the Metaphysics of Morals* (1785) and *Critique of Practical Reason* (1787). He was a foundational theorist for an entire area of ethics called **deontology**, or duty-based ethics (Summers, 2009).

For Kant, everything in a society had worth based on its relative value. Therefore, nothing was good in and of itself. Everything could be used for good or evil. This is true because attributes (such as intelligence, physical beauty, or bravery) are gifts of your genetics or from your environment. They also have their source in your mind or perception, so you decide who is smart and who is not. Likewise, personal attributes that are valued by a society, such as influence, money, or even happiness, can be used for good or evil. For example, if you are highly intelligent or extremely wealthy, you might discover a cure for a terrible disease or create a heavenly symphony. You might also use that same intelligence and wealth to become a serial killer.

For Kant, the only good that can exist without clarification is something called good will. Good will meant that there was no ultimate end for the person who chooses it. In other words, acting with good will does not give you benefit. You just do it and it is valuable all by itself. Therefore, good will is not a means to an end; it just is.

In the Kantian view, all humans have absolute worth simply by the fact of their existence. People are not a means to accomplish an end or societal good. They are an end in themselves. What does this mean? It means that you cannot use people as a way to get what you want and remain ethical. You should honor them because they exist. For Kant, humans are subject to universal laws that are always in place. How does this translate today? It means that, when dealing with humans, you have a duty to choose to act as a moral mediator and base your actions on good will. Anticipated consequences or the end product of your decisions should not be a part of the decision-making process.

How do we know what is good? First, Kant acknowledged that all of us have the ability to think and make our own decisions. In fact, free will was essential to ethical behavior and to understanding what is good. Kant also provided a tool for understanding how to determine what is good. He called this the **categorical imperative**, which is a way to test your actions and help you make moral decisions. Decisions should be based on the idea that what is right for one person is right for all persons. You can ask yourself the question, "Would I want everyone to act as I just did?" If the answer is "yes," then it passes your categorical imperative and is a moral duty for you. In Kantian ethics, all humans have worth, so you are obligated to apply your decisions to all individuals in similar circumstances and to treat all people with respect.

Theory Applications

First, Kantian, or duty-based, ethics acknowledges the value of all human beings and gives you a rule to guide decision making regarding actions toward all. It tells you that, for moral decision-making, all persons in similar circumstances deserve the same treatment. Kant also presents the idea of a moral duty, which means that you have obligations to other people as fellow humans. All people you meet in your daily work-life—employees, patients, community members, etc.—have absolute value simply by the fact that they exist. Just because they can accomplish more or less in society's eyes does not change their value as human beings.

The categorical imperative can be useful for decision making when you are developing policy and procedures. For example, if you have to develop personnel policy, you can ask yourself, "Why am I really doing this? What is the reason behind it?" You can also try to discern if it can apply to everyone in the same way, or if the policy will treat some employees better than others. Finally, you can ask, "How would I feel if this were done to me?"

Despite its base in good will, you can see that being a strict Kantian might be a problem for the HCA. To follow Kant, you should make all your decisions based on good will and not on things like profit, legal mandate, or pleasing your stakeholders. This is not practical or even possible in the political world of health care. Kantian moral theory also tends to deal in absolutes and does not provide answers to all of the complex issues in today's healthcare system. Let us look at just one example. If a researcher uses human subjects in a study to help find the cure for cancer, is he or she not using them as a means to an end? Does this negate the worth of human beings and fail the categorical imperative test? You could say that it does, and yet there is potential benefit to a larger group from the knowledge gained.

■ JOHN STUART MILL (1806–1873)

Biographical Influences on His Theory

John Stuart Mill certainly had an interesting childhood. In today's view, it might be seen as abusive. He was an extremely intelligent child who was heavily influenced by his father's insistence on strict discipline in learning. At 15, Mill was already disagreeing with current moral theorists and began to write his own theory, which was influenced by Bentham's utility concepts. When he was 21, Mill suffered what was then called a mental crisis that was attributed to the physical and cerebral strain of his strict, self-imposed education. Later in life, he married Harriet Taylor, a feminist and intellectual, who came from a Unitarian background. She was an author in her own right and pub-

lished articles advocating women's rights. They shared philosophies and collaborated on many articles. His major works on ethics include *Utilitarianism* and *The Subjection of Women*. Mill was ahead of his time in his activism in support of his beliefs. For example, he became a member of parliament to use his political power to help improve the status of women.

Concept Summary

Mill is one of the most influential theorists in the American view of applied ethics, especially in the area of health care. Based on the idea of Telos, or ends, his theory of **utilitarianism** has been used in the formulation of many healthcare policies that affect the American public today. Utilitarianism or **consequentialism** was founded on the idea that ethical choices should be based on their consequences and not just on duty. In this view, you weigh the consequences of actions and their affect on others. Then, you use this reasoning to make your decisions based on the good that they can achieve.

Something is good if it produces utility. Just what is that? Mill meant that it gives the greatest benefit (or pleasure) to the greatest number of those affected. It is wrong if it produces the greatest harm for the greatest number of those affected. The focus of an ethical decision is not on the individual person, but on the best outcomes for all persons. Mill discussed Christian theology as the best example of utility because the Bible asked people to live by the Golden Rule and to love their neighbors as they love themselves. In health care, you could say that the opportunity for the highest quality of life should be provided to the highest number of people in a community. Ashcroft, Dawson, Draper, and McMillan (2007) provide examples of the greatest good in health care, such as public health, quality of life efforts, and the work of healthcare economists.

Mill divided ethical decisions based on utility into two main groups. The first is to act from utility, which means that each decision is made based on its own merit. The consequences for that specific case are analyzed and a decision is made. However, to act from utility or make each decision independently is not always practical in health care because your decisions are numerous, complex, and often interrelated.

The second is to rule by utility. In contrast to the first group, this ethic uses the consequences of decisions to determine rules for action. These rules help guide decisions so that, on average, they produce the greatest good for the greatest number or cause the least amount of harm to the least amount of people. Rule by utilitarian decision-making appeals to HCAs because it allows for decisions that will be the best in most cases. It also is part of using the process of cost/benefit or gain/loss analysis to justify a decision.

Theory Applications

Many HCAs perceive Mill's utilitarian principles of ethics as a practical way to tackle difficult healthcare decisions. Because there is always a scarcity of resources, there has to be a way to make decisions based on universal benefit. Using the balance sheet approach of identifying consequences, determining merit, and making a decision that will benefit the most people who are affected should make ethical decisions easier. You will see evidence of this approach in later chapters where you will examine some ethics decision-making models.

One limitation of this theory is that it might be possible to ignore the needs and desires of the minority to provide the greatest good for the majority. The individual is not the focus of moral decision; the consequences of the action are the most important element. An example might clarify this point. Suppose you funded a screening program that served all the members of a community. This would seem to benefit the greatest number. However, by funding this program, you eliminated funding for a program that served a small group of uninsured patients who needed liver transplants. Your program might provide the greatest good for the greatest number, but those who were left untreated might have good reason to disagree.

■ JOHN RAWLS (1921–2002)

Biographical Influences on His Theory

As you can see by his birth and death dates, Rawls was a modern ethics theorist. He began his studies at Princeton and served in the military during World War II. While in the service, he witnessed the aftermath of the bombing of Hiroshima. It had such an impact on him that he declined a commission as an officer and left the Army. When he returned home, he finished a doctorate in moral philosophy at Princeton.

Rawls taught at Princeton, Oxford (Fulbright Scholar), and Massachusetts Institute of Technology. In his final academic appointment, he served as a professor at Harvard for 40 years. His work centered on defining what a moral society should be through social justice. Because of this work, he had a great influence on modern political and ethical thinking. He continued his work and study right up to his death in 2002.

Concept Summary

John Rawls was interested in defining what makes a moral and just society. He studied all of the philosophers who came before him and

found that he both agreed and disagreed with them. For example, some of Kant's arguments appealed to him, but he was opposed to the position of utilitarianism. He formulated his own theory of justice that was based on the concept of **self-interest**. What did he mean? In order to explain his ideas, he set up a hypothetical scenario where all persons are equal to each other. An example of this scenario could be the very moment of birth. He called this the **original position.** He also asked that we assume the "veil of ignorance." This meant that we ignore the characteristics of the people who exist in our society. Given the original position and the veil of ignorance, we would act in our own best interests. What would be in our best interests?

Because humans generally live in social groups, they must set up rules that protect their personal interests and those of the society in which they live. To live in society with any kind of peace and justice, people must agree to these rules and practice them. He defined something he called the liberty principle (Cahn & Markie, 1998), which means that all people should have the same basic rights as all others in a society. For example, if the rich have a right to basic education, then so should everyone else.

In his view of **social justice**, people must make choices in order to protect those who are in a lesser position in society. This includes children, those in poverty, and those who have medical problems that affect their quality of life. This idea has been called the Maximin Rule (Cahn & Markie, 1998). Why would anyone choose to do this as part of his or her self-interest even when he or she is not in a lesser position in society? In Rawls's view, everyone has the potential to be in a lesser position, so acting to protect the rights of those who are less well off is actually based on self-interest. Further, the problems in a society tend to be suffered more by those who are in disadvantaged positions. For example, those in poverty are also more likely to be victims of crime or have more severe health problems. Finally, societies are often judged by how they treat those who are not well off or in optimal health. Again, using the Maximin Rule would be favorable for those who are in power, because they will be known as just leaders in a just society.

Does this mean that everyone in a society has to make the same amount of money and have the same circumstances? Rawls postulated that differences and advantages could exist in economic and social position in a society if they were used for the benefit of that society. For example, a physician is paid more than others in a society and has greater status. With this difference comes the responsibility of service to the community in which he or she lives. However, such positions of advantage have to be available to all persons in the society. So technically, in Rawls's view, anyone who has the ability should be able to attend a university or college and become a person of privilege.

Rawls also dealt with the idea of providing services or benefits for everyone. He felt that it was morally right to limit services when there is a greater need among certain groups. This can mean that not everything is available to everyone in every instance. For example, if you go to the emergency department with a sprained ankle, there are many services available to diagnose and treat you. However, you might not get immediate treatment or even all of the available treatments if there are people in life-threatening situations present. It is in the self-interest of all if those in greater need are treated first.

Theory Applications

Rawls has had a great influence on how leaders think about social justice in America. His ideas also influenced how America is judged by other nations. For example, how does America treat its poor or imprisoned citizens? This can be seen as a greater indicator of the nation's quality than its wealth. Rawls's thinking about social justice also influenced the introduction of such programs as Head Start and Medicaid/Medicare. His theory has ramifications for institutions such as education, public health, and health care.

Rawls presents a great challenge to the American market-based health care system. His theory asks that you consider more than the greatest good for the greatest number or the greatest profitability for the greatest bottom line. Instead, it asks that you address how you treat those in your community who have the least amount of financial resources to invest in health care. You are expected to provide for their needs and still maintain a bottom line that allows you to stay in the business. This certainly poses a great challenge for the healthcare system.

■ PERSONAL ETHICS THEORISTS

A few words of introduction are needed before you read about the next four theorists. Rather than look at the macro picture of the ethics, these philosophers addressed how people acquire their morality, ethical thinking, and decision-making. Aristotle was one of the most influential of this group because his work provided a foundation for many of the great ethicists who followed him. Martin Buber presented ethics in terms of moral relationships, while Lawrence Kohlberg investigated stages of moral development. Finally, Viktor Frankl addressed personal ethics and its relationship to the ultimate meaning of life. This section continues the previous format. You will learn about these writers' lives, basic concepts, and their influence on healthcare ethics.

■ ARISTOTLE (384–322 BCE)

Biographical Influences on His Theory

Aristotle's father was the physician for the king of Macedonia, which meant that Aristotle was a child of privilege. At 17, he was sent to Athens and studied under Plato. He continued this study by attending Plato's lectures for 20 years! Aristotle was also the tutor of Alexander the Great. His extensive writings included works in physics, logic, psychology, natural history, metaphysics, politics, and ethics. However, his fame did not protect him when the Macedonian government was overthrown. He had to escape from Athens to avoid prosecution for a charge of impropriety.

Concept Summary

Aristotle's work in ethics centered on how people can achieve the highest level of good or virtue. Just talking about what you should do or not do, as a moral person, was not enough. For Aristotle, you must build your character by taking action and practicing virtue. His book, *Nicomachean Ethics*, presented his views on virtue and the virtuous life (McKeon, 1971). It included the concepts **virtue**, **practical wisdom**, and **eudaimonia** that are presented in this section.

How did Aristotle describe the concept of virtue? First, virtue requires that you make choices that require action, not just discussion. You base these choices on your knowledge and experience and they must be made voluntarily. Virtues are witnessed through your character or the way that you consistently live your life. Examples of virtues include practicing temperance instead of being impulse-driven, and helping a friend when you get no reward. Other examples of virtues are courage, honor, and a friendly nature.

Since building a virtuous character requires action and choice, Aristotle also presented the concept of practical wisdom. You will always be presented with situations that are new to you. This means that you might not have an answer about what is right to do in these situations. Aristotle suggested that you engage in what he called practical wisdom. This means that you need to be stronger than your impulses and research your choices. You then assess these choices as good or bad and weigh them against each other. Your rational self would guide you to choose the best option for any situation that you face. This option is often the middle ground between the choices you considered. Practical wisdom can be also applied to groups or even whole societies as they attempt to choose the most virtuous action for any given situation. Aristotle reminded us that "it is not possible to be good in the strict sense without practical wisdom" (McKeon, 1971, p. 1036).

Aristotle also introduced the idea of eudaimonia. This concept has been translated as happiness or the idea of flourishing (Summers, 2009). However, Aristotle did not think of happiness in the modern sense. He meant that you could be happy if you chose to practice virtue in your life and worked to build your moral character. Such action requires the ability to contemplate and address difficult issues including how to live together in community. Therefore, eudaimonia is unique to humans because animals do not have the ability to contemplate.

Theory Applications

How can Aristotle's ideas apply to the modern HCA? The modern theory of virtue ethics has been derived from his works. This theory describes how we should evaluate actions based on what someone with moral character would do. It also asks that we think about why we are making a decision as part of our moral character. In addition, virtue ethics helps us define what character traits we should have as a person and as a professional (Ashcroft, Dawson, Draper, & McMillan, 2007).

You can see evidence of Aristotle's work in the process of professional socialization. Every profession defines a set of characteristics that describe its ideal practitioner. Defining these characteristics and assuring that they are present in professionals is part of the moral responsibility of the profession. In health administration, characteristics include honesty, trust-worthiness, compassion, and competence. The profession, through its educational process, then attempts to inculcate these character traits in its students through lecture, discussion, field experiences, and other methods. You could say that educators are encouraging their students to a life of eudaimonia. This goal makes sense because students become practitioners. As graduates, they represent both the profession and their alma mater to the community.

The concept of practical wisdom can be applied in your professional and personal life. When you are making a decision about what is the best choice to make, rely on your learning about ethics and lessons from experience to assist you. You can also use the wisdom of others such as teachers, clergy, and parents to guide your contemplation. If you make practical wisdom as part of your daily practice, you are well on your way to eudaimonia.

■ MARTIN BUBER (1878–1965)

Biographical Influences on His Theory

Martin Buber was born in Germany and was part of a family of scholars. He became a social activist and tried to help Eastern European Jews during World War I. In 1933, he served as the Director of the

Central Office for Jewish Education during a time when Hitler would not allow Jews to go to school. In 1938, he immigrated to Palestine and continued his writing. One of his most important works on ethics is called *I and Thou* (1996).

Concept Summary

Buber examined how people relate to each other and behave in moral or immoral ways. He organized a hierarchy of these relationships and showed how they move from what he considered the lowest to the highest ethical levels. At the very bottom of his hierarchy is the "I-I" relationship. In this level, a person is seen as merely an extension of another person. An example of this might be a child who is expected to become a physician because his father is a physician. The child is seen not as person, but as an extension of the father's ambitions. In severe cases such as a psychopathic personality, a person cannot see anyone except him or herself. The needs of others simply do not exist and neither does the responsibility of ethical behavior toward them.

Buber's next level is the "I-IT" relationship. In this case, people are merely tools to be used for a person's own benefit or for the benefit of the organization. People are not individuals; they are the vehicles for accomplishing some goal. Names are not important or even known; people are just "Its," or convenient labels.

For Buber, I-IT relationships are morally wrong because they fail to accept people as having individuality and value. People serve only as a means to an end for the person or the organization. Examples of I-IT relationships occur when an administrator uses the term "my people" to refer to the healthcare professionals. Another example could be if Mrs. Smith is referred to as "the colon in 405" instead of by her name. Still another example of an I-IT relationship happens when an administrator uses the expression "FTEs" in planning without any regard for the fact that a "full-time equivalent" is a person.

Next in Buber's hierarchy are the "I-YOU" relationships. In this case, people are recognized as individuals with value; they each have unique talents, gifts, and ideas. These differences are not only recognized, but they are also accepted and respected. An example of this type of relationship can be found in a well-functioning healthcare team when each member respects the contributions of the others. In health care, patients expect I-YOU relationships as a minimum level of performance from all employees. Employees also expect and appreciate this level of ethical relationship with their supervisors and with each other. When such an environment exists, staff members are more productive and exhibits higher morale.

The highest moral relationship that you can have is called "I-THOU." It is based on the Greek concept of agape (meaning love for others), which Buber viewed as the most mature human relationship. In

an I-THOU relationship, each person is recognized as being different and having value. In addition, a choice is made to consider that person as beloved or special. Notice that the word "choice" is used in that last sentence. Making a choice requires many things from people who make the decision to consider someone beloved. These requirements include increased tolerance of differences, patience, and efforts to make that person's needs equal to their own. A person who is beloved is held in high esteem or unconditional regard.

I-THOU relationships do not exist with each person that you meet. However, in health care, patients assume that they are in an I-THOU relationship when you are providing for their health needs. They assume that you value their needs equally with your own because you chose to have a career in a service-based industry. Likewise, the community assumes that, as an administrator, you are acting with the highest regard for their needs and serve as a good steward of their resources.

Theory Applications

In this short summary, you have only looked at the basics of Buber's complex thinking about ethics and ethical behavior. However, his definitions of ethical relationships can be useful to you as an administrator. For example, when you are planning a new venture or evaluating a current program, do you think of employees as tools to get the job done or as people who can contribute through their talents? When you are in conference with a fellow employee, do you try to have at least an I-YOU relationship? Finally, when you choose to be in an I-THOU relationship, do you really put that person's needs and wants on equal footing with your own? Are you aware of how the community sees your relationship to them? These questions can be helpful in examining your personal ethical behaviors and relationships.

■ LAWRENCE KOHLBERG (1927–1987)

Biographical Influences on His Theory

Lawrence Kohlberg joined the Merchant Marines during World War II. At the end of the war, he was actively engaged in smuggling Jews through the British blockade for settlement in Palestine. Because of this experience, he began to think about moral reasoning and how ethical thinking is learned.

Kohlberg finished his doctorate at the University of Chicago and became a professor at Harvard University. He began to theorize that **moral development** happened in stages and researched this theory using children and adults. He used a qualitative research model based on categorizing responses to stories featuring moral dilemmas, such as the

now famous Heinz's Dilemma. This story was used to evaluate a person's level of moral development based on his or her answers and the reasoning behind those answers. The responses to these stories and the reasoning behind them helped to formulate a hierarchy of moral development. His theory of moral development has been subsequently verified by studies in America and throughout the world. Kohlberg became an international name in the study of morality and ethics, but his death is assumed a suicide. He disappeared in January of 1987; his body was pulled from Boston Harbor by the police.

Concept Summary

How do you become an ethical person? To understand Kohlberg's answer to this question, you need some information about developmental stage theory (Kohlberg, 1984). In this theory, people must go through one stage before they can achieve the next highest stage of development. The movement through stages is not always chronological, but happens as you are challenged by life and attempt to find solutions for those challenges. Finding solutions helps you to advance in your moral development and reasoning. In addition, Kohlberg believed that you could not understand the moral reasoning that is too far beyond your own level. It is also possible to be grown-up physically, but not be morally mature. Kohlberg believed that only about 25% of people ever get to the highest level of moral development and that most people remain on what he called Level IV.

What are Kohlberg's stages and what do they mean? There are two stages (Level I and II) that Kohlberg calls **premoral** or **preconventional**. These stages exist before you have a true sense of moral decision-making. In Level I, you make decisions purely to avoid being punished or because a person in higher authority tells you to do it. Your decision is centered on what might happen to you and nothing else.

Level II is also premoral but is centered on the personal outcome of the action. In this case, decisions are made based on selfish concerns and the ability to gain personal reward. This is sometimes called the "What's in it for me?" orientation to ethical behavior or decision making. In this stage, people are valued for their usefulness to the individual and not for any other reason. Generally, Level I and II stage behaviors are common in young children, but they are also present in adults. An example of this behavior is if you choose to act ethically only when it benefits your own agenda.

Kohlberg's Levels III and IV are what he calls **conventional** or external-controlled moral development stages. In Level III, people make moral decisions based on the need to please people and to be seen as "good." The motivation for making ethical decisions is in trying to avoid guilt or shame. People who do what is perceived as good should be rewarded and those who do not should be punished in this view.

Ethical decisions for people in this stage are made so that they can be viewed as good employees, good parents, or good friends. They also want to avoid the stigma of being labeled as a "bad employee."

In Level IV, moral reasoning is governed by the need to respect rules and laws and maintain a certain order. In this stage, justice is being punished for disobeying the law. Ethics is seen as obeying the law and keeping order in society. Authority is usually not questioned; the idea is that if it is the law, then it must be right. This stage explains how Nazi soldiers could actively participate in the holocaust and consider themselves moral people. They simply claimed that they were being good soldiers, obeying a higher authority, and "carrying out orders."

Levels V and VI of the Kohlberg theory are designated as **principled moral reasoning** because decisions are based on applying universal moral ideas or principles. In Level V, ethical decisions are based on a set of rights and responsibilities that are common to all members of a group or community. These rights encompass the law but go beyond it. Moral decisions are based on respect for yourself and for the rights of others. Level V requires complex thinking about the social contract you have with others and not just about laws. When society-based decisions are made about healthcare resources, an element of Level V reasoning should be present.

Kohlberg's Level VI moral reasoning is based on ideas or principles that are universal. These principles are higher than the authority of law and include ideas of justice and respect for persons and their rights. Ethical decisions are made based on higher-level principles and not just for legal compliance. In addition, those who are functioning at Level VI assume that all humans have worth and value regardless of their societal status. Level VI ethical thinking occurred when Martin Luther King Jr. and others said that segregation, while legal, was unethical. Segregation violated a higher law than that which was created by the courts. They were willing to disobey the law to bring attention to this issue and to bring about change.

Theory Applications

Kohlberg's theory of moral reasoning helps to provide an understanding of why people make the decisions that they do. It might be helpful, as an administrator, to understand that not all persons have the same ethical reasoning. In addition, if there is too great a difference in the levels of reasoning, they might not even understand why you see your decision as ethical. Understanding Kohlberg's ideas can also help you analyze your own decisions and determine your moral reasoning behind them. This ability should prove useful when you are required to defend your decisions. Why did you decide to act as you did? What was your reasoning?

There is another implication for knowing and understanding Kohlberg's theory. The implication occurs in patient/system relations. Think about your role as a HCA in society's view. Society has granted that health care is a system of a high level of authority. Along with this authority comes an assumption of trust in the system. Patients must have faith that you are functioning at high levels (at least on Level IV) of moral reasoning when making decisions about their care and treatment. In other words, they expect you to have the ability to put their needs first and profit second. When evidence of actions that do not meet this standard is uncovered, the public can lose trust in the system itself. They can view the healthcare system, and you as its representative, of being unethical and untrustworthy. Once trust is lost, it is difficult to regain and can have a negative impact on the financial future of both your organization and the system in general.

■ VIKTOR FRANKL (1905–1997)

Biographical Influences on His Theory

As a young man, Viktor Frankl demonstrated wisdom beyond his chronological age. While still in high school, he began a correspondence with Freud, who published his work. He had the courage to draft a book on his own view of psychology early in his career. However, in 1942, Frankl, along with his new bride, brother, and parents, was arrested and taken to a concentration camp in Theresienstadt. His wife, parents, and brother later died in the camps.

Frankl survived the brutality of four different camps before his release. Instead of losing hope, he actually used this experience to test his theories of human motivation and conscience. His observations confirmed that those who had a **sense of meaning** and purpose kept their humanity even in this unbelievable suffering. His experience led to his lifelong work in what has come to be called meaning theory (logotherapy). He is author of many books, but the most well known is *Man's Search for Meaning*, which has sold over nine million copies and has been translated into dozens of languages.

Concept Summary

First, Frankl believed that you are not just a body or a brain. You are a total person who has a mind, body, and spirit. You are also unique in the entire universe and entitled to dignity. Your life has meaning no matter what your personal circumstances. As a thinking person, you are able to question and wonder about your purpose in life and what life means to you. Only humans can ask, "Why am I here and what am I supposed to do?" For Frankl, morality is also related to your sense of

meaning. You make decisions to behave in moral ways for the sake of something in which you believe, to which you are committed, or because of your relationship to God (the ultimate meaning).

When you do not feel a sense of purpose in your life, you will have emptiness, or an existential vacuum. You might fill that void with, alcohol or drugs; while others might use work, food, or power. For Frankl, "A lively and vivid conscience is the only thing that enables man to resist the effects of the existential vacuum" (1971, p. 65). What is a conscience? It is your ability to go beyond a situation and find meaning in it. You can then make choices that are ethical and affect more than your selfish needs. Your conscience is not infinite; it does not have absolute knowledge. It tries to find the best action to take in a situation. Because your conscience is a part of you, you can choose to make decisions that honor those things you value and avoid those things that bring harm.

Theory Applications

Can you see a connection here? It almost feels like you have closed a circle that goes back to the writing of Thomas Aquinas and Aristotle. Conscience is again part of your consideration of ethics. In the case of Frankl's interpretation, you can use it to help you understand the meaning of your actions and choose the best action possible. Think about the word "choose." By using this word, Frankl implies that because you choose your actions, you are responsible for them. In health care, the statement has profound implications. Each day you make decisions that can affect the health and quality of life of both patients and employees. You should make these choices based on as much data as you can obtain and after serious consideration. Basing your decisions on the best data available is a choice that might take more effort on your part, but it also demonstrates your willingness to be responsible for what you do.

■ WHAT IS ETHICS?

Now that you have reviewed summaries of the basic concepts of the Big 8, you are ready to define ethics in a professional and personal sense. Again, many authors have attempted to define this word. If you refer to Figure I-1 in the Introduction, you can see that ethics can be theoretical, community-based, organizational, or personal. As an administrator, you must be knowledgeable about all of these forms of ethics. For example, from a theoretical base, you can define ethics in terms of a theory such as deontology or utilitarianism. You can also clarify your understanding of the basic principles of ethics (see Chapters 2 through 4) and use them to guide your decision-making.

Ethics can be defined as a way to examine or study moral behaviors. Of course, that definition is too general for your purposes and needs some clarification. Darr (2005) uses a complex definition that stresses that ethics is more than just obeying the law. Law is the minimum standard that society approves for actions or behaviors; ethics is much broader and often much more difficult to codify. So, you could behave legally, but not ethically. You can probably think of many examples where a law has not been broken, but the lack of ethics has caused problems for a person or an organization.

The community establishes its sense of what is appropriate ethical behavior, and that sense can vary within communities. Often, administrators are not aware of community standards and suffer career setbacks because of this ignorance. For example, if you are a hospital administrator in a large city, it might be acceptable for you to go to a bar after work and have a drink. In a small community, that same behavior might be seen as unethical, and even be reported to the Board of Trustees.

Summers (2009) discussed ethics in terms of knowing right from wrong and applying ethics theory to your life (normative ethics). He also stated that this type of ethics challenges you to find the correct moral rules to follow. Normative ethics are also concerned with a general ethics code or decision-making pattern for a group or organization (Beauchamp & Childress, 2008). Other authors call this organizational ethics, or "the way we do things here." This form of ethics helps people understand the standards for acceptable behaviors within an organization. Taking the time to establish basic ethical standards for a healthcare organization is of great importance because of its power and influence. However, healthcare organizations are made up of people who have differing ideas about ethics. Can you see why establishing normative ethics for an organization is so important?

These authors also talk about professional ethics, which is part of the innermost circle of Figure I-1. Guidelines have been developed by your profession to assist you in identifying expected ethical behaviors. For example, there are codes of ethics that have been developed for nurses, physicians, physical therapists, occupational therapists, and even massage therapists. In addition, as an HCA, you have guidance from the American College of Healthcare Executives on ethical behavior and policy development. There is even a self-assessment test to help you keep your ethics on track. You will be studying these codes later in this text.

Of course, ethics really comes down to you (the innermost circle in Figure I-1). You must be aware of theoretical, community, and organizational ethics as you make daily decisions. You also have to be in tune with what your profession or professions require of you. However, in your daily operations as an administrator, you are ultimately the one who must choose the actions that you take. You might ask, "Isn't ethics

just doing what is right at the right time?” The answer is “yes, but. . . .” In healthcare organizations, what is right is not a simple matter. This is why you must develop your “ethical bottom line.”

First, think about the community in which you live and what it expects from you as a person in the healthcare system. You must also become more aware of the mission and values of your organization and explore the code of the profession or professions with which you are affiliated. Finally, you must think about your own values and ask yourself, “What is my true ethics bottom line? On what issues would I be willing to act even if it meant quitting my job?” This thought process should lead you to design a personal ethics statement that can assist in making the difficult decisions. The chapters in this book will help you to do this and to apply your ethics to your daily decision-making. Your ethics actions must match your ethics words or you face being seen as a hypocrite.

Summary

This chapter should help you better understand the theory behind ethical decisions. You will see how these theories translate into principles in Chapters 2 through 4. In addition, you should be able to recognize the influence of these theorists in other chapters of the book as you explore how the community and organization view the practice of healthcare ethics. It is hoped that you will also integrate some of their thinking into your own ethics decision making as a practicing HCA.

Web Resources

The following are Web sites that provide additional information about the theorists in this text.

St. Thomas Aquinas
http://www.utm.edu/research/iep/a/aquinas.htm

Immanuel Kant
http://www.utm.edu/research/iep/k/kantmeta.htm

John Stuart Mill
http://www.utm.edu/research/iep/m/milljs.htm

John Rawls
http://www.iep.utm.edu/r/rawls.htm

Martin Buber
http://plato.stanford.edu/entries/buber/

Lawrence Kohlberg
http://www.iep.utm.edu/m/moraldev.htm

Viktor Frankl
http://logotherapy.univie.ac.at/

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