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Foundations for Ethics

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.

—Charles Dickens, *A Tale of Two Cities*

INTRODUCTION

In light of the challenges of the Patient Protection and Affordable Care Act of 2010 (ACA), this quote from *A Tale of Two Cities* by Charles Dickens might be addressing today's healthcare system. The U.S. healthcare system is facing a change that includes an increase in access to health care for millions more of the country's citizens. In addition, there is a new emphasis on patient-centered care, population health, and prevention. Health care is also benefiting from a rapid change in the sophistication and application of technology in both patient treatment and healthcare administration. Will these changes mean the best of times for the healthcare system?

Implementation of the ACA and healthcare changes are not without challenges. They require resolution of the fiscal and logistical issues of providing more care without adding excessive costs. In addition, payment systems must adapt to changes in insurance and new government regulation. The ACA also seeks to reduce prices for health care and control costs. To this end, healthcare organizations must address efficiency and effectiveness without sacrificing quality of staff or treatments. Coupled with these issues is the business need to satisfy the customers of health care, including patients, providers, shareholders, and the community. Could this also be the worst of times for health care? Only the future has the answers.

What is the role of healthcare administration in the ACA era? Healthcare administrators (HCAs) are essential to health care's future success.

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Through their leadership and role modeling, they provide the environment where the important work of health care takes place. Even in a time of great change, administrators are the creators of structure and support for the healthcare system. They also serve as the connection to the community and as stewards of the resources invested in health care. Certainly, this grave responsibility will be even more significant in the current era.

How does a healthcare administrator prepare for ethics-based management in such a tumultuous environment? Preparation requires a foundation in systems, human relations, finance, and leadership gained through 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 provides the tools to make decisions that are not just fiscally sound, but also ethically appropriate. Ethics needs to be a more than a discussion at meetings; it must be a day-to-day practice.

A WORD ABOUT THE TEXT

Just like a healthcare organization, this text has a mission and a vision. Its mission is to provide solid preparation in knowledge of both the theory and principles of ethics. More importantly, it provides a guide to the application of ethics in the real world of health care. The author consulted many scholarly resources in the creation of this text. However, theory alone is not enough. To fulfill this text's mission, the author must also provide practical examples of using ethics in the daily practice of healthcare administration. Therefore, this text combines theory and practice in a reader-centered format. Each chapter contains a feature called "Points to Ponder" that identifies important concepts. There is also a "Key Terms" section to build vocabulary. These key terms are included in bold print in the content section of the text and defined in the glossary.

In addition to information about the topic under study, chapters contain case studies in the form of stories. Some of these stories are fictionalized versions of ideas contributed by healthcare providers from many different healthcare settings. Others are the author's sole creation based on her experience. Each case relates to the chapter so that the reader has a greater understanding of how content relates to real world application.

The model seen in Figure I-1 guides the vision for this text. Since healthcare administrators do not make decisions in a vacuum, the circles represent the impact of influences on decision making. The outer circle represents the theory and principles that are the foundation of ethical decision making. The next circle represents areas external to the

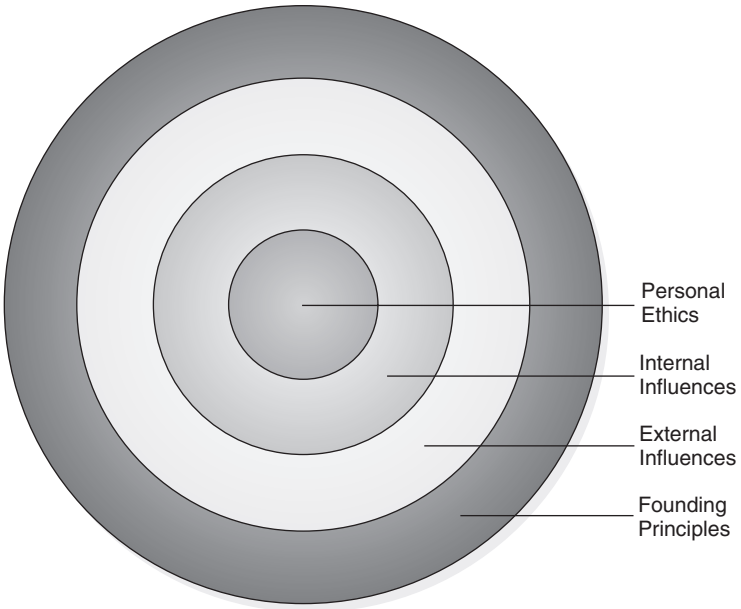

Figure I-1. A System of Healthcare Administration Ethics

organization that influence the operations of healthcare administration. The model also includes a circle for forces within the organization that also impact decisions and practices. Finally, the inner circle represents the healthcare administrator's personal ethics and its influence on action and career success.

Chapters follow this model by providing information about key issues within these circles. For example, the *Foundations for Ethics* section establishes a foundation in ethics theory and principles. The *Practical Theory* chapter explores founding theories of ethics that guide most of Western ethical thinking. Using this theoretical foundation, the *Autonomy* chapter explores one of the four key principles of healthcare ethics. The *Nonmaleficence and Beneficence* and *Justice* chapters focus on the remaining key principles.

The *External Influences on Ethics* section is the next circle. A new chapter in this edition, *Ethics Challenges in the ACA Era*, provides an overview of the ACA and its connection to ethics-based practice. The chapter examines ethics issues from the perspective of the public, hospitals, practitioners, and insurance companies. The *Market Forces and Ethics* chapter deals with forces including the baby boomers, managed care, and alternative medicine. The *Community Responsibility and Ethics* chapter addresses health care's responsibility to the broader community. It includes information on organizations and laws that

require accountability for health care. In addition, sections relate to how healthcare administrators demonstrate their responsibility to the community. Finally, the *Technology and Ethics* chapter presents an in-depth view of technology's impact on ethics.

The healthcare organization's influence on an administrator's ethical decisions is the focus of the *Organizational Influences on Ethics* section. The *No Mission, No Margin: Fiscal Responsibility* chapter presents the challenging area of how fiscal responsibility influences ethical decisions. It also discusses the financial ethics issues related to nonprofit versus for-profit healthcare organizations. The *Organizational Culture and Ethics* chapter features information on ethics committees and models for decision making. The next chapter, *The Ethics of Quality*, addresses quality, which is a major part of the ACA. The *Patient Issues and Ethics* chapter considers how the organization views patients and how it acts to meet their needs. Finally, *Public Health and Ethics*, a new chapter for this edition, explores the responsibility for community health represented by the public health system and its professionals. It includes a discussion of the ethics issues for this important part of the healthcare system.

The Inner Circle of Ethics section (the innermost circle in Figure I-1) presents a more personal look at healthcare administrators' ethics foundations. The *Moral Integrity* chapter investigates this concept and its meaning for the busy healthcare administrator. The *Codes of Ethics and Administrative Practice* chapter discusses codes of ethics and their application to administrative practice. Finally, the *Practicing as an Ethical Administrator* chapter presents information related to the day-to-day practice of an ethics-based healthcare administrator.

Why would a healthcare administrator or future administrator read this text? Through deep reading, this text helps the reader become an administrator who can see the world through "ethical eyes" as well as through financial ones. On the surface, this ability may make daily operations more difficult. Why not just be expedient and follow the money? However, by applying ethics and patient-centered thinking, healthcare administrators can enhance the overall effectiveness of their organizations and better meet the challenges presented by the application of the ACA. Because health care is a trust-based industry, they will also be able to maintain trust by preventing actions that will be viewed as unethical or immoral. In addition, ethics-based administrators enhance their careers. They can become persons of integrity and hold a reputation for using practical wisdom to make decisions that are both fiscally sound and ethically based. In the end, ethics always matters.

CHAPTER 1

Practical Theory

Why is it important to know ethics theory for healthcare administration?

Points to Ponder

1. In the age of the Patient Protection and Affordable Health Act of 2010, also called simply the Affordable Care Act of 2010 (ACA), why do healthcare administrators need to be grounded in ethics?
2. Who are the Big Eight ethics theorists and why are they important for healthcare management?
3. What is your working definition of ethics?

Key Terms

The following is a list of this chapter's key terms. Look for them in bold.

categorical imperative
consequentialism
conventional
deontology
ethical egoism
eudaimonia
I-THOU
liberty principle
maximum principle
moral development
natural law
normative ethics
original position
practical wisdom
preconventional
premoral
principled moral reasoning
sense of meaning
utilitarianism
virtue

■ INTRODUCTION AND DEFINITIONS

A patient looks up as the anesthesiologist puts a mask over her face. A four-year-old boy closes his eyes as the nurse comes close; he knows

it is time for his "shot." A daughter walks through the nursing home door; she still hears her mother asking to go home. A health administrator informs the staff about his new policy on infection control. An insurance supervisor explains the copayments for a surgery to a patient. What do these scenes have in common?

First, these scenes deeply connect to the core concept of all of health care—trust. From the patients' view, trust happens on both physical and emotional levels. Patients surrender their bodies and lives for care and expect competence and quality coupled with respect and compassion. From the administration side, trust is the basis for creating policies, procedures, workflow, and other mechanisms to make health care happen. Administrators must trust that healthcare personnel on all levels will provide competent care and want to serve patient needs and within facility guidelines. Administrators must also be constantly aware of the needs of patients while respecting the autonomy of healthcare professionals.

How do these situations connect to ethics for healthcare administrators? To the outside world, administration is about policies, procedures, billing, patient satisfaction, and ACA compliance. While these areas are certainly germane to the practice of healthcare administration, the center of administrative practice is making the best ethical decisions for patients, providers, and the organization. Because of the unique nature of health care, administrators must be able to make both fiscally and ethically sound decisions. They must also be able to defend these decisions to a myriad of audiences, including healthcare professionals, boards of trustees, community members, and government agencies.

In addition, healthcare administrators must make decisions in an environment of system-wide change necessitated by the passage of the ACA in 2010. This law is expected to affect all aspects of health care, from clinical practice to insurance coverage. It will demand much of each person in health care, from surgeons to supervisors. Such profound change also creates new ethics challenges. Given this awesome responsibility and changing environment, is it not appropriate for administrators to have a foundation in ethics and its application?

The first step in obtaining this foundation is to understand ethics and its theories and principles. Therefore, this chapter begins with a section that presents many of the definitions associated with ethics. These definitions should help establish a foundation for studying the theory and principles that follow.

Ethics theory has been a subject of study for many thousands of years, and many brilliant scholars have spent their lives exploring it. It is not possible to study the work of all of these scholars, so this chapter features eight key theorists who were instrumental in creating the foundation of ethics for health care. When students try to read these theorists' works in their original forms, they often find them obtuse

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and uninteresting. They may also fail to see any application to health administration practice. Therefore, this text seeks to capture the key points of their theories in the context of who the theorists were and the application of their ideas to the current healthcare environment.

To assist the reader in understanding who these theorists were, the chapter section on theory begins with a brief biography of each theorist. A concept summary including the essence of each scholar's key points follows to create a working knowledge of his thinking. Finally, because the application of ethics theory is important, ideas about application of these theories are a part of the discussion for each theorist.

DEFINITION OF ETHICS

Defining the concept of ethics and its application is a quest that crosses time and cultures. Perhaps our cave-dwelling ancestors wondered about what was right or wrong as they sat around their campfires. In modern times, the task of defining ethics has fallen to a division of philosophy that is concerned with both meta-ethics (the application of ethics) and **normative ethics** (the study of ethics concepts) (Summers, 2014).

Ethics can be theoretical, community based, organizational, or personal. In turn, it is necessary to define these forms of ethics. For example, from a theoretical base, ethics has a theory orientation, such as deontology or utilitarianism (more on these theories later in this chapter). One can also define ethics as a way to examine or study moral behaviors. With respect to moral behavior and healthcare administrators, Darr (2011) explains that they must think about moral decisions that include, but go beyond, individual patients. He also stresses that ethics involves 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. Therefore, a person could behave legally, but not ethically. Understanding and addressing the differences between law and ethics may be one of the great challenges faced by health administrators in the complexity of the ACA era.

In addition, the community establishes its sense of what is appropriate ethical behavior for individuals and organizations. Often, administrators are not aware of community standards and suffer personal and career setbacks because of this ignorance. For example, if a person is a hospital administrator in a large city, it might be acceptable to have a drink after work at one's favorite bar. However, in a small town, that same behavior could be unethical, and even be reported to the board of trustees.

Summers (2014) defines ethics in terms of knowing right from wrong and applying ethics theory to one's life (normative ethics). He also stated that this type of ethics challenges administrators to find the

correct moral rules to follow. A number of theories discussed later in this chapter represent this definition of ethics. For example, natural law theories, consequentialism, deontological theories, and virtue ethics have their foundation in the study of knowing right from wrong.

Normative ethics is also concerned with organizational ethics, which is commonly defined as "the way we do things here." This form of ethics also assists employees to understand the standards for acceptable behaviors within an organization. Defining ethical standards, behavior, and policy for healthcare organizations is of great importance because these areas influence individual behavior and community perceptions of organizations. However, healthcare organizations do not create operational definitions of ethics—people do. Therefore, specific definition of ethics for an organization must include dialogue to understand differing ideas about ethics and form an operational definition. Can you see why establishing normative ethics for an organization is so important?

There is also a need to define professional ethics. Individual professions establish definitions and guidelines for ethical behavior of their members through codes of ethics. For example, codes of ethics exist for nurses, physicians, physical therapists, occupational therapists, massage therapists, and acupuncturists. In addition, healthcare administrators have guidance from the American College of Healthcare Executives (ACHE) on definitions of ethics, concepts of ethical behavior, and policy development. The ACHE has also developed a self-assessment tool to help busy healthcare administrators keep their ethics on track. Discussion of professional definitions of ethics and codes appears later in this text.

Of course, the practice of ethics really comes down to the person. Practicing healthcare administrators must be aware of theoretical, community, and organizational ethics as they make daily decisions. They also have to be attuned to professional standards. However, in their daily operations as administrators, they ultimately must choose their actions. One 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 always a simple matter. This is why professionals must develop their personal "ethical bottom line."

Ethical egoism could be part of this bottom line, but may not serve healthcare administrators well. The basis for this type of ethics is the idea that people should center their actions on what will provide their best personal benefit (Summers, 2014). In other words, in this view a person's desires, benefits, and pleasures are considered more important than those of other people. While many people take this position with respect to ethics, it fails to meet the healthcare administrator's obligation to put the needs of the patient first and to be a steward of resources for the community. For an ethics-based administrator in the ACA era, there will be challenges to go beyond ethical egoism as a person and a professional.

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In addition, healthcare administrators need to think about the community and its expectations. They need to become more aware of the mission and values of their organizations and the implementation of that mission in the community. In doing so, healthcare administrators need to explore their codes of professional ethics. Finally, they must think about their own values and ask themselves, "What is my true ethics bottom line? On which issues would I be willing to act even if it meant quitting my job?" This thought process should lead to the creation of a personal ethics statement. This document can assist the administrator when making the difficult decisions that will be part of a health administrator's role in the ACA era.

■ ETHICS THEORY AND ITS APPLICATION

While there are many ethics theorists, eight are included here because of their influence on health care. This text calls them the Big Eight: Aquinas, Kant, Mill, Rawls, Aristotle, Buber, Kohlberg, and Frankl. For the purpose of this discussion, the Big Eight is divided into two groups. The first group, which includes Aquinas, Kant, Mill, and Rawls, examined the global issues surrounding ethics and ethical decisions. The second group, which consists of Aristotle, Buber, Kohlberg, and Frankl, studied personal ethics and moral development. This chapter provides a summary of their works and an understanding of their contributions to healthcare ethics.

■ GLOBAL ETHICAL THEORIES

St. Thomas Aquinas (1225–1274)

Biographical Influences on His Theory

St. Thomas Aquinas, the youngest of nine children, was born in Sicily in 1225. His family was wealthy, and Aquinas was well educated in the classic literature of his time. He received his calling to become a member of the Dominican order of the Catholic Church early in his life. However, his family did not support this vocation and tried to prevent him from joining the order. In an effort to change his mind, his family actually held Aquinas prisoner in the family castle for two years. They tried to make him renounce his calling by tempting him with worldly pleasures (including hiring a prostitute to seduce him). Finally, the family relented and allowed him to go to Cologne, join the Dominican order, and continue his study with the major scholars of his day.

Aquinas became a teacher of theology and prolific writer; the greatest of his writings was the *Summa Theologiae*. 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's ethics theory (Davies, 2004).

Concept Summary

Influenced by Christian theology and the writings of Aristotle and others, part of St. Thomas Aquinas's genius was that he brought together faith and reason (Palmer, 2010). According to Aquinas, God is perfectly rational and He created the world in a rational manner (Summers, 2014). God's design for the world included giving humans the ability to reason, wonder about the cause of all things, and make rational decisions. Because humans have this gift of rationality, they have the potential to use moral judgment and to choose good and avoid evil (Darr, 2011; Palmer, 2010). Notice the word "potential"; people do not 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 obey natural law by choosing goodness over evil.

So what is goodness as defined by Aquinas? This theorist provided complex definitions of good and its limitations. His definitions included a belief that acts that preserve life and the human race are part of the definition of good. Something is also good if it advances knowledge and truth, helps people live in community, and respects the dignity of all persons. Aquinas 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. Instead, true happiness occurs only when one seeks the wisdom to know God. Truly understanding God is the ultimate good that all rational human beings seek (Kerr, 2009).

Theory Applications

It is important to remember that knowledge of ethics builds on the work of previous scholars. Aristotle, Dionysius, and Christian doctrine heavily influenced Aquinas's 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. These choices can affect the individual and those around that person. For example, it is not rational to drink to excess and then get behind the wheel of a car. 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, such acts affect the healthcare system by increasing the costs of health care that might not be necessary if people did not make choices that against their rational nature.

Aquinas's idea of "basic good" seems on the surface to be simple. All a person has to do is respect people's dignity and help them live

in community. However, when one translates this concept into the healthcare system and its policies, matters become much more complex. In the ACA era with all of its changes, what does the healthcare system do about people who do not make rational choices? Do they deserve the same level of care as those who make rational choices? How can the business of health care 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, which was a major cosmopolitan center and university town. He began his academic career by studying mathematics, physics, logic, metaphysics, and natural law. After serving as tutor for young children, Kant was finally able to complete his academic credentials and taught philosophy for more than 40 years. He also published works on natural science and even developed a theory about the formation of the solar system. However, Kant's work in moral philosophy is his best-known scholarship. His works included *Groundwork of the Metaphysics of Morals* (1785), *Critique of Pure Reason* (1787), and *Critique of the Power of Judgment* (1790). Because of his extensive writing and teaching, he became the dominant force in German philosophy and an international star in the field (Rohlf, 2010).

Concept Summary

Kant's writing in metaphysics and later on practical philosophy had a major impact on the field of ethics. He went beyond the description of what the world is (theoretical philosophy) to a discussion of what the world should be (practical philosophy). Through his thinking about morals and reasoning, Kant founded an entire area of ethics called **deontology**, or duty-based ethics (Summers, 2014).

For Kant, everything had worth based on its relative value. This means that things like talent, beauty, money, and even happiness are not good in and of themselves. Rather, a person can use any of these assets for good or evil. This is true because attributes (such as intelligence, physical beauty, or bravery) are either gifts of genetics or learned from the environment. They also have their source in the mind or perception. Therefore, a person decides who is smart and who is not, who is beautiful and who is not, and so on. While society may value personal attributes, such as influence, money, or even happiness, it is people who actually use these traits for good or evil. For example, if a person is highly intelligent, immensely talented, or extremely wealthy,

he or she might discover a cure for a terrible disease or create a way to change the world. This person might also use that same intelligence, talent, or wealth to become a creative embezzler or a successful serial killer (Blackburn, 2001).

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 people benefit. They act because they feel that it is the right thing to do. Their inner understanding of their sense of duty motivates them; it is motivation that counts. Therefore, good will is not a means to an end; it just *is* (Blackburn, 2001).

It is important to note that, in the Kantian view, all humans have absolute worth simply by the fact of their existence. Because they have worth, they are not a means to accomplish what an individual wants or to meet a societal goal. Rather, they are an end in themselves. What does this mean in practice? It means that administrators cannot manipulate and use people as a way to get what they want and remain ethical. Instead, they should honor individuals and respect their dignity because they exist as persons. For Kant, it was critical that people value qualities that respect the dignity of others, including freedom, autonomy, and rationality (Palmer, 2010). How does this translate today? It means that people have a duty to choose to act as a moral mediator and base their actions on good will. Good will does not include using people to achieve personal goals or benefits as a part of the decision-making process.

How do people know what is good? First, Kant acknowledged that all people have the ability to think and make their own decisions. In fact, he said, free will is essential to ethical behavior and to understanding what is good. Kant also acknowledged that humans are rational and can use reason to decide what should be the "rules for good." In fact, he provided a tool for understanding how to determine these rules or duties. He called this tool the **categorical imperative**; it represents a way to test actions, determine one's duty, and make moral decisions. For Kant, decisions about duty-based ethical choices include the concept of universal application—that is, becoming a universal law. For example, a person can ask, "Would I want everyone to be able to do this without exception?" If the answer is "yes," then the decision passes test of universalization or the categorical imperative. It then becomes a categorical moral duty and there would be a moral obligation to act in accordance with this duty (Blackburn, 2001; Palmer, 2010).

Some writers think that the categorical imperative is similar to the Golden Rule (a part of many of the world's religions). Kant, however, thought that the categorical imperative differed from the idea of "do to others what you would do to yourself." For example, one could apply the Golden Rule in ways that are not universal if one uses feelings and

needs, rather than reasoning, to determine one's actions. Moral duty goes beyond a person and his or her determination of fairness. The test of the categorical imperative also requires that administrators treat everyone as a person and not as a means to an end (Blackburn, 2001; Palmer, 2010; Summers, 2014).

Theory Applications

Kantian, or duty-based, ethics acknowledges the value of all human beings as means unto themselves and gives a test for making decisions about moral duties. Because of the absolute value of human beings, they all deserve respect. All people in one's daily work-life—employees, patients, community members, and others—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. This leads to the idea that, for moral decision making in health care, all persons in similar circumstances deserve the same respectful treatment.

In addition, Kant helps to define the idea of a moral duty as obligations to other people as fellow humans. Therefore, the categorical imperative can also be useful to determine moral duty when developing policy and procedures. For example, when one develops a personnel policy, one can ask, "Why am I really doing this? What is the reason behind it? Is this policy respectful of all people?" The answers to these questions and the categorical imperative should assist in determining if the policy is universal. In other words, should everyone have to comply with this action? To pass the categorical imperative, the action will not treat some employees better than others; instead, it will be required for all and will treat everyone with respect.

Despite Kantian theory's base in good will, one can see that being a strict Kantian might be a problem for the healthcare administrator. To follow Kant in the strictest sense, an administrator should make all decisions based on good will and not on bases such as profit, legal mandate, or pleasing stakeholders. This is not practical or even possible in the political and ACA world of health care. In addition, Kantian moral theory tends to deal in absolutes and does not provide answers to all of the complex issues in today's healthcare system. Here is just one example: If a researcher uses human subjects to help find the cure for cancer, is he or she not using those individuals as a means to an end? Does this negate the worth of human beings and fail the categorical imperative test? One could say that it does, 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, one of the most influential ethics theorists in American health care, certainly had an interesting childhood. He was an extremely

intelligent child who was heavily influenced by his father's insistence on strict discipline in learning. Mill learned Greek at age 3 and Latin by age 8. At 15, Mill was already disagreeing with current moral theorists. Influenced by Bentham's utility concepts, he began to write his own theory. When he was 20, 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 published articles advocating women's rights. The couple shared philosophies and collaborated on many articles. Some of Mill's major works on ethics included *System of Logic, On Liberty, 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 the British Parliament to use his political power to help improve the status of women (Wilson, 2007).

Concept Summary

Based on the idea of *telos*, or ends, Mill's theory of utilitarianism forms the ethical justification for many healthcare policies that affect the U.S. public today. This moral philosophy of **utilitarianism** or **consequentialism** had its foundation in the idea that one should base ethical choices on their consequences and not just on intent or duty. Individuals make decisions in life that have consequences that contribute to happiness. When applying utilitarianism, administrators weigh the consequences of those actions and their effects on others' happiness. Then, they can use this reasoning to make 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 happiness) to the greatest number of those affected by a consequence or decision. It is wrong if it produces the greatest harm for the greatest number of those affected. Thus the focus of an ethical decision is not on the individual person or on the person's intension, but rather on the best outcomes for all persons. Writers often reduce Mill's theory to the phrase, "the greatest good for the greatest number" (Summers, 2014). In thinking about producing the greatest good, contrary to Kant's theory, a person can be a means to an end. However, this action can occur only when there is a greater good. Ashcroft, Dawson, Draper, and McMillan (2007) provide examples of the greatest good for the greatest number in the healthcare setting, 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 type of decision is to act from utility (act utility), which means that administrators make each decision based on its own merit.

There is an analysis of the consequences for that specific case and, based on this analysis, a person makes a decision. Some writers also call this pure utilitarianism. However, to act from utility or make each decision independently is not always practical in health care because decisions are numerous, complex, and often interrelated. Further, a policy that is created for the greatest good of one person may not have merit for others.

The second type of decision is to rule by utility (rule utility). With this approach, an administrator would use the potential consequences of a decision 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 smallest number of people. Rule by utilitarian decision making appeals to healthcare administrators 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 healthcare administrators perceive Mill's utilitarian principles of ethics to be a practical way to tackle difficult healthcare decisions. Because there is always a scarcity of resources in health care, 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.

One limitation of Mill's theory is that it might be possible to ignore the needs and desires of the minority in the quest to provide the greatest good for the majority. Since the individual is not the focus of moral decision making and the consequences are the most important element, a person could violate the rights or needs of the individual. Summers (2014, p. 32) refers to these situations as the "tyranny of the majority." An example might clarify this point: Suppose an administrator created a policy and funded a screening program that served all the members of a community. This would seem to benefit the greatest number of people and meet the requirements of rule utility. However, to find the funds for this program, the administrator eliminated funding for a program that served a small group of uninsured patients who needed liver transplants. The funded program might provide the greatest good for the greatest number, but those affected by the defunded program might have good reason to disagree with its value.

John Rawls (1921–2002)

Biographical Influences on His Theory

Rawls was a modern ethics theorist who studied at Princeton and Oxford Universities and served in the military during World War II. While in the service, he read reports about concentration camps and

witnessed the aftermath of the bombing of Hiroshima. These experiences had such an impact on Rawls that he declined a commission as an officer and left the army. When he returned home, he finished his 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 University for 40 years. His work, including *A Theory of Justice* (1971), centered on defining what a moral society should be through the application of social justice. Because of this work, he had a great influence on modern political, social, and ethical thinking (Wenar, 2012).

Concept Summary

Rawls was interested in defining what makes a moral and just society. His theory relates to social justice or justice as fairness. He studied 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 Rawls, but he was opposed to the position of utilitarianism. Based on his study and views, he formulated his own theory of justice that included the concepts of self-interest and fairness. What did he mean? To explain his ideas, Rawls set up a hypothetical scenario in which everyone is equal to everyone else. He called this scenario the "**original position**." He also asked that a person assume the "veil of ignorance." In other words, the person does not know his or her own future and ignores the characteristics of the people who exist in society, such as age, gender, ethnicity, and socioeconomic status. Given the original position and veil of ignorance, a person would act to protect his or her own best interests. On a societal level, protection of self-interests forms a social contract. What, then, would be in the best interests of individuals and communities (Rawls, 1999; Summers, 2014)?

First, consider what it means to live as a human being. Because humans generally live in social groups, they 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. Rawls defined something he called the **liberty principle** (Darr, 2011), 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 Rawls's view, each person has a claim to the basic liberties of a society. To be just, people must also address inequalities in a society, so as 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 (Vaughn, 2010). Rawls included actions to address inequalities in his **maximim principle**. The question then

becomes: 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. Therefore, when one acts to protect the rights of those who are less well off, one is actually acting in one's self-interest. Further, the problems in a society tend to be suffered more by those who are in disadvantaged positions. For example, persons who are living in poverty are also more likely to be victims of crime or have more severe health problems. In addition, when people in a society are not treated for health problems, that failure to treat everyone can affect the entire society. For example, if a person has a communicable disease and does not receive treatment, that disease can infect others in the society. Finally, governments and individuals judge societies based on how they treat those who are not well off or in optimal health.

Does this mean that everyone in a society has to be equal in all ways, including economic resources? Rawls postulated that differences and advantages could exist in economic and social position in a society if these differences provided benefit for 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 the physician lives. However, such positions of advantage have to be available to all persons in the society. Technically, then, in Rawls's view, anyone who has the ability should be able to attend a university or college and become a person of privilege (Vaughn, 2010).

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 a patient goes to the emergency department with a sprained ankle, there are many services available to diagnose and treat that person. However, the patient might not get immediate treatment or even the use of all of the available treatments if people with life-threatening conditions are simultaneously present in the emergency department. It is in the self-interest of all who have healthcare needs if those with greater needs receive treatment ahead of those with lesser needs. This is true because each person assumes that, if he or she were in a life-threatening position, he or she would receive life-saving treatment.

Theory Applications

Rawls has had a great influence on how political and other leaders think about social justice in the United States. His ideas also influenced how the United States is judged by other nations. For example, how does this country treat its poor or imprisoned citizens? For some observers, treatment of those in a lesser position can be a greater indicator of a

nation's quality than its wealth. In addition, Rawls's thinking about social justice influenced the introduction of such programs as Head Start and Medicaid/Medicare. More recently, one can see applications of his theory in parts of the ACA and its effects on political discussion and future healthcare practice. Likewise, his theory has ramifications for many U.S. institutions such as education, public health, and health care.

Because the basis for many aspects of American society is market justice and not social justice, Rawls's work presents a great challenge to the United States and its healthcare systems. His theory asks that administrators consider even more than the greatest good for the greatest number or the greatest profitability for the greatest bottom line. That is, it asks that healthcare institutions and practitioners consider those in the community who have the least amount of financial resources to invest in health care. The true challenge here is not just demonstrating fairness and compassion, but rather meeting the needs of both those who have adequate resources for health care and those who do not. Within this challenge, there is a need to maintain a healthy bottom line so that doors stay open and salaries are paid. With the major changes in health care anticipated with the full implementation of the ACA, the ideas of justice and fairness introduced by Rawls will not only be a part of philosophical debate, but will also present true challenges for health care.

PERSONAL ETHICAL THEORIES

There is need for a brief introduction before reading about the next four theorists. Rather than look at the macro or global picture of ethics, these philosophers addressed individuals and their ethical and moral behavior. They considered how people acquire their perspectives on ethical thinking, moral reasoning, and ethics decision making. The section begins with Aristotle because his work provided a foundation for many of the great ethicists who followed him. Martin Buber is included because he 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—a theme that has long been a part of the study of philosophy and ethics. 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, his family sent him to Athens and to study at Plato's Academy. He continued this study by

attending Plato's lectures for 20 years! In 343, the king of Macedonia asked Aristotle to tutor his son, who later became Alexander the Great. Aristotle wrote more than 200 works in the areas of physics, logic, psychology, natural history, metaphysics, politics, and ethics. Today, only 31 of these works exist, but they influenced centuries of thinking about philosophy and ethics. Even though he was famous in his time, Aristotle's renown did not protect him. He was living in Athens in 323 when Alexander the Great died. Since he was a Macedonian and there was so much ill will toward Macedonia in Athens, he feared for his safety and left the city (Shields, 2012).

Concept Summary

Aristotle's work in ethics centered on how people can achieve the highest level of good or virtue. His concept of virtue derives from the Greek word *areté*, meaning "excellence." Virtue, in his view, was not about discussion; it was about the decisions made and the actions taken as a moral person. For Aristotle, a person builds character by taking action and practicing both intellectual and moral virtues. The concepts of **virtue**, **practical wisdom**, and **eudaimonia** represent key areas in Aristotle's idea of moral person (Palmer, 2010).

Virtue How did Aristotle describe the concept of virtue? First, virtue requires choices that require action, not just discussion. The bases for these choices are intellect or knowledge and habits. Virtues are also voluntary. One obtains intellectual virtues through education and moral virtues through practice, habit, and moderation. Character and the consistency of how one lives are also reflections of virtue. Examples of virtues include practicing temperance instead of being impulse driven, exhibiting courage in adversity, and helping a friend when there is no reward (Palmer, 2010).

Practical Wisdom Since building a virtuous character requires action and choice, Aristotle also presented the concept of practical wisdom or *phronesis*. Healthcare administrators face situations that are new, especially in this era of great change. The dynamic nature of health care today means that they might not have an answer about what is right or wrong in all situations. Aristotle suggests that they engage in what he calls practical wisdom. First, administrators need to be stronger than their impulses so they can take the time to use reasoning and research their choices. They should then assess these choices as good or bad and weigh them against each other. Administrators should be guided by their character and rational thinking in this endeavor, and should choose the best option for the current situation. This option is often the middle ground between the choices 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. As Aristotle reminded us, "It is not possible to be good in the strict sense without practical wisdom, nor practically wise without moral virtue" (Aristotle, 1908, para 2).

Eudaimonia Aristotle also introduced the idea of eudaimonia. This concept has been translated as happiness or the idea of flourishing (Summers, 2014). However, Aristotle did not think of happiness in the modern sense. Instead, he meant that a person could be happy if he or she chose to live his or her life as it was intended to be—that is, a life lived by practicing virtues and working to build one's moral character. Such action requires the ability to contemplate and address difficult issues, including how to live together in community. For Aristotle, eudaimonia was unique to humans and was the purpose of their lives (Blackburn, 2001).

Theory Applications

How can Aristotle's ideas apply to the modern healthcare administrator? The modern theory of virtue ethics has been derived from his works and is based on the concept of character. This theory describes how to evaluate actions based on what someone with moral character would do. It also asks that administrators think about why they are making a decision as part of their moral character. In addition, virtue ethics helps define which character traits an administrator should have as a person and as a professional (Ashcroft et al., 2007; Munson, 2008).

One can also 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 itself. In health administration, desired characteristics include honesty, trustworthiness, compassion, and competence. The profession, through its educational process, attempts to inculcate these character traits in its students through lecture, discussion, field experiences, personal example, and other methods. One could say that health administration educators are encouraging their students to engage in a life of eudaimonia. This goal makes sense because students become practitioners, at which point they represent both the profession and their alma mater to the community.

The concept of practical wisdom is especially important in times of great change, and one can apply it in one's professional and personal life. When healthcare administrators make decisions about the best choice for a situation, they can rely on knowledge of ethics and lessons from experience to assist them. They can also use the wisdom of others such as teachers, clergy, and parents to guide contemplation.

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Using practical wisdom as part of daily practice helps move an individual along the pathway toward 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 spent much of his childhood with his wealthy grandparents—his grandfather was a well-respected rabbi and scholar. In 1933, Buber 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, where he continued his writing and taught social psychology in Jerusalem. One of his most important works on ethics is *I and Thou* (1996). During the 1950s and 1960s, Buber toured the United States and delivered lectures on his ideas about ethics and human relations (Zank, 2007).

Concept Summary

Buber examined how people relate to each other and behave toward each other 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 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 rather as an extension of the father's ambitions. In severe cases, such as a psychopathic personality, a person cannot see anyone except himself or herself. The needs of others simply do not exist, nor does the responsibility of ethical behavior toward them (Buber, 1996).

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, but rather 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" or "my minions" to refer to the healthcare professionals within the organization. Another example could be when one refers to a patient named Mrs. Smith 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.

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

The highest moral relationship that a person can have is called "**I-THOU**" (Buber, 1996). 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, one recognizes each person as being different and having value, and makes a choice to consider that person beloved or special. Notice the word "choice" used in the preceding sentence. Making the I-THOU choice requires many things from people who make this decision, including 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.

Because of the commitment that it requires, it is not possible to have an I-THOU relationship with each person whom one meets. However, when a healthcare professional is treating a patient, the patient wants to be the most important person in the encounter. When sick, in pain, and frightened, patients are trusting in a healthcare professional's ability to care for them. They want the level of patience and understanding that professionals would give to beloved or special persons in their lives. They also assume that these health professionals value their needs equally with their own because they chose to have a career in a service-based industry. Likewise, the community assumes that an administrator acts with the highest regard for their needs and serves as a good steward of their resources.

Theory Applications

This short summary offers only a brief look at the basics of Buber's complex thinking about ethics and ethical behavior. However, his definitions of ethical relationships can be useful for the healthcare administrator. For example, when 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 in conference with a fellow employee, do you try to have at least an I-YOU relationship or do you see this person as an "it"? Finally, when choosing 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 views your relationship to them? These questions can be helpful in examining the healthcare administrator's 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. Arrested by the British, he served time in an internment camp in Cyprus. Because of this experience, he began to think about how people develop moral reasoning and how ethical thinking is learned.

When Kohlberg returned to the United States, he attended the University of Chicago. where he completed his bachelor's degree in one year! He went on to complete a doctorate at this same university. Kohlberg subsequently became a professor at the University of Chicago and 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. Kohlberg used this story to evaluate people's level of moral development based on their answers and the reasoning behind those answers. His research led to the formulation of a hierarchy of moral development, and his theory has been subsequently verified through studies conducted in the United States and throughout the world.

Kohlberg became an international name in the study of morality and ethics, but his death was a great tragedy. Toward the end of his life, Kohlberg was in great pain from a parasitic infection and suffered severe depression. One January day in 1987, he parked his car on a dead-end street in Winthrop, Massachusetts, left his wallet and in his keys in the car, and walked into the freezing waters of Boston Harbor. The police found his body sometime later in a tidal marsh (Walsh, 2000).

Concept Summary

How does a person learn to practice moral judgment? To understand Kohlberg's answer to this question, one needs 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 movement happens as life presents challenges and people attempt to find solutions for those challenges. Finding solutions helps an individual advance in moral development and reasoning. In addition, Kohlberg believed that a person could not understand moral

reasoning that is too far beyond his or her own level. It is possible to be grown-up physically, but not be morally mature, he suggested. Kohlberg also 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 a person has a true sense of moral decision making. In Level I, people make decisions purely to avoid being punished or because a person in higher authority tells them to do it. They center their decisions on what might happen to themselves and nothing else. For example, a child may do things simply to avoid punishment by his or her parents.

Level II is also premoral but its center is 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 what you want in life or in your career.

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 lies in trying to avoid guilt or shame. In this view, there should be rewards for people who do what is good and there should be punishments for those who do not. In this level, people make ethical decisions so that others see them as good employees, good parents, or good friends. They also want to avoid the stigma of the "bad employee" label.

In Level IV, people make moral decisions based on 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. While it is necessary to respect rules and laws in a civil society, there can be extremes. Extreme behavior in this stage explains how Nazi soldiers could actively participate in the Holocaust and still consider themselves to be 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 oneself and for the rights of others. Level V requires complex thinking about the social contract one has with others and not just about laws (Kohlberg, 1984). For example, when a government or group makes decisions about the use of healthcare resources, it must use complex moral reasoning. Therefore, an element of Level V reasoning should be present.

The basis for Kohlberg's Level VI moral reasoning is 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 (Kohlberg, 1984). For example, 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. These civil rights protesters 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 moral decisions that they do. It might be helpful, as an administrator, to understand that not all persons have the same ethical reasoning. It would also help to understand the basis for people's moral decisions. In addition, if there is too great a difference between the administrator's level of moral reasoning and others' level, those persons might not even understand why the administrator views a decision as ethical. Understanding Kohlberg's ideas can also help administrators analyze their own decisions and determine the moral reasoning behind them. This ability should prove useful when required to defend decisions. An administrator should be able to answer questions such as "Why did you decide to act as you did?" and "What was your reasoning?" (Schissler Manning, 2003).

There is another implication of knowing and understanding Kohlberg's theory—one involving patient/system relations. Think about the role of a healthcare administrator in society's view. Society gives the healthcare system a high level of authority. Along with this authority comes an assumption of trust in the system. This means that patients have faith that the administrator is functioning at a high level (at least on Level IV) of moral reasoning when making decisions about their care and treatment. In other words, they expect the administrator to have the ability to put their needs first and the healthcare organization's 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 its representatives as 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 the healthcare organization and the healthcare 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 Sigmund Freud. Frankl also studied Socrates, Plato, Aristotle, Kant, and many contemporary writers in philosophy and psychology (Graber, 2003). However, the most profound influence on Frankl's life and work happened in 1942. In that year, 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.

Frankl survived the brutality of four different camps before his release. Instead of losing hope, he 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 the midst of this unbelievable suffering. His experience led him to develop a theory about a topic that has been a focus of study for philosophers and ethics for generations: the meaning of life (Eagleton, 2007). The current term for Frankl's lifelong work is *logotherapy* or meaning theory. Frankl authored many books, but the most well known is *Man's Search for Meaning*, which has sold more than 9 million copies and has been translated into dozens of languages.

Concept Summary

Frankl believed that a person is not just a body or a brain. Instead, people are mind, body, and spirit—total human beings. Each person is also unique in the entire universe and entitled to dignity. Each life has meaning, no matter what one's personal circumstances. As thinking persons, people are able to question and wonder about their purpose in life and what their life means. Only humans can ask, "Why am I here and what am I supposed to do?" For Frankl, morality also relates to one's sense of meaning. People make decisions to behave in moral ways for the sake of something they believe, something to which they are committed, or their relationship to their God (the ultimate meaning).

When people do not feel a sense of purpose in their lives, they feel a sense of emptiness, or an existential vacuum. There is a need to fill this vacuum: Some people choose to fill this void with alcohol or drugs, others with 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 a person's

ability to go beyond a situation and find meaning in it. Once there is meaning, one can then make choices that are ethical and affect more than one's selfish needs. A conscience is not infinite; it does not have absolute knowledge. It tries to find the best action to take in a situation. Because the conscience is a part of a person, the individual can choose to make decisions that honor those things that are valued and avoid those things that bring harm.

Theory Applications

Can you see a connection here? It almost feels as if we have closed a circle that goes back to the writings of St. Thomas Aquinas, Aristotle, and some of the other theorists mentioned in this chapter. Conscience is again a consideration in ethics. In the case of Frankl's interpretation, one can use it to help understand the meaning of actions and choose the best action possible. Think about the word "choose." By using this word, Frankl implies that because one chooses actions, one is responsible for them. In health care, this statement has profound implications. As a healthcare administrator, you make decisions that can affect the health and quality of life of both patients and employees. Expediency alone should not be the motivation for these choices. One should make choices using as much data as can be obtained and with practical wisdom. Basing decisions on the best data available is a choice that might take more effort, but it also demonstrates your willingness to be responsible for what you do.

Summary

This chapter deals with ethics theory and how it shaped ethics thinking from both a global and a personal view. It serves as a foundation for understanding the remaining chapters in this text. For example, the reader will see connections with these theories as he or she studies the major principles of healthcare ethics. In addition, the reader should be able to recognize the influence of these theorists as he or she explores how the community and organization view the practice of healthcare ethics.

Web Resources

The *Stanford Encyclopedia of Philosophy* is a well-researched source for additional information about the theorists in this chapter. Here are the links to their materials. Sites for theorists not mentioned in that resource are also included here.

St. Thomas Aquinas
http://plato.stanford.edu/entries/aquinas/

Immanuel Kant
http://plato.stanford.edu/entries/kant/

John Stuart Mill
http://plato.stanford.edu/entries/mill/

John Rawls
http://plato.stanford.edu/entries/rawls/

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

Lawrence Kohlberg
http://pegasus.cc.ucf.edu/~ncoverst/Kohlberg's%20Stages%20of%20Moral%20Development.htm

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

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