PHC 6102
Principles of Health Policy and Management

Barbara Langland Orban, Ph.D.
Associate Professor and Chair
Dept. of Health Policy & Management

Ethics in Health Services
Session Objectives

• Describe the basis for ethics

• Contrast ethical codes among major health professions

• Detail the promulgation of ethics by health care organizations
Laws Pertaining to Health Services

• Assure quality
  • Such as licensure, malpractice

• Control cost
  • Insurance and HMOs

• Advance access
  • e.g., federal mandate requiring EDs to provide screening visits

• Protect personhood of patients
  • Abortion, end-of-life, right to die
ETHICS

• More than obeying laws
  • May include duty to aid others or work on their behalf
  • Positive duties
  • “Higher calling”

• Relationship to law is not one-to-one
  • Lawful and ethical are not always the same
BASIS FOR HEALTH CARE ETHICS

- Respect for Persons
- Beneficence
- Nonmaleficence
- Justice
RESPECT FOR PERSONS

- Autonomy – act to allow others to govern themselves
- Truth telling – be honest, no lies
- Confidentiality – keep what one knows about patients confidential
- Fidelity – keeping one’s word
Beneficence & Nonmaleficence

• Beneficence
  • Positive duty
  • Acting with charity and kindness

• Nonmaleficence
  • “Do no harm”
  • Refrain from actions that aggravate a situation
JUSTICE

• Defined differently

• Some define as “fairness”

• Important in decision making in resource allocation
• **American Medical Association**
  • Meeting expectations of profession and society
  • Acting in specified ways toward patients

• **American College of Healthcare Executives**
  • Responsible to patients, self, society, and profession
  • Also, responsible to the organization and employees
• Health care executives are expected to avoid financial conflicts of interest

• Must avoid exploiting professional relationships

• Must consider good of the whole versus that of the individual
Sources of Ethical Dilemmas

- Differing moral frameworks
- Conflicting duties or moral principles
- Varying philosophies among types of professionals (values)
Patient Bill of Rights

• Guides relationship between patient and organization (e.g., hospital) + employees
  • Set ethical tone for relationship
  • Reflect laws on confidentiality and consent

• Bills by Joint Commission, AHA, ACLU

• Not legally binding
  • Organizations not required to encourage and monitor use
Joint Commission
PATIENT RIGHTS

• The organization respects the rights of patients, recognizes that each patient is an individual with unique health care needs, and, because of the importance of respecting each patient’s personal dignity provides considerate, respectful care focused on the patient’s individual needs.

• The organization affirms the patient’s right to make decisions regarding his or her care, including the decision to discontinue treatment, to the extent permitted by law.

• The organization assists the patient in the exercise of rights and informs the patient of any responsibilities incumbent on him or her in the exercise of those rights.
• Practices with compassion and respect for the inherent dignity of every individual

• Primary commitment is to the patient, whether individual, family or community

• Advocates for the health, safety and rights of the patient

• Participates in establishing and improving health care environments
CODES OF ETHICS

• Guide behavior
  • Can be vague or contradictory

• May be subject to disciplinary action if violate professional code following due process
  • American College of Healthcare Executives (ACHE) - potential for expulsion
  • American College of Health Care Administrators - no enforcement or appeals process
CODE OF ETHICS DIFFERENCES

- **Executives**
  - Conflict of Interest
  - Honesty in Advertising

- **Physicians**
  - Safeguard patient confidence
  - Expose physicians of deficient competence
  - 1980 - deleted prohibitions against “soliciting patients” and associating with “unscientific practitioners”

- **Nurses**
  - Patient centered
• Serve as an educative resource to use for making clinical and administrative ethical decisions

• Examples for Hospitals:
  • Develop patient consent policies
  • Clarify resource allocation issues
  • Life-sustaining treatment
  • Provide professionals with a forum to air disagreements
MEMBERSHIP

• Interdisciplinary

• Physicians (most common)

• Clergy member, attorneys, laypeople, social workers

• Underrepresented: administrators and nurses
SOLVING ETHICAL PROBLEMS

• Problem recognition/definition
• Assumptions
• Identify tentative solutions
  • Organizational values
  • Professional codes
  • Committee & consultations
• Decision criteria
  • Feasibility
  • Will solution solve problem
• Select best alternative
• Evaluate desired-actual results