

Professionalism and Ethics

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Professionalism and Ethics

- Historically: 8% of the knowledge areas
- 16-17 questions
 - Same as business, legal issues,
 - More than governance, IT
 - Slightly less than quality, finance, and human resources
- Focus Areas:
 - Development, monitoring and maintenance of procedures to ensure the needs of professional staff are met.
 - Ethics includes identifying, monitoring and disseminating codes of professional conduct;
 - Understanding the implications of ethical decisions;
 - Providing procedures to monitor standards of behavior within the organization; and
 - Determining, maintaining and monitoring accountability procedures.

ACHE Reference Manual

Professionalism and Ethics

The American College of Hospital Administrators (ACHA) was established in 1933 for the following hallmarks:

- Public service orientation
- Self-regulation
- A code of ethics
- Set of expectations such as assuring competence of members through continuing professional education
- Samaritanism
- Charity

These hallmarks can be found in the *ACHE Code of Ethics*

- **Ethics** - Defined as the philosophical study of the moral value of human conduct and of the rules and principles that ought to govern it.
- **Sociological** – Self regulatory guidelines for making decisions and defining professions.
- **Medical** – A system of moral principles that apply values to the practice of clinical medicine and scientific research.
- **Organizational** – The principles and standard by which businesses operate. Who an organization says they are, the values they live by and make decisions by.

Ethics to Healthcare Executives – special charge and responsibility to:

- Patient
- Client
- Others served
- The organization
- Its personnel
- Themselves
- The profession
- And ultimately, but less directly, to society

Ethical Policy Statements

- Considerations for Healthcare Executive-Supplier Interactions
- Creating an Ethical Environment for Employees
- Decisions Near the End of Life
- Ethical Decision Making for Healthcare Executives
- Ethical Issues Related to a Reduction in Force
- Ethical Issues Related to Staff Shortages
- Health Information Confidentiality
- Impaired Healthcare Executives
- Promise-Making, Keeping and Rescinding

Public Policy Statements

- [Access to Healthcare](#)
- [Healthcare Executives' Responsibility to Their Communities](#)
- [Healthcare Executives' Role in Emergency Preparedness](#)
- [Organ/Tissue/Blood/Marrow Donation](#)
- [Strengthening Healthcare Employment Opportunities for Persons with Disabilities](#)

Professional Policy Statements

- [Board Certification in Healthcare Management](#)
- [Considering the Value of Older, Experienced Healthcare Executives](#)
- [Evaluating the Performance of the Hospital or Health System CEO](#)
- [Increasing and Sustaining Racial/Ethnic Diversity in Healthcare Management](#)
- [Lifelong Learning and the Healthcare Executive](#)
- [Preventing and Addressing Harassment and Aggression in the Workplace](#)
- [Responsibility for Mentoring](#)
- [The Role of the Healthcare Executive in a Change in Organizational Ownership or Control: Consolidations, Mergers, Acquisitions, Affiliations, Divestitures, or Closures](#)
- [Terms of Employment for Healthcare Executives](#)

- *Ethical Policy Statements* have also been developed by ACHE to address specific concerns of healthcare executives
- These are published on the ache.org website, and included in the annual report.

ACHE's *Code of Ethics*

Purpose: To serve as a standard of conduct for members

- First published in 1939
 - Several iterations since
 - Major revision in 1987 and amended in 2017
 - *Code* is reviewed and updated annually
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- Let's go to the code
 - <https://www.ache.org/about-ache/our-story/our-commitments/ethics/ache-code-of-ethics>

The Code encompasses the concept of moral advocacy which holds that healthcare executives are morally accountable for the implications of their:

- **Malfeasance** (wrongdoing or unlawful act)
- **Nonfeasance** (failing to do what ought to be done or outside of established norms) and
- **Misfeasance** (performing a lawful action in an illegal or improper manner)

ACHE affiliates are obliged to bring to the attention of the ACHE Ethics Committee any information that reasonably causes them to believe there has been an infraction of the Code.

American Medical Association's *Principles of Medical Ethics*

- Adopted in 1803, based on work of an English physician, Sir Thomas Percival.
- Subsequent revisions continue to incorporate portions of the Hippocratic philosophy governing physician-patient relationships.
- Principles address standards of conduct that define the essentials of honorable behavior:
 - Competent, compassionate, respectful, and safe care to all
 - Honesty including reporting deficient physicians
 - Confidentiality and privacy
 - Continual learning
 - Responsibility to patient paramount
 - Community and betterment of public health

American Nurses Association's *Code for Nurses*

- Originated 1893 with the “Nightingale Pledge” and the 1896 Article of Incorporation.
- Philosophy is that the goal of nursing is to support the client’s responsibility and self-determination to the greatest extent possible.
- Nine provisions set out the nurses relationship: to patient, to nurse, to self, to others, to profession, to society and nursing to society.
 - Provision 1-3: fundamental values and commitments
 - Provision 4-6: boundaries of duty and loyalty
 - Provision 7-9: duties that extend beyond individual patient encounters

Codes of Ethics for professional groups

- Provide for self-regulation
- Must be sufficiently precise so that guidance is meaningful, both to the members of professional groups and societies and to those who are charged with enforcing the code.
- Must be living documents that provide meaningful guidance to individuals who want to do the right thing, but who are uncertain as to what that is.
- Education about its ethical code and expectations should be a part of any continuing education development program undertaken by a profession

Patient Rights and Responsibilities

Two moral philosophies are especially important as a context for solving ethical problems:

- **Utilitarianism** –Whether actions are morally right or wrong depends on their effects focusing on the outcome. The action producing the greatest good is that which is morally correct. “the ends justify the means”
 - Limitations: values and justice
- **Deontology** – based on duty; there are right and wrong actions, regardless of the end produced by that action. Right may be what is the moral norm. “the means are important”

Four principles that can be used to guide healthcare executives in developing a *personal ethic*:

- Respect for persons (which incorporates autonomy, confidentiality, fidelity and truth telling)
- Beneficence (doing good, removing or preventing harm for the benefit of others)
- Non-maleficence (do no harm)
- Justice (Due process – Procedural justice; Determining what is fair in burdens and benefits – Distributive Justice?)

Principles guiding personal ethics should:

- Permeate an organization's philosophy
- Be reflected in its mission statement and other written expressions of values
- Be reflected in all the policies, procedures and rules used by the organization
- Be part of the healthcare executive's personal ethic, as well as part of all decision making

Institutional Ethics Committees Interdisciplinary teams to provide:

- Advice
- Consultation
- Education
- Analysis

For physicians, patients, staff and healthcare executives.
Focused on biomedical ethical issues and administrative ethics.

Infant Care Review Committees (ICRC) are established in response to the Federal Child Abuse Amendments of 1984.

- Educate hospital personnel and families of disabled infants
- Recommend institutional policies and guidelines as to withholding medically indicated treatment
- Offer counsel and review in such cases

Institutional Review Board

- Established to meet the requirements of the Department of Health and Human Services, and other federal and state agencies in various types of research.
 - Required if your institution is involved in research
- Prospectively review proposed research
 - That involves human subjects to determine whether research subjects will be at risk of harm
 - To ensure that legally effective informed consent will be obtained
 - To ensure value of research

Types of research in healthcare organizations

- Clinical trials – primarily performed in academic health centers and other teaching hospitals
- Practice of Medicine research – performed in larger hospitals and HMOs – use of previously collected data and survey research to evaluate the practice of medicine
- Patient satisfaction
- Outcomes measurement

Advanced Directives

- Person states their wishes about accepting or refusing medical and surgical treatment.
- Types of advance directives:
 - living wills
 - natural death acts and death with dignity laws
 - do not resuscitate (DNR)
 - substituted judgment
- **NOTE: Patient Self-Determination Act (PSDA)** requires health services organizations that participate in Medicare or Medicaid to inform people they serve about advance directives.

Patient Bill of Rights

- Suggest appropriate ethical relationships between the patient and the organization and its employees
- Emphasize maximization of patient autonomy while recognizing the needs of the health services organization
- Responsibility of patients in the care process

Examples of Patient Rights

- Complete and Truthful Information
- Respect
- Non-discrimination
- Participation in Healthcare Decisions
- Confidentiality
- Privacy
- Shared decision making

HIPAA

- You may release PHI to another provider for:
 - Treatment
 - Payment
 - Operations
- NOTE: Other disclosures require patient authorization
- “Covered entities are free to engage in communications as required for quick, effective and high-quality healthcare.

Expectations of Ethical Conduct

- Statements or guidelines established by trade associations
- Set out expectations for ethical conduct and relationships with the community, and those served, and organizational conduct in general.
- Health care providers are expected to accommodate the religious and social beliefs and customs of patients whenever possible.

Provision of services based on values

- There is no expectation that the organization's legally compliant value system as expressed in its statement of organizational philosophy or other guiding principles must be breached to meet the demands of patients, clients, or others served, or of employees.
- Governmental facilities may not enforce theologically based positions since this constitutes an unconstitutional establishment of religion.
- Thus, governmental facilities provide services that nongovernmental facilities may not be forced to provide.

Conflicts of Interest

- a situation in which the concerns or aims of two different parties are incompatible.
 - "the conflict of interest between elected officials & corporate lobbyists"
 - When a decision maker has a conflict of duty of fidelity (loyalty)
- a situation in which a person is in a position to derive institutional or personal benefit from actions or decisions made in their official capacity.

Personal Considerations

- Consciously seek to avoid situations before they occur (i.e., prevention)
- Once a conflict has developed, the individual must disclose the conflict and remove themselves from a position of decision making
- Institute a “no-gratuities / no-gift” policy so it leaves nothing to chance (gifts of all kinds, meals and entertainment)

Conflicts of Interest Examples

- A director is a partner in a law firm that acts as general counsel to the hospital.
- A decision maker is an owner of a business that offers goods or services to the hospital
- A decision maker is an owner of a business that competes with the hospital
- A decision maker is having a romantic relationship with a subordinate and is in a position to affect the subordinate's pay, employment, or evaluation

Vulnerable areas:

- Governing board
- Management (top and middle)
- Procurement

Conflict of Interest disclosure statements

- Who should complete?
- How often?

Sarbanes-Oxley Act of 2002

- Imposes guidelines to improve the accuracy and reliability of corporate disclosures
- Certification of financial reports by CEOs and CFOs
- Ban on personal loans
- Public reporting of CEO and CFO compensation and profits
- Internal independent audit, with external audit certification
- Encourage employees to report unethical behavior (with protection)
- Code of ethics and standards of conduct for executive officers & board members
- Continuously search for “conflicts of interest” in the organization

G. Pozgar “Legal Aspects of Health Care Administration”

Stark Law

- Stark Law is a set of United States federal laws that
 - prohibit physician self-referral
 - specifically a referral by a physician of a Medicare or Medicaid patient to an entity providing designated health services ("DHS")
 - if the physician (or an immediate family member) has a financial relationship with that entity.

ACHE Code of Ethics

- ACHE affiliates are expected to accept no gift or benefit “offered with the express or implied expectation of influencing a management decision”.
- An organizational policy that no gratuities can be accepted is the cleanest and clearest approach and leaves nothing to the potential recipient’s judgment.

Elements of a Profession

- Specialized knowledge and training
- Public service orientation
- Transmission of values, norms, knowledge and skill
- *Code of ethics*
- Continuing education
- Self-regulation
- Professional association
- Samaritism and charity

Professionalism

- Responsibilities as a professional
 - Honesty Integrity, respect, fairness and good faith
 - Comply with laws and regulations
 - Competence and proficiency
 - Avoid Conflicts of Interest
 - Positive public information programs
 - Respect for other professions, organizations and hospitals

living a moral life of excellence in my chosen profession

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Good Luck on Your Exam!!
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