Robert T. Hall: *An Introduction to Healthcare Organizational Ethics*. Oxford University Press, 2000.

In 1995, with little fanfare, the Joint Commission for the Accreditation of Healthcare Organizations introduced a standard for "organization ethics" to its requirements for accreditation. The term has been simultaneously a Rorsach blott test and a rallying call to people in a variety of professional and academic positions. What IS organization ethics, actually, and what does this new accreditation standard require of us? In the last few years a variety of interpretations and applications have been offered in books and articles.[i]

Robert Hall's book presents a wry, judicious and comprehensive answer to this question. What, he asks, are the ethical requirements on the health care organization—simultaneously a provider of a crucial service and a business, an employer and a coalition of professionals, and a member of a community?

> …in health care organizational ethics the central questions have to do with the nature and function of the institution. They arise from considerations of the mission of the organization, its role in society, and its relationship with many people in addition to patients—employees, administrators, the community, suppliers, professionals and other providers. (p. 6)

Brief methodological chapters at the beginning and end of the book address, respectively, two possible models for ethical analysis of organizational ethics decisions (according to organizational goals, and a stakeholder analysis) and alternative ways in which an organization ethics program can be incorporated into the operations of a hospital. The other ten chapters are thoughtful, contextualized, realistic appraisals of the challenges facing the hospital as an ethical agent under current conditions. They typically begin with a general overview of the ethical issues germane to the topic, focus in on the problems most likely to arise in the specific area of healthcare delivery, often include case studies illustrating various complexities of the issue, and conclude with specific recommendations about what is most worthy of the attention of healthcare administrators in the current healthcare climate. Hall makes good use of examples as he sketches out details of the ways in which hospitals are businesses like any other—and ways in which the problems common to all businesses are inflected by the history and goals of healthcare in America.

Hall explicitly defines organization ethics as a "managerial perspective," and considers healthcare organizational ethics analysis an "essential skill of healthcare administration." The book is aimed at "students in health services management, healthcare professionals, and healthcare administrators who are facing these issues," and cannot fail to be illuminating to readers from any of those groups. For students of business administration in general, the book's focus on healthcare highlights the ways in which healthcare as a business is subjected to multiple goals, of which financial success is only one, and involves multiple ethical perspectives. For beginning healthcare professionals, or for practicing professionals subjected to increasing responsibility for cost containment, the presentation of the administration perspective may be useful. In discussing the organization goals model of ethical analysis, for instance, Hall not only gives examples of 10 actual mission statements from HCOs, but offers some gentle

criticisms of ways in which mission statements can go wrong—as well as offering a model statement which avoids some of those pitfalls. The same chapter discusses codes of conduct in the same critical and informative way, and an appendix offers a model code.

I was particularly charmed by the chapter on program development, not least because of the various cautionary notes it sounded. As healthcare organizations struggle for financial survival in a rapidly changing and increasingly competitive market, introduction of new service lines becomes a tempting option, but one not without its dangers.   Hall presents some of these dangers in an extended case study: the introduction in one hospital of an organ transplantation program. Following a general summary of organ procurement procedures, Hall presents a case detailing the impact on the various physicians and staff members of morale, coordination and role assignment over a two-year period of the program implementation. Ethical analysis as a "normal dimension of organizational management" is needed to help in anticipating problems, meeting them when they arise, and preventing their reoccurrence.

Many of the issues that arise in clinical ethics have their counterpart on the organizational level. Confidentiality of medical records is a typical and often discussed example. Treating confidentiality as if it were the sole responsibility of the individual clinician is both frustrating and inappropriate, as Hall's chapter on medical records makes clear. Equally to the point is his chapter on managed care, where he highlights the conflict of interest that care providers face when negotiating their responsibilities to the plan that reimburses care vs. their responsibilities to the patients cared for, a structural and systemic conflict which he suggests will only be able to be solved on the political level. "Reliance on the professional commitment of individual physicians to overcome the economic pressure exerted by MCOs may be somewhat naïve," he comments. "Medical professionalism is up against a very powerful opponent. I wouldn't bet on Hippocrates." (p. 82)

The most Frequently Asked Question in this area, after "What Is It?" is "How does my institution develop an organization ethics program?" In his final chapter Hall addresses this question in the context of the JCAHO accreditation standards.   He suggests five models for such programs, including expanding the existing hospital committee. Two of his other four suggestions involve committees as well. An ethics officer or consultant, the organizational-ethics equivalent of the designated clinical ethicist, is his fourth suggestion, and he discusses as well the pros and cons of assigning the organization ethics function as an additional duty of the compliance program. Several strategies for systematic ethical analysis are briefly discussed, but Hall acknowledges that most decisions for instituting and developing organization ethics programs will be institution-specific.

Coming from a feminist and clinical-ethics background, my own approach to organizational ethics tends toward a grass-roots, bottom-up approach. Hall's book is an illuminating example of an alternative approach, and a valuable how-to book for a program that is established from any of the 5 routes he discusses.

i   See, for instance, *Organization Ethics In Health Care* by Edward M. Spencer, Ann Mills, Patricia Werhane and Mary V. Rorty, Oxford University Press 2000; *Business Ethics in Healthcare: Beyond Compliance*, by Leonard J. Weber. Indiana U. Press, 2001; Robert Hall, *An Introduction to Healthcare Organizational Ethics*, Oxford U. Press, 2000; Patrick Boyle et al, *Organizational Ethics in Healthcare*; John A.Worthley, *Organizational Ethics in the Compliance Context*, Health Administration Press 1999; as well as the following special issues of journals: *Cambridge Quarterly* vol 9 Spring 2000; *The Kennedy Institute of Ethics Journal* vol 9 June 1999; *Journal of Clinical Ethics* vol 10 Fall 1999; and a continuing section in *HEC Forum.*