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The Market Ethos and the Integrity of Health Care

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COMMENTS

THE MARKET ETHOS AND THE INTEGRITY OF HEALTH CARE

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I. CLARIFYING THE TITLE

It would be preposterous to add something substantial to what has already been discussed here today or to pretend to come to an univocal conclusion on many of the issues that have been addressed during our conference.

This contribution is much more limited and simple. I intend to reflect on a notion I find essential to the ethical discussion on health care in our country; one that seems in danger of losing its meaning: the notion of professional integrity as it applies to health care. Some clarifications on the meaning of such a notion must first be made, then one can argue that integrity in health care, in particular, the integrity of individual professionals and of institutions depends on a large cultural integrity defining society at large. This should provide some clarity to the conditions upon which a plausible retrieval of the notion of professional integrity could be made possible.

II. WHAT KIND OF INTEGRITY?

"Integrity and compliance programs" have proliferated in today's economically stressed healthcare environment. These programs proclaim loudly the commitment of the institutions to the highest standards of morality and articulate the values upon which business relationships among members, customers, employees and stakeholders must be conducted. Yet, in spite of its increasing prevalence, the corporate language of integrity is far from being univocal. Its understanding presupposes familiarity with the corporate reality. For those who do not distinguish the delivery of healthcare from ordinary commerce, integrity and compliance are complementary. The organization that acts to achieve its commercial purpose, i.e., that behaves efficiently, productively, profitably, has integrity. From this perspective, the integrity of healthcare organizations, as with other commercial organizations, will depend upon compliance with the capitalistic vision of the marketplace and with the forces of commercial culture. Indeed, the mission of many health care

institutions betrays a notion of integrity which is entirely a function of the maximization of profit. Integrity simply means compliance with the organization's economic interests.

With relation to the health care industry, the promise of the market is to increase competition and to rationalize the system without necessarily altering the fundamentally *moral* nature of the clinical exchange or undermining the professional standards entailed. Yet, many questions remain, both in relation to the ability of the market to deliver what it promises and in relation to its willingness to save the intrinsic morality of medicine.

Critical thinking carried out by several schools of thought have long since warned against the subtle social and ideological implications of the market and of capitalistic mechanisms in general. Indeed, the ideological spectrum is quite wide, comprising neo-Marxist philosophers of the so called "Frankfurt School," such as Adorno, Horkheimer and Habermas, as well as the most recent social encyclicals of the Catholic church.[1] This body of critical thinking makes us aware of the social tendencies inherent in the absolutization of the market: the tendency to neutralize non-economic values such as compassion, empathy, care, concern for the common good; to reduce interpersonal relations to mechanistic exchange; and to replace the experience of gratuitousness and esthetic appreciation with the concern for the production of material goods.

In fact, economists are also becoming increasingly sensitive to both anthropological presuppositions and broad social consequences of the market. They contend that total reliance upon its presumed self-correcting dynamics is normally accompanied by two related dangers. First, market institutions drive out extra-market institutions. Faced with competitive pressure, non-market institutions such as charity hospitals begin looking and behaving more like for-profit ones. Second, market norms drive out non-market norms. To quote Robert Kuttner, "when everything is for sale, the person who volunteers time, who helps a stranger, who agrees to work for a modest wage out of commitment to the public good, who forgoes an opportunity to free-ride, begins to feel like a sucker."[2]

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1. *See* THEODOR W. ADORNO, MINIMA MORALIA: REFLECTIONS FROM DAMAGED LIFE (1974); THE ENCYCLICALS OF POPE JOHN PAUL II, *Laborem Exercens, Centesimus Annus and Sollicitudo Rei Socialis*; *See generally*, CHARLES E. CURRAN & RICHARD A. MCCORMICK, READINGS IN MORAL THEOLOGY NO. 5: OFFICIAL CATHOLIC SOCIAL TEACHING (New York: Paulist Press) (1986).

2. Curran & McCormick, *supra* note 1, at 62.

But what are the moral challenges that the increasing commodification of medicine poses to both health care institutions and health care professionals?

III. MAKING SENSE OF MORAL CONSTRAINTS IN TODAY'S HEALTH CARE INDUSTRY

A. Stating the Hypothesis

Although the literature is already filled with recriminations concerning the bad influences of the market on the practice of medicine, it is difficult to find good arguments explaining and defending those recriminations.

I contend that many of the problems we face in the delivery of healthcare today— in particular, the problem of measuring the influence of the market against the canons of professional integrity—stem from the inability or the unwillingness to look at the new situation created by the increasing *institutionalization* of medicine. It is a kind of structural nearsightedness which prevents health care professionals especially from seeing the correlation between the practice of medicine and more general trends affecting the rest of society. Healthcare professionals are turning a blind eye to the fact that the corrosive influence of commercial values on their profession is an inevitable implication of its dominance in society as a whole. An ambiguity exists about their rejection of a market within healthcare on the one hand, and their apparently uncritical attitude toward its dominance in the larger culture on the other.

Understanding this hypothesis will help us better understand the nature of the threats to moral integrity faced by health care professionals.

B. The "Institutionalization" of Medicine

Sociologists of medicine such as Steven Toulmin and David Rothman point out that since the end of World War II, the focus of medical care in the United States has shifted away from the individual doctor's office to hospital clinics and medical centers.[3] This also means that the focus has shifted from the personalized environment of a close relationship between health care professionals and patients to the impersonal milieu of highly capitalized and bureaucratic structures.

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3. *See* Stephen Toulmin, INTEGRITY IN HEALTH CARE INSTITUTIONS: HUMANE ENVIRONMENTS FOR TEACHING, INQUIRY, AND HEALING 21-32 (Ruth Ellen Bulger et al. eds., University of Iowa Press 1990). *See also* David Rothman, *Medical Professionalism - Focusing on the Real Issues*, NEW ENG. J. MED. (April 27, 2000).

This trend and its consequences were foreseen at the beginning of the 20th century by a school of thought which includes, among others, Emile Durkheim in France and Max Weber in Germany. These thinkers came to the conclusion that a leading feature of the growth of modern societies is the increasing differentiation of social functions. The natural evolution in all advanced industrial nations is toward bureaucracy and institutionalization in which all forms of personal exchange lose the immediacy of their origins and become more complex.

Although this thesis should not be accepted uncritically, one of its interesting conclusions is that no institution within a modern society can be seen in isolation. This also applies to medical institutions. A large hospital is a complex institution. Moreover, it is not just a complex institution in itself, it also represents a sub-system within a larger systemic structure —what we call the market—driven by the same logic of de-personalization and neutralization.

To speak about the shortcomings of a modern society defined by greater differentiation of social roles and increased bureaucratization in the operation of institutions, Max Weber used the famous image of the "iron cage."[4] In such a deterministic system, says Toulmin, "professional callings are displaced by job descriptions; ethical obligations give way to functional imperatives; individual responsibility is replaced by institutional excuses." This situation is particularly problematic when the claims of professional integrity and institutional survival come into conflict. To the extent that the claims of budgetary survival tend to outweigh those of a moral calling in the operation of a modern hospital, the institution acts like an "iron cage."

C. Consequences Exemplified

There is no intention here to promote a particular sociological theory. For that reason, the fact that we may agree or disagree with Max Weber's analysis is beyond the point. What is intended is to provide a heuristic hypothesis that could help us develop our own personal conclusions. That said, the thesis makes a lot of sense because it helps explain some of the predicaments which have become the daily experience of different agents within the health care industry.

Weber's metaphor of the "iron cage" clarifies the dilemma administrators face. Their predicament is normally described as one of *economic* pressure in developing strategies to defend both the budgetary

4. *See* MAX WEBER, THE PROTESTANT ETHIC AND THE SPIRIT OF CAPITALISM 181 (Talcott Parsons trans., Scribner 1958).

soundness of their institutions as well as their public reputation. Let us assume that one incidental by-product of these administrative procedures is to avoid patients who lack insurance coverage, promote vigorous utilization review, and demand high productivity standards. Although unfortunate and perhaps even ethically wrong, given current reimbursement levels and competition, these actions are entirely consistent with the administrator's ability to act. One could even say that this is precisely what the administrator's job requires!

Such administrative practices and management tactics notoriously have a large impact in health care institutions. Physicians, for example, tend to see these practices as limiting their professional discretion. What is worse, caregivers may begin relating to their patients in a cynical rather than generous manner. When faced with the decision of whether to play by the rules or to fight them, many caregivers may choose to protect their privileges rather than serve patient needs. It is not clear, however, that physicians should bear all the blame.

Finally, we come to the patients who receive medical care within such institutions; they also cannot be blamed for the attitude of suspicion they bring to their "encounter" with health care professionals. The romantic image of the doctor-patient relationship the medical profession likes to project upon that encounter will soon be shattered in the patient's awareness of the obvious constraints that affect that encounter.

D. The Impact upon the Notion of Integrity

When we take seriously the reality of sociological shifts within health care institutions and refrain from facile moralism, we come to the recognition that the question of professional integrity needs to be radically re-thought. As long as we refrain from addressing the larger picture, that is the hyper-market culture in which commercial values dominate, it should not surprise us if health care professionals operating in today's environment capitulate to, and ultimately act on, a complementary model of integrity in which their behavior comports with their own and their organization's economic interests. The "iron cage" of the system, not necessarily the lack of personal moral strength, has already imposed upon them this particular model of integrity.

If we think of medical institutions as sub-systems within larger systemic structures, then we cannot avoid seeing the values of health care as a reflection of those permeating the very fabric of our society at large. In other words, we should not be surprised if we experience the values of our health care mimicking those that drive societal relations in general. It is very difficult to understand how health care professionals could, on the

one hand, deprecate the consequences of a for-profit mentality affecting health care, while apparently at the same time, feeling perfectly comfortable with a for-profit mentality defining the rest of their social outlook. To the extent that they are so divided in their outlook, it is not surprising they are not on the front line reminding the rest of society that, as a social good of a special nature, health care is not just a commodity like all the others.

IV. RECONSTRUCTING INTEGRITY

To address the real challenge, we must return to the Weberian metaphor of the "iron cage."[5] This image symbolizes the hypothesis that many of the problems seen in contemporary healthcare are the result of society's failure to look at the consequences of the increasing institutionalization of medicine.

How are we to reconcile the paradox of individual professionals who want to behave with integrity while suffering the deterministic constraints of a system toward which they feel so powerless? Health care professionals will have to answer that question for themselves. I can do no more than make one suggestion: We need to rethink the meaning of professional integrity. We need to do so because, first, integrity does not necessarily depend upon compliance with the values of the organizations and the health care system within which we operate, and second, because the complexity of those organizations and that system have made the recognition of the fundamental values of health care more obscure.

This, at least, is clear from the Weberian thesis: the increasing differentiation of roles has made it more difficult for professionals to define integrity. Without denying the importance of personal responsibility, it is imperative to start with a definition of integrity in which the *princeps analogatum* is society rather than the individual professional. A society that can bear the thought of having in its midst over forty million people who are uninsured—who therefore have inadequate access to care from the healthcare system—cannot think of itself as moral. Indeed the "wholeness" (*integritas*) entailed by the etymology of integrity contrasts sharply with the reality of so many people living at the margins. The very existence of so many uninsured people is evidence that America still has some distance to go if it is to reach true integration. The *right* to health care is no less important than the right to

5. *See* CHARLES TAYLOR, THE ETHICS OF AUTHENTICITY 93-109 (Harvard University Press 1992).

education or to political participation, struggles that this nation experienced earlier in its history.

Only within the historical framework of a society engaged in a *moral* discourse about the integrity of its institutions can we make sense of the notion of integrity as it applies to particular organizations and individual professionals.