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Do Medical Ethics Apply to Your Employee Health Benefits Program?

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Members of the Institute of Management Accountants (IMA®) who work in the healthcare industry have two codes of ethics that they must abide by in addition to the ethics code of their company or organization. One is the IMA's *Statement of Ethical Professional Practice*,

and the other involves the ethical principles of the medical profession. This raises some important questions. First, can members live by both codes? The second and more interesting question is: Do the ethics of the medical profession apply to IMA members who aren't involved directly in the healthcare industry? I believe the answer to both questions is "yes." The second "yes" is important because helping their employer control the cost of healthcare benefits is a significant challenge for management accountants.

IMA members in the healthcare industry must be familiar with the IMA professional code as well as the code of the medical profession to ensure they are making proper, ethical decisions. Those in management positions in every company should be familiar with medical ethics and the impact those principles have on

employer decisions concerning health benefits programs. There are four overarching principles in medical ethics: respect for persons, beneficence, nonmaleficence, and justice.

Respect for Persons

Respect for persons addresses how the medical professional should treat the patient. As Table 1 illustrates, this principle is characterized by

four elements: autonomy, truth-telling, confidentiality, and fidelity.

Autonomy means each patient has the right to determine his or her own treatment. This principle underlies the concept of informed consent, which requires that patients have the information and understanding necessary to govern their own medical decisions. Informed consent is necessary from the standpoint of medical ethics because ultimately only the patient can give consent to invade his or her body.

Autonomy causes many ethical issues. For example, autonomy doesn't exist if the patient isn't informed completely and is "led" to a conclusion that someone else wants. Sometimes a medical professional or employer may want to

Table 1: Elements of Respect for Persons

Element	Concept
Autonomy	The right of each individual to govern his/her own affairs.
Truth-telling	The right of each patient/employee to receive the whole truth from his/her practitioner.
Confidentiality	The medical professional is expected to keep confidential any and all information about the patient/employee.
Fidelity	The medical professional does what they say they will do.

Source: James Jacobson, "Ethics: A Practical Application," PTcourses.com, January 2006.

make decisions that remain the ethical right of the patient.

Truth-telling dictates that the medical professional must tell the whole truth, not a half-truth or a “white lie.” This includes telling the truth even when the health professional believes doing so would harm the patient’s psychological well-being. Employer truth-telling concerning coverage of specific health benefits is crucial.

Confidentiality requires that medical professionals not disclose what they know about patients to others. The advent of health insurance, utilization management, and disease management threaten this element. Patients, by virtue of their contracts with insurance companies or their signature on other legal forms, give up some of their rights to confidentiality in order to get benefits (usually by signing an insurance form). These agreements allow all diagnoses and clinical information to be shared with insurers, the government, managed care organizations, and employers. But each organization that receives information is expected to maintain the confidentiality so that only those who have a justified need to know are provided with the information. Is this being done in your organization?

The last element of respect for persons is fidelity, which relates to keeping one’s word. Those in the medical industry are expected to do what they say they will do in regard to treating the patient. Another way of saying this is that you should keep your promises. Do you keep your promises in your health benefits program?

Beneficence

Beneficence involves acting in the best interests of the patient. After all,

medical care is intended to help the patient. This requires that medical professionals do all they can to aid the patient. It’s from this principle that many of the not-for-profit charitable hospitals were formed.

Nonmaleficence

The principle of nonmaleficence is derived from the Hippocratic Oath, which includes the statement, “First, do no harm.” Health professionals are expected to recommend and provide treatment that is likely beneficial and to specifically avoid treatment that may prove harmful. Recommending unnecessary treatment is maleficent because it exposes the patient to the risks of treatment without any real hope of improvement and at a cost to the patient. Further, this action expends patient resources that might be better put to a different use.

Justice

Justice refers to actions that are impartial, fair, and equal. It requires that patients are given equal consideration, which means that each patient is offered the same opportunity for treatment. Justice has applicability not only to the care of the individual patient but also to making resource allocation decisions that are now required daily by Medicaid, Medicare, HMOs, insurers, and employers. Justice doesn’t require that each patient get identical therapy—good therapy is customized to the therapeutic needs of each individual patient. Further, justice doesn’t require that every patient is given the same care. Instead, it means that every patient with a similar problem is offered treatment. Some patients will choose not to avail themselves of the opportunity.

Justice doesn’t require equal treatment if the patients have different health benefits, but it does require that all patients with equal health insurance benefits or coverage are offered equal treatment. In the delivery of contracted healthcare, justice depends on the benefit.

The medical professional is confronted with different expectations from each patient because there are different plans with different levels of coverage. From the perspective of the employer and insurer, as long as the patients under one insurance benefit plan receive equal care, then justice has been served for their beneficiaries.

IMA Ethics and Medical Ethics

There are many similarities between the concepts in the medical code of ethics and in IMA’s *Statement of Ethical Professional Practice*. Examples include truth-telling; confidentiality; fidelity; communicating information fairly and objectively; disclosing all relevant information; providing decisions and recommendations that are accurate, clear, and concise; and communicating professional limitations that would preclude the responsible party from successfully performing an activity.

Other principles not explicitly covered in the IMA code but that apply to those involved in employee health benefits include autonomy (letting the employee make the decision on their healthcare), being competent (health professionals are required by law to take continuing education for license renewal), and integrity (mitigating conflicts of interest).

As there have been ethical lapses in the accounting profession, there have also been ethical lapses in the

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medical profession. The remedy is that healthcare organizations and those involved in administering health benefits need to follow both sets of ethics codes.

Does your organization fully consider all the appropriate ethical principles as it determines and then administers health benefits to its employees? ■

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