Moral Leadership in Medicine

Building Ethical Healthcare Organizations

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Suzanne Shale
Senior researcher, Health Experiences Research Group, University of Oxford;
Senior ethics tutor, Guy's, King's and St Thomas' School of Medicine, King's College London, UK

CAMBRIDGE UNIVERSITY PRESS

CAMBRIDGE UNIVERSITY PRESS
Cambridge, New York, Melbourne, Madrid, Cape Town,
Singapore, São Paulo, Delhi, Tokyo, Mexico City

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by
Cambridge University Press, New York

www.cambridge.org
Information on this title: www.cambridge.org/9781107006157

First published 2012

Printed in the United Kingdom at the University Press, Cambridge

A catalogue record for this publication is available from the British Library

Library of Congress Cataloging-in-Publication Data

Shale, Suzanne.
Moral leadership in medicine : building ethical healthcare organizations /
Suzanne Shale.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-1-107-00615-7 (Hardback)
1. Medical ethics–Great Britain. 2. Health services administration–Moral and ethical aspects–Great Britain. 3. Leadership–Great Britain. I. Title.
[DNLM: 1. Ethics, Medical–Great Britain. 2. Delivery of Health Care–ethics–Great Britain. 3. Health Facility Administrators–ethics–Great Britain. 4. Leadership–Great Britain. 5. Moral Obligations–Great Britain. 6. Physician-Patient Relations–ethics–Great Britain. W 50]
R724.S454 2012
174.20941–dc23

2011024205

ISBN 978-1-107-00615-7 Hardback

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Preface

This book has been gestating a long time; almost exactly thirty years in fact. I can trace its beginnings to 1981, the year that racial tension erupted into riots in the Brixton area of London. I was a political activist at the time, heavily involved in campaigning against racism and for greater social equality. I was also working my way through law school, and I used to cycle off at 5 a.m. every weekday morning to an ill-paid job cleaning government offices. On the day in question I was half-way through emptying wastebaskets, scouring coffee cups and wiping ashtrays (they still smoked in offices back then) in a messy typing pool (they still had typing pools too) when my supervisor sidled over and announced that he had a new assignment for me. He was white, and I am white, and those facts have relevance to my story. He escorted me to a different office, evidently kept spankingly clean by its occupants, and explained that from now on my entire morning round would consist of this pristine domain alone. I appraised it with an office cleaner's eye and calculated that the new assignment would give me at least an extra hour in bed. Then he said – and this is the point – 'we have to look after our own you know'. And what did I do? I did not upbraid him for his discriminatory attitude. I did not question his management decision. I did not reject his offer. But I did spend the rest of the week feeling guilty and uncomfortable, so much so that I went out and found myself another job. And I've spent a lot of time since then thinking about why I didn't live up to my deeply held convictions, and what gets in the way of other people living up to theirs.

Of course one of the reasons we don't always do what we think is right is that self-interest gets in the way. It would be ridiculously naive not to acknowledge that. But it's not the whole answer. In my case, I was already going out of my way – incurring personal disadvantage – to act in opposition to racial inequality. And I ended up walking away from the benefit that had been handed to me on a plate. I genuinely didn't want it. So why couldn't I do what I thought was right there and then, on the spot? It was partly because I was taken by surprise, and could not immediately make sense of what he said. I was pretty sure I'd got it right, but I was also worried that maybe I'd got it wrong and was making a horrible misjudgement. And my reaction was partly because when I was sure I knew what he was hinting at, I simply couldn't think of what to say that would actually alter his outlook. And finally, it was because although I loathed his attitude he hadn't hitherto done anything to make me loathe him; and I didn't want to offend him by spurning his gift.

After the events of that summer I went on to become a legal scholar and got rather distracted by other questions. But eventually I worked my way back towards questions about moral action, and added to them some questions about medical leadership that had arisen along the way. The immediate stimulus to this book came when I took a highly regarded year-long course in medical ethics and realized that by the end of it I still had very little idea of what doctors, patients, ethicists or others were actually doing when they did something they thought of as 'ethical'. I was also puzzled by the peculiar absence of organizations, and the activity of managing them, from the core medical ethics literature. Medical ethics seemed to deal almost exclusively with doctors and patients, and they apparently encountered one another in a moral space independent of the institutions of healthcare. But I was now providing ethics and educational support in healthcare

organizations, and every time I walked into one I confronted problematic structures, differing professional moralities, convoluted regulatory mechanisms, conflicting collegial loyalties, morally controversial organizational incidents, and groups of health and management professionals working together to make sense of it all. I knew that much of medical organizational life was missing from medical ethics, and that in these missing places there were people finding it difficult, sometimes, to do the right thing.

Three aspects of moral action have intrigued me over the years, and I have tried to account for how they play out in the 'backrooms' of medicine in forthcoming pages. How do we make sense of situations 'on the fly', so that we respond in ways that are consistent with our moral beliefs? What do we do to generate ideas about what can be done, and, alongside that, what sorts of behaviours signal fidelity to important moral values? And how do we learn and teach the sort of moral resourcefulness that really makes a difference to how people conduct themselves in their work? Perhaps because I already had enough familiarity with moral failure on my own part, I decided when I was planning this research to try and capture the components of moral success. Because I was interested in the moral life of organizations, talking to those responsible for leading them seemed a good place to start. I have looked at the question of what 'doing ethics' of healthcare organization actually is at present, and what 'doing ethics' of healthcare organization ought to be.

I argue in Chapter 1 that medicine is a global business, and that health systems and medical leaders everywhere face some common challenges. There are clearly dramatic national differences too, but I firmly believe in the value of comparative study. So I have aimed to make the book useful to readers around the world who will – like most of us in the UK – know little about the internal workings of the British National Health Service. National Health Service organizations are constantly mutating, and they were doing so during the writing of the book. What changes far less frequently is the underlying issues confronting medical leaders. If they do not emerge in one familiar guise, they almost invariably pop up in another.

I have written the book for clinicians thinking about leadership; for ethicists; for readers interested in healthcare organizations and how they work; for medical educators, trainees, or graduate students; and for anyone intrigued by the question of what the day-to-day practice of ethics in professional organizations looks like. I hope I have made it possible to read it without having to know anything much about ethical theory. The moral leaders who contributed to this study rarely, if ever, used the argot of religious or secular ethics to describe or justify their actions. That they nevertheless had compelling grounds for behaving in the manner that they did will be clear as the text unfolds.

During the period of writing the book I have been working as an ethicist with senior doctors, nurse leaders, and management professionals who are facing together just the sorts of issues I discuss in forthcoming chapters. They have been relieved to know that other leaders experience the same sense of being pulled between apparently incompatible moral commitments, and they have found it useful to think about how certain sorts of behaviour can help them to maintain a satisfactory moral equilibrium. Healthcare organizations are complex, demanding, morally febrile institutions that concern themselves with the best and the worst that human beings can do for one another. I hope this book will contribute to our understanding of the sort of leadership these institutions need, and throw new light on how to support the people entrusted with providing it.

Acknowledgements

This book is about the confidence and trust that we place in medical practice. As I have been writing it, I have had cause to reflect on how deeply we are affected by our experiences of medical care. When they go well we can be left with a profound and enduring sense of gratitude, the knowledge that we owe a debt that can never be repaid. In my case, I am indebted to Dr. Geoffrey Marsh, who made a visit to my childhood home in Norton-on-Tees way back in the early 1960s, and saved my life by promptly diagnosing acute appendicitis. Dr. Marsh went on became a leader in the field of general practice, but it is for that 'ordinary' act of care I should like to thank him here.

A different debt is owed to the medical leaders who were participants in this study. They all took time to reflect upon their moral lives and in interviews spoke with candour and insight about difficult issues and continuing doubts. Some gave additional support and advice at the conclusion of the study. All were promised anonymity, so sadly I cannot thank them by name however much I would like to.

There are many other colleagues I am glad to be able to acknowledge personally however. I am particularly grateful to Professor Alan Cribb, who has contributed more to my research than seems fair. He has nurtured my ideas, shared his own, questioned my analyses, bolstered my confidence and made me laugh. Professor Jonathan Glover supported the initial research proposal, and Professor Soren Holm and Professor Richard Ashcroft were encouraging in their appraisal of my findings and arguments. Dr. Kenji Watanabe and Dr. Greg Plotnikoff gave me an early opportunity to present my research at Keio University, and Professor Akira Akabayashi and his colleagues at Tokyo University graciously allowed me to continue the interesting conversations in Japan. I have benefited from the insights offered by participants at seminars hosted by the Centre for Ethics in Medicine at the University of Bristol, and by the Department of Primary Care and Public Health at Brighton and Sussex Medical School. Dr. Lindsay Hadley, Dr. Clare Penlington and Dr. Adrian Bull invited me to discuss moral medical leadership with several audiences of medical managers and senior management professionals, and the book was enriched through these conversations. Miss Kate Evans and Dr. Rosemary Field read and commented on parts of the manuscript. Dr. Deborah Bowman has been a warm and thoughtful inquirer into the book's central themes, and shared her knowledge of Mary Gentile's work with me. My father heroically read an entire early version; I only wish I could write as clearly as he would like, and tell a story as entertaining as the ones my mother has told. Rachel Warren supplied vital research assistance, bringing energy, insight, and commitment to the task of preparing the book for publication.

This research was supported in the early years by a grant from the Wellcome Trust, and the Daiwa Foundation has kindly supported my visits to Japan. I am very grateful to those organizations. Further financial subsidy has come from my own ethics consultancy. Rev. Peter Haughton kindly invited me to teach on the intercalated BSc in Medical Ethics and Law at King's College London. I have enjoyed his intellectual companionship alongside that of Roger Higgs, Carolyn Johnston, Paquita de Zulueta and Susan Bewley and I have benefited from the challenge and insight of our clever and committed students. The Kent, Surrey and Sussex Deanery has for several years given me interesting work and stimulating

colleagues. Kath Sullivan has been a particularly supportive co-mentor and collaborator. The University of Oxford and www.healthtalkonline.org made the final stages of preparing the book far less stressful by offering me a fascinating assignment and agreeing to allow me to finish the manuscript before I started it. Thomas the Tank Engine – for reasons that will become apparent in a moment – was also a vital source of support.

I have seen far too little of my friends Jackie Fosbury and Hazel Hagger, but have relied on their affection and their understanding of the importance of meaningful work. Kerry Shale is a brilliant storyteller and has been a brilliant editor when I have been wise enough to ask him for help. Kerry's ability to create characters convincing to the eye and to the ear (from Swifty Lazar in Frost/Nixon to the Fat Controller in Thomas the Tank Engine) has helped to fund my extended foray into medical ethics. Most important of all his infinite capacity for love reminded me that while it was worth persevering, understanding moral leadership wasn't all that mattered.