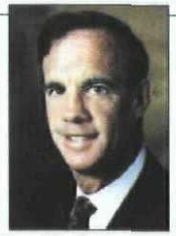
Analysis

BY PAUL B. HOFMANN, DrPH

The High Cost of Being a Moral Chameleon



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Why do we continue to hear stories from relatives and friends who feel assaulted by the health care system? Rather than being empowered by caregivers and support staff, too many patients and their families still find themselves treated with insensitivity and a lack of empathy.

An outpatient, coming in for a scheduled appointment, may be told, "You're not in the computer." By her tone, the clerical person clearly conveys the notion that it must be the patient's fault. Records sent from the referring physician can't be found, test results are lost, extended delays are encountered without explanation, and indecipherable billing statements are routinely disseminated. No wonder outpatients frequently feel abused.

For hospitalized patients, the problems are often much worse and the consequences more severe. Invariably, there is a direct correlation between staff and patient satisfaction. Unless employees are treated with respect, competency, and compassion by their supervisors, it is unlikely that they will consistently demonstrate these attributes in caring for patients.

Of course, these observations are neither new nor profound; the problems are indeed quite obvious. But if they are patently clear, apparently ubiquitous and solvable, why do they persist?

An Absence of Moral Reasoning

The trouble is *not* the result of poorly articulated commitments described in an institution's policies and procedures. Furthermore, it is increasingly rare to find a health care organization that lacks impressive vision, mission, and value statements. Unfortunately, the staff's attitudes and behaviors do not always reflect the rhetoric. And, despite the best efforts of the governing body and senior management, even highly reputable institutions can be severely compromised by the actions of a single person.

The challenge is immense. For instance, consider the following experience, conveyed by a nurse who was taking a health care ethics course as part of her graduate degree program:

> Three weeks ago, my mother had a major intracranial bleed. For the first two weeks, we did not know if she would live or die. She was in a coma and unresponsive. The hospital determined that there was nothing else it could do for her.
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> But this past Tuesday, my mother opened her eyes. We were joyful.
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> Then, on Thursday, I received a phone call from a social worker who, contacting me for the first time, said that a bed had been found in a long-term nursing facility, and my mother could be moved that day. I felt blind-sided. I said, "Definitely not," because we had not even thought about the possibility, and the social worker got real snippy.
>
> I am furious with this hospital. Now I laugh at its mission statement. Up until this point, my mother has received great care, but this experience has soured the whole picture. Unethical treatment? I think so.
>
> I can understand not having patients linger in hospital beds—but my mother is *not* lingering. Certainly, this facility's staff has not used any kind of moral reasoning. They did not analyze, weigh, justify, choose, or evaluate. If they had, their approach to me would have been different, although possibly the outcome might have been the same. My mother needs to go to a facility where her capacities can be identified, but we should not have felt that she was being pushed out the door.

Moral Chameleons?

This anecdote illustrates a number of critical points. First, hospitals are still under relentless economic pressures to discharge patients as quick-

ly as possible. Second, the large numbers of employees involved in a patient's hospitalization do not always communicate effectively among themselves. Third, one call was sufficient to destroy the good will generated by three weeks of excellent care. Fourth, the fact that the social worker demonstrated a lack of sensitivity is highly unusual because she and her colleagues deserve their reputation as the conscience of the hospital. And, fifth, every single staff member has the capacity to support or damage a health care organization's integrity and reputation.

Periodically, some of us become moral chameleons, taking the path of least resistance and ignoring our ethical compasses. It is easy to espouse and demonstrate ethical behavior when that behavior is convenient. However, it is much tougher to do so when there are limited resources, conflicting opinions, severe time constraints, and competing loyalties.

Because insensitivity is never formally encouraged, it is the more common, subtle accommodations that allow people to rationalize their inappropriate behavior or lack of initiative. In the shadows of these compromises, good judgment can be trumped by the personal desire for expediency, peer support, and job security.

Too many health care leaders are missing in action as patient advocates. Encouraging staff sensitivity to the needs of patients and families must not be limited to new employee orientation and continuing education programs. Senior executives, by setting a personal example, should be actively promoting personalized, high-quality care. They can be more visible and accessible by visiting patients on a periodic basis, interacting with family members and staff on the clinical units, and demonstrating that management is not going to rely exclusively on satisfaction reports and correspondence to assess patient and family perceptions of the organization.

Executives who claim that they do not have the time to make rounds are, intentionally or unintentionally, giving the impression that such activity is simply not as important as other matters. In actuality, there is no excuse for failing to take advantage of this special opportunity and privilege. ■

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