

Clinical Engineering: A Managerial Ethics Dilemma (II)



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Introduction

It is evident that in developing states or third world countries as they are sometimes referred to, such as Lebanon, service providers in the healthcare field alongside many other fields are often aloof from fully abiding by the authorities' rules and regulations due to the culture of corruption that sprung from years of war and conflict. Therefore, some healthcare providers find it overwhelming to deliver the myriad of services that their beneficiaries expect to receive. Due to this, hospital managers face the dilemma of whether they are providing the most favorable services of healthcare to address their patient population's best interest. The paper will layout the importance of managerial ethics and further discuss the case and ethical predicament of the absence of clinical engineering departments in hospitals in Lebanon.

Managerial Ethics

According to a report completed by the American Medical Association (AMA), "managerial ethics is important because an organization acts through the actions of its managers and representing officers". Thus, managerial ethics are mirrored by the decision making and character traits of these individuals.

The American College of Healthcare Executives (ACHE) code of ethics references that healthcare executives bear

responsibilities to the profession of healthcare management. Therefore, since healthcare executives are the ones who set healthcare organizations policies, they then must conduct professional activities with honesty, integrity, respect, fairness and good faith in a manner that will reflect well upon the profession. Additionally, "they should avoid any improper exploitation of professional relationships for personal gain" (ACHE, 2011). Thus, healthcare executives have a responsibility towards patients. Moreover, according to the ACHE (2011), "healthcare executives must ensure the existence of a process to evaluate the quality of care or service rendered." They should also work to guarantee the existence of an ongoing process and procedures to review, develop and consistently implement evidence-based clinical practices throughout the organization.

In its efforts to secure a standardized and consistent expected practice and outcome from healthcare organizations the ACHE has set out professional standards for health care managers and executives. The Code of Ethics for the ACHE states that "the fundamental objectives of the healthcare management profession are to enhance the overall quality of life, dignity and well-being of every individual needing healthcare services; and to create a more equitable, accessible, effective and efficient healthcare system" (ACHE, 2011). The professional standards set a clear management role for healthcare organizations that revolves around focusing its full attention on the particular mission of providing health care rather than being commodity-neutral.

The notion of accountability is a process for health care organizations to anchor themselves as 'ethically abiding organizations' in the field of delivering optimum health care services. Therefore, professional accountability is applied to organizations in their relations to their patient at large (Emanuel and Emanuel, 1996). According to Emanuel and Emanuel (1996) "Accountability entails the procedures and processes by which one party justifies and takes responsibility for its activities." This means health care organizations must identify the parties to whom the

organization is answerable and the activities for which they may be held accountable. Consequently the organizations would determine what actions their organization will work in line to address the stakeholder – read: patients – interests and accountability relationships, and with what priority (AMA, 2000).

Finally, according to the AMA, "law and social policy are important components of the discourse that determines the extent to which health priorities can rank ahead of other societal priorities." Accountability of individual professionals to patient care is indisputable in civil, criminal, and administrative arms of the law. On the other hand, accountability of organizations to populations has been less clear. Recently the impact of organizational policy on patient care has been better understood, the law has begun to recognize the liability of organizations with respect to direct patient care (AMA, 2000).

Case study: Lebanon:

One of the many healthcare technological specialties and scientific professions that evolved as mankind prospered is Clinical Engineering, and according to the American College of Clinical Engineering it emphasizes both patient care and management by defining a clinical engineer as "a professional who supports and advances patient care by applying engineering and management skills to health care technology."

Most hospitals in Lebanon fail to fill the checklist of all the possibilities offered in the healthcare field into securing and providing optimum healthcare services to

the patient population. The absence of clinical engineering departments is one of the possible ways that hospitals wither their chances of having improved patient outcomes. The more daunting issue is that the Ministry of Public Health in Lebanon does not issue a standardized requirement for hospitals to have clinical engineering departments.

It is worth mentioning that the role of clinical engineering departments is to purchase, maintain, and repair medical devices and technology; thus having its core objective to support and advance patient care. Such a definite process is missing in Lebanon. For example, the responsibility of the purchasing of biomedical equipments at all levels is assumed by a hospital management rather than experienced clinical engineers. Managerial decisions are decided by hospital managers, who often are doctors or in some cases MBA holders, even the bodies who managers consult with such as the purchasing, biomedical maintenance, and quality management departments are mostly non professionals in such circumstances. Consultation might extend to include a specialized doctor such as a radiologist. I give the case of which a CT-scan is to be purchased. Sure, a radiologist is expected to give her opinion if an image is of high resolution or not; however as aforementioned, before radiologists or any other specialized doctor is a specialist in determining which CT-scan is best to be purchased by the hospital. This is quite a daunting task when one considers the vast amount of CTs available on the market.

The tight grip that hospital managers impose when it comes to purchasing biomedical equipments keeps them in control and may be a source of self-benefit by conducting covert deals with bio-med agents who at many points care for sealing the deal with a profit rather than the quality of the product supply (ex.fluoroscopy). As aforementioned, the absence of the clinical engineering department does not only jeopardize the chances of obtaining premium quality of biomedical equipments, the investigations of clinical- medical device related incidents are at risk as well. In developed countries, clinical engineers have made contributions to patient safety and incident investigation. According to the American College of Clinical Engineering (ACCE), clinical engineers are essential members of multidisciplinary hospital teams investigating incidents in which a medical device may have contributed to injury or death. The clinical engineering perspective can be instrumental in identifying root causes and solutions. According to the Association for the Advancement of



Medical Instrumentation (AAMI), the clinical engineering department in Hartford Hospital, CT reduced patient falls by 35% after implementing the recommendations of a multidisciplinary patient safety action group. Additionally, in Brigham and Women's Hospital, clinical engineering designed, planned, and installed all clinical technology in a new facility, maximizing patient safety, clinical workflow, and ease of use (AAMI). In a nutshell it is evident that clinical engineering departments have been documented to have a positive outcome in improving patient care.



In conclusion, the absence of clinical engineering departments in hospitals keeps the latter aloof from being in line with the ACHE code of ethics which states “the fundamental objectives of the healthcare management profession are to enhance the overall quality of life, dignity and well-being of every individual needing healthcare services; and to create a more equitable, accessible, effective and efficient healthcare system” (ACHE, 2011). Therefore, healthcare professionals are not aligning their healthcare services with the utmost honesty, integrity, respect, fairness and good faith towards the patient populations. The diffusion of clinical engineering departments will demonstrate the transparency of the healthcare executives in working to ensure the existence of a professional process to evaluate the quality of care or service rendered, therefore, they are ensuring that there is an ongoing process and procedures to review, develop and consistently implement specialized evidence-based clinical practices throughout the organization in the purpose of maximizing the service provided to the hospitals beneficiaries.

Conclusion

In order to address this ethical dilemma and having in mind the semi-autonomy every hospital has in Lebanon, the solution is to address the predicament at a grass-root level. The Ministry of Public Health must take lead in promoting and supervising the process of defusing clinical engineering departments in national hospitals, at the

very least in the major hospitals and healthcare facilities. Secondly as aforementioned at their management level healthcare facilities, hospitals must set clear ethical guidelines and checklist that they must conduct themselves accordingly in order to provide the optimum healthcare services to the patient population and beneficiaries. The effective diffusion of clinical engineering departments in hospitals can be a step further for hospitals to certify that their core objective is to provide the best healthcare services with no self-benefit reserved to the hospital at the very least not on the expense of the patient population.

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