



AMERICAN ASSOCIATION OF PSYCHIATRIC ADMINISTRATORS

"Promoting Medical Leadership in Behavioral Healthcare Systems"

ETHICAL PRINCIPLES FOR PSYCHIATRIC ADMINISTRATORS

The AMA Principles of Medical Ethics,
with Annotations Especially Applicable
to Psychiatric Administrators

The American Association of Psychiatric Administrators
Ethics Committee, H. Steven Moffic, M.D., Chair

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INTRODUCTION

Off and on, but especially in the recent managed care era, the question has arisen as to what ethical principles psychiatric administrators should follow. To be sure, psychiatrists have “The Principles of Medical Ethics, With Annotations Especially Applicable to Psychiatry” (1998) to follow potentially. These principles were developed by the American Medical Association, with annotations developed by the Ethics Committee of the American Psychiatric Association. However, these principles and annotations primarily address the clinician, and there is little in the annotations, which relates to the responsibilities of psychiatric administrators. Even the new Addendum 1, “Guidelines for Ethical Practice in Organized Settings”, is geared to clinicians, save for some comments on doing utilization review. There is also a related publication by the American Psychiatric Association, “Opinions of the Ethics Committee on the Principles Medical Ethics” (1995), which consists of questions and answers on examples relating to the Principles. Although some of these questions relate to managed care settings, they also are mainly presented from a clinical point of view. Similarly, the American Medical Association’s Council on Ethical and Judicial Affairs has published over 150 ethical opinions, but only one of them emphasizes administrators, that being 8.02, “Ethical Guidelines for Physicians in Management Positions and Other Non-Clinical Roles”. This opinion simply states that “physicians in administrative and other non-clinical roles must put the needs of patients first”, but does not comment on other, or more specific, administrative ethical issues.

One possible reason for the lack of defined ethical principles for psychiatric (and other medical) administrators is that they are not needed. This sort of question goes back at least as far as the philosophy of Plato and his student Aristotle. Plato advocated for ideal philosophical principles, which could then be applied to real life political situations in Greece. Aristotle, on the other hand, felt that such general principles would not be of much use, because real life would always necessitate selecting the best available compromise out of various alternatives. In medical ethics, we seem to have chosen the path of Plato for clinicians, by developing the clinically based “Principles of Medical Ethics”, but the path of Aristotle for administrators, by leaving them to address any ethical dilemma by a subjective analysis of the circumstances involved.

The reason for this dichotomy may reside in the differing roles of the clinician and administrator. The main ethical principle for clinicians has generally been to respond primarily to the needs of an individual patient; other considerations were secondary. However, the medical administrator has always been precariously poised between two primary needs, those of individual patients, and those of the organization. In ethical terms, this dilemma often reflects the demands of business ethics versus those of medical ethics. Business ethics generally are concerned with making a profit and/or providing a reimbursable service to customers and society in an honorable manner, whereas medical ethics developed primarily for the benefit of individual patients. Although psychiatric administration is generally deemed to occur in an organizational setting, using these ethical principles implies that an “organization” can be as small as a solo private practice office.

Occasionally, the values of the larger society further complicate the interaction of medical and business ethics, are the values of the larger society. At its extreme, one example is how the values of Nazi Germany adversely affected medical ethics in general, and psychiatric patients in particular. Similarly, until recent years, some psychiatric administrators and clinicians in communist USSR succumbed to state demands to “treat” political dissidents. In the United States, societal values about psychiatric treatment have been reflected in relative under-funding and a lack of parity with the rest of medicine. How to balance such competing values and loyalties can at times be very painful and appear unsolvable to the medical administrator.

Psychiatric administrators have also had some particular ethical challenges as compared to other medical administrators. Unique organizational settings have included state hospitals and community mental health centers. Stigma has influenced the willingness of patients to come for and stay in treatment. Confidentiality has needed more stringent vigilance. Greater prominence of other mental health disciplines has posed problems in role definition and use of funds for staffing.

A most recent challenge for medical administrators has been managed care. In fact, managed care has led to new organizations and more medical administrators. Here, too, psychiatry has been particularly affected, with a decrease in funding and an increase in carved-out services and organizations. Psychiatric administrators in managed care organizations have often played a key role. Whether in the role of managed care CEO or medical director, these psychiatric administrators have had major responsibility for such areas as profit goals, cost savings, administrative costs, definition of medical necessity, the utilization review process, and treatment guidelines. Managed care companies have been increasingly criticized for putting business ethics, in terms of profits and organizational growth, before medical ethics, in terms of the well being of individual patients. A recent APA President, Herbert Sacks, M.D., expressed the concern that psychiatric administrators in managed care settings were too concerned with business priorities, “ideologies dis-identified from patient care, imperatives that were overriding at another moment in their professional lives.” Although psychiatric administrators in other times and other settings have been challenged with similar dilemmas, managed care has affected many more administrators, psychiatrists, and patients.

The latest ethical challenge for medical administrators is on-line. When the medical administrator is involved with providing information to the public or colleagues, the lack of ethical standards for health information sites has contributed to the blurring of the line between content and advertising that has been previously seen at times with managed care companies, hospitals, and individual practitioners. When some medical evaluation and treatment is provided on-line, medical administration would seem to have some responsibility to ensure that quality of care would be equivalent to or better than that which would be provided by more traditional processes.

At times, other healthcare organizations, such as hospitals, or professional societies, especially the American Association of Community Psychiatrists, have tried to address some of these ethical administrative dilemmas. However, none has clearly resolved the ethical dilemma of when duty to the patient should supercede loyalty to the organization. Moreover, the particular codes or model job descriptions developed by these organizations did not necessarily generalize to all other healthcare or psychiatric organizations.

Therefore, given the increasing ethical concerns for psychiatric administrators, are there any ethical principles, which could guide psychiatric administrators in an organizational setting? While different approaches could be taken, a time-tested one would be to use the aforementioned “Principles of Medical Ethics”. Just as the American Psychiatric Association added annotations to these principles especially applicable to psychiatric clinicians, the American Association of Psychiatric Administrators now adds other annotations especially applicable to psychiatric administrators. The following does this by providing the original AMA “Principles” in the format of a “Preamble” and Sections 1-7, and adding relevant annotations for psychiatric administrators (and possibly administrators from other mental health disciplines).

PREAMBLE

“The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self.”

Annotation (1) for Psychiatric Administrators. A psychiatric administrator will have a greater or lesser degree of responsibility for the well being of the work setting and for the lives of those employed in that setting. Thus, the psychiatric administrator will need to pay more attention to the needs of society and other health professionals than would the typical psychiatric clinician. When conflict exists between the needs of the organization or society and the needs of patients, the psychiatric administrator must be guided by an ongoing commitment to the needs of patients. If and when the psychiatric administrator can no longer follow these principles, resignation would be an ethical option.

SECTION 1

“A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.”

Annotation (1) for Psychiatric Administrators. Knowing that the quality of medical services can be affected by a wide variety of variables, including the skills of clinicians, the organization of the delivery system, and the adequacy of funding, the psychiatric administrator will strive, though may not always succeed, to do what is possible to have competent mental health services in the organization. “Competent” does not mean ideal services, but rather refers to the average expectable outcomes given the current state of psychiatric knowledge and available delivery systems.

Annotation (2). Whenever competing ethical needs, such as under-funding or the survival of the organization, jeopardize the provision of competent medical services, the psychiatric administrator will strive to have the organization still provide the best possible services with compassion and respect for patients.

Annotation (3). Given the targeted patient population of the organization, the psychiatric administrator should not allow discrimination of patients based on race, religion, or other socio-cultural characteristics. Likewise, staff discrimination should not be tolerated.

Annotation (4). To substantiate that competent psychiatric services are being provided, the psychiatric administrator should support and/or foster the development of relevant outcome studies and strive for continuous quality improvement.

SECTION 2

“A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.”

Annotation (1) for Psychiatric Administrators. To deal honestly with patients and colleagues, the administrator needs to try to be aware of the psychological factors that may prevent that. Such factors may include dependency, narcissism, and guilt. To monitor and help maintain such honesty, advisory committees and consultation with more senior administrators in other settings is advisable.

Annotation (2). The role of the psychiatric administrator in a system of care should be explicit to the public, patients, and clinicians. Effort should be made, via newsletters, meetings, or other mechanisms, to make the administrator known and visible.

Annotation (3). When an administrator who is a psychiatrist decides or chooses not to follow these ethical principles, an ethical course would be to try to make that publicly obvious in one way or another, such as not using “Doctor” or “M.D.” as part of their administrative title.

Annotation (4). Whenever incompetent or inappropriate behavior on the part of the clinicians or other administrators comes to the attention of administrators, the administrator must intervene.

SECTION 3

“A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interest of the patient.”

Annotation (1) for Psychiatric Administrators. A psychiatric administrator should know and follow the laws relevant to the healthcare system, and strive to advocate for new laws that may improve or develop healthcare systems that can provide cost-effective, quality care.

Annotation (2). The psychiatric administrator should not support policies, nor receive financial benefits based on such policies, that compromise quality of care.

SECTION 4

“A physician shall respect the rights of patients, of colleagues, and shall safeguard patient confidences within the constraints of the law.”

Annotation (1) for Psychiatric Administrators. While psychiatric administrators may have an ethical right to obtain patient information that, in its aggregate, will help to monitor and improve outcomes, every effort should be made to inform patients and clinicians as to why and how such clinical information will be used. It must be clear that appropriate safeguards for the confidentiality of the information are in place, including the use of coding whenever possible. Especially given the importance of confidentiality for psychiatric patients, the potential benefits must outweigh the risks of less confidentiality.

Annotation (2). Aggregate patient data may be shared within the healthcare institution and publicly, but any presentation of a specific patient must protect confidentiality unless the patient willingly provides informed consent in writing.

Annotation (3). The psychiatric administrator must be cautious in the use of power, so as not to take financial, social, or sexual advantage of clinicians or patients.

SECTION 5

“A physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.”

Annotation (1) for Psychiatric Administrators. A psychiatric administrator should have appropriate training and evaluations relevant to the position.

Annotation (2). The psychiatric administrator should stay abreast not only of general psychiatric advances in knowledge, but also relevant administrative, political, and business knowledge that may influence the functioning of healthcare systems. Information relevant to others in the organization and to the public should be shared with them.

Annotation (3). In order to avoid conflicts of interest, which may compromise patient care, the psychiatric administrator should make available consultants, clinicians, or reviewers outside of the system to provide objective opinions, care, appeal, or review.

Annotation (4). Given both the unique as well as occasional overlap of skills and training of the different mental health disciplines, the psychiatric administrator should strive to make the most cost-effective use of the apparent strengths of each mental health discipline.

SECTION 6

“A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.”

Annotation (1) for Psychiatric Administrators. When psychiatric administrators are responsible for a third-party influence on the doctor-patient relationship, such as in a community mental health center, state psychiatric hospital, or managed care system, the administrator should strive to select the best clinicians possible for the staff or network.

Annotation (2). Although a psychiatric administrator need not continue to provide direct patient care, if one does not do so, some mechanism should be found to help maintain empathy for the perspectives of clinicians and patients.

Annotation (3). When new environments, such as telemedicine or e-mail, are used to provide treatment, the psychiatric administrator should assess whether they are at least equivalent or better, with respect to benefits and risks, to traditional environments.

SECTION 7

“A physician shall recognize a responsibility to participate in activities contributing to an improved community.”

Annotation (1) for Psychiatric Administrators. Whenever and wherever possible, the psychiatric administrator should try to address and reduce the stigma associated with psychiatric patients and disorders.

Annotation (2). Psychiatric administrators should use their knowledge and management of healthcare systems to improve the well being of our communities, but when communicating on societal issues, should be careful to clarify whether he/she speaks as an individual citizen, individual physician, or as a representative of an organization.

CONCLUSION

The ethical challenge of a psychiatric administrator is to help optimize the potential benefits and reduce the risks of treatment and/or rehabilitation, all the while considering the costs, likely outcome, and alternatives unique to psychiatry. These principles and annotations should help meet that challenge.

Approved by the Association of Psychiatric Administrators
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