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Business Ethics in Medical Practice

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Abstract

The aim of the paper is to understand in depth the notion of medical ethics and how it can be applied by medical and auxiliary staff in daily work, whether we are considering a private health unit or a public unit with the same object of activity. The importance of the subject, in the authors' view, although it is always current, comes especially in the context of the need to improve the health of an increasing number of people affected by the SARS Cov2 pandemic, people who use health services.

Keywords: *Ethical, moral, virtues, needs, values*

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1. Introduction

Medical practice, in a private clinic or in a private hospital should not be too large compared to the same services performed in similar state units. And yet, it happens. We hear quite often about people treated by medical staff working under the coordination of a public management that they are dissatisfied with the attitude, behavior and / or professionalism of those who say they are present in front of suffering patients (Tăbîrcă & Radu, 2020). Or at least he should say. The situation is not much different, sometimes, unfortunately, in the case of private health units, especially since we are going through a period in which exaggerated information / misinformation has a direct impact on people's psycho-emotional health. That is why a professional treatment doubled by one carried out in the parameters of common sense or, why not, of empathy, is more than necessary. Sometimes it can even be vital. But what makes the difference between doctors and nurses who stand out positively compared to those whose actions are reprehensible, is a question with multiple answers.

The paper aims to address the issue and identify answers from the perspective of medical ethics by developing a study applied at the level of hospitals and the development of an ethical guide.

2. Problem Statement

Considered a set of rules to which a human group can relate so as to regulate its behavior according to what is acceptable and legitimate in achieving its goals, ethics is also interpreted as moral (Stegăroiu et al., 2020).

In the philosophical context, however, ethics and morality have distinct meanings, warbletoncouncil.org considering that:

- ethics comes from the Greek ethos meaning "form of being" or "character" and focuses on the values and principles that should govern human behavior;

- moral is a word derived from the Latin morālis, which means "in relation to habits" and focuses on behavior / practices / habits dependent on a scale of values.

Values and principles, in turn, have different connotations, the value being defined in the explanatory dictionary of the Romanian language as "property of what is good, desirable and important". So, values are qualities or standards / benchmarks based on which people form their attitude, character and behavior and decide what is right and what is wrong.

Values are different from individual to individual, they are influenced by the personal ecosystem, such as the environment in which it was formed, education, experiences, religion and it is possible for a person to change over time. As Aristotle (1988) would say, "People seem to conceive of good according to the way of life they choose" or, in other words, "Subjective good is congruent with the way of life chosen and practiced by the one who acts". For example, one person values happiness with priority, while for another, dedication and courage are fundamental. For other people, however, personal values include honesty, fairness, compassion, courage, or respect, or loyalty (Aristotle, 1988).

Principles are moral rules or beliefs that are based on personal values and govern man's behavior, influencing his actions. For example, a person who values honesty is guided by the principle: Never lie because he is convinced that the lie is wrong and does not deviate from this truth, despite personal injury.

In conclusion, values = qualities and principles = rules and principles collectively agreed by a society become laws (eg theft is illegal).

That is why we need a lot of attention to the quality of our acts because acts of the same kind, repeated, develop habitual dispositions (habits) of the same nature, and different acts shape different habits. For example, by doing righteous deeds we become righteous and we will possess the virtue of justice that stabilizes in us as a habitus which, in turn, facilitates the doing of other righteous deeds.

If our repeated acts are courageous, we become courageous, taking possession of the habitus of courage, which will later facilitate the performance of new courageous acts. So, this availability that we have been endowed with for the goodness of the character must be developed through practice. We can therefore say that ethical virtues are learned.

But man becomes virtuous only when:

- formed the usual dispositions based on the existence of desire and the application of the will;
- uses reason freely;
- acts with discernment, after a time of reflection;
- keep the middle way (fair measure = the middle way between two extremes, but not in relation to the work itself, but in relation to ourselves);
- creates a unity between the rational side (eg intellect, wisdom, reflection, knowledge) and the irrational side (eg feelings, affections, inclinations, passions).

But when passion (the irrational side) behaves well, but judgment (the rational side) is bad or missing, virtue disappears, leaving room only for

the goodness of the heart. According to Plato (2010), the basis of any virtue are the properties of the soul (Table 1):

Table 1. Properties of the soul and virtues in Plato's vision

Soul's property	Virtues	
rationale	wisdom	justice/rightness
the will	courage	(combination of
overcoming emotions	temperance (caution)	the three virtues)

Source: Authors' interpretation after Plato (2010)

In the view of Aristotle (1988), virtues are habits that develop by choosing the middle values that lie between two wrong dispositions: between the mistake of lack and excess (Table 2):

Table 2. Virtues in Aristotle's vision

Lack	Virtue	Excess
cowardice / fear	*courage*: - civic (motivation: honor / fear of punishment) - of experience - inspired by anger or pain - due to a bloody temperament - of ignorance (eg the courage of drunk people)	recklessness / boldness in the face of dangers
impatience	*moderation* (refers in particular to tactile pleasure and taste)	adjournment
deception	*caution*	naivety (stupidity)
apathy	*gentleness*	irascibility (choleric - they light up and calm down quickly)
pettiness/ stinginess	*generosity* (selflessly helps) *magnanimously* (involves only significant financial expenses)	lack of taste / vulgarity

Source: Authors' interpretation after Aristotle (1988)

Of course, the list of virtues is much wider (loyalty, keeping promises, altruism, social responsibility, etc.), those presented above representing the essence of the attributes of a virtuous character. But, as we can easily observe, the motives that animate an action are diverse, a right action can be performed from different spaces of our being. For example, we can act morally, but experiencing a feeling of regret, in which case the virtuosity of the action disappears.

Therefore, for Aristotle (1988) virtue is not a simple social practice but comes from within the person, being an inner purpose that mirrors his own character (Aristotle, 1988). Therefore, good deeds are those that good people commit, the path of virtue manifesting itself through a just and dignified behavior starting from an internal good and leads to the achievement of the supreme goal of human existence – happiness ("Înțelesul eticii şi moralei " ["The meaning of ethics and morality"], n.d.).

From a consequentialist perspective, Mill (2014) points out that a good deed is not defined by the intentions that animate it or by the goals pursued, but by its effects or consequences (Mill, 2014). Thus, from this perspective, morals are the acts that, through their consequences, increase the good in the world. Diametrically opposed, immoral acts are those that increase evil in the world.

In Kant's view, says Mureşan (2003), no matter how beneficial the consequences of our actions are, they are devoid of any moral value when:

- are committed with intent and selfish motives;
- are effects of accidental gestures.

Authors of the paper did not identify very recent official studies on patient satisfaction, but, starting from the observation that major changes in the Romanian environment are slow, we can conclude that the information below should be very current and not far from the results obtained in 2015:

- population's perception of corruption in the health system = 55% (study conducted by Transparency International);

- degree of satisfaction (“very satisfied” and “satisfied” levels) of the patient in Romania = 34.4% (study carried out by the Faculty of Business and Administration);

- the average degree of satisfaction of the patient who addresses the emergency services or benefits from specialized services=50% as resulted from a study carried out by the Faculty of Economic Sciences and Business Management (Ministry of Health Integrity Department, n.d.).

3. Aims of the research

Given the knowledge presented above, the added value of the paper consists in:

- identifying, based on one's own study, the needs and expectations of the Romanian patient;
- the creation of a mini practical guide in which the applied medical activity is correlated to the virtues promoted by the classical philosophers;
- drawing up a series of suggestions on the direct and indirect ethical behavior of healthcare professionals in whose hands they put their trust and hope, people everywhere.

The research has as a starting point the needs and expectations of Romanian patients in relation to medical and auxiliary staff in private and state clinics and hospitals, from the perspective of ethical behavior.

The research objectives are:

1. finding the driving forces behind an ethical behavior;
2. identifying the landmarks of ethics and morality that constitute a frame of reference in the perception of the Romanian patient.

The hypotheses from we will start were obtained following the analysis of the Plan of measures for increasing the patients' satisfaction of the Municipal Emergency Clinical Hospital Timisoara (2013) a health unit considered a landmark within the Romanian health system.

4. Research Methods

The research methods are quantitative and qualitative and were applied in May 2021. From a quantitative point of view, we highlight that the research on the real needs of the Romanian patient was conducted online, through methods specific to market analysis and included 175 testimonials of patients from Arcadia Hospital in Iasi (n.d.). The testimonials totalled 8,563 words, of which 49 keywords and 23 categories of keywords relevant to the research objective were identified.

Carrying out the case study on whether or not to frame the usual mode of action of medical staff in the range of virtues of the three-classic ethics: ethics of virtues (Aristotle), utilitarian ethics (Mill, 2014) and ethics of debt (Kant), consisted in collecting points of view shared by doctors and physiotherapists from the medical recovery clinic COMO Clinic (www.comogrup.ro) who were joined by the authors of the paper, as patients (a total of 18 people).

The research was structured in four parts, carried out as follows:

- understanding the notion of ethics and its derivatives, from the perspective of the wise classics that govern the basic landmarks of human behavior;

- the authors' own research on the needs of the Romanian patient in the situation in which he needs to benefit from medical health services provided in state or private system;

- a hypothetical case study but with real practical connotations, analysed from the perspective of the three-traditionalist ethics: - the ethics of virtues, - the utilitarian ethics and - the ethics of debt, doubled by conclusions regarding the landmark actions of medical staff, from the perspective of ethics and morality.

- the opinion of the issuers of the paper regarding the norms of basic medical ethics expected by the Romanian patient who benefits from medical services.

To anchor the research even more in the immediate reality, six scenarios with high practical potential were simulated. These were analysed from the perspective of the three fundamental classical ethics: the ethics of virtues (Aristotle), the utilitarian ethics (Mill, 2014.) and the ethics of debt (Kant), the analysis being transposed into a set of behavioural ideas with moral and ethical probity. taken into account by medical staff from the private and state environment (Table 3).

Table 3. Summary of Scenarios

Scenario	Summary
1	the patient dissatisfied with the result of the treatment obtains the desired health, but at a competing clinic
2	the satisfied patient recommends the clinic to a significant number of people (medical doctors)
3	the patient is satisfied because he chose, from the variants presented by the doctor, the application of the treatment in two stages (without MRI / with MRI)
4	causes such as: - lack of correct understanding of the medical prescription, - incorrect selection of procedures pre-established by the medical equipment manufacturer, - insufficient knowledge and / or medical practice, does not provide the patient with the treatment he needs to improve his health, generating dissatisfaction and reorientation to another provider of recovery medical services

5	although it benefits from a significantly improved state of health, the dissatisfied patient will no longer use the services of the clinic
6	the satisfied patient recommends the clinic to a significant number of people (Physiotherapists)

Source: Authors' research

5. Findings

The results of the research undertaken by the authors of this paper, from the perspective of the two researched directions are:

1. *professional* - word repeated by respondents, 72 times
2. *care* - word repeated by respondents, 36 times
3. *kindness* - kindness repeated by the respondents, 34 times
4. *quality* - word repeated by respondents, 29 times
5. *promptness* - word repeated by respondents, 26 times

Returning to the information initially obtained through the analysis of the Plan of measures for increasing the satisfaction of the patients of the Municipal Emergency Clinical Hospital Timisoara (Toplicianu & Tăbîrcă, 2012). we find that it aims at the following directions:

- physician ⇄ patient communication;
- physician ⇄ patient trust and satisfaction relationships (effect);
- correct and complete information of the patient;
- technical and material equipment;
- cleanliness, hygiene, comfort;
- patient accessibility to consultation.

Corroborating the information with own results analysis of the patient's needs concludes that these six directions targeted by one of the most representative hospitals in Romania covered only three out of five major topics to which the human brain is sensitive, as appreciated by David Rock (Mind Tools Content Team, n.d.). Respectively, among the five-human emotional "buttons": status, certainty, autonomy, familiarity, fairness, hospital management covered only the need of people to:

- autonomy, obtained through good information and communication between the patient and the medical staff;
- fairness, through the accessibility of medical services;
- certainty, obtained in part by assessing the technical and material basis of the health care provider.

Comparing our own model with the analysed one, we consider that this approach eliminates from the priorities of the medical unit, fundamental needs of patients, related to:

- the real certainty generated by professionalism;
- familiarity, derived from the friendly and warm attitude of the staff;
- psychological comfort provided by the proven attention to the patient and his needs;
- state certification, by showing appropriate behavior, from doctors and nurses.

Or, precisely covering the fundamentally human needs is what creates in the patient the feeling of satisfaction and satisfaction. In the analysed cases, in order for the medical act to be performed under the auspices of moral ethics, structured solutions can be approached for the scenarios that require an improvement of the medical act (1, 3, 4 and 5), namely:

scenario 1

- the doctor to ensure that the prescribed treatment records the estimated medical evolution, verification performed either by direct discussions with the patient and / or the medical staff applying the treatment, or by monitoring an internal feedback system of the health of the patients of the clinic;
- requesting an MRI analysis if the patient does not make progress in health.

scenario 3

- granting the patient AUTONOMY in the sense that it explains the benefits, costs and risks of performing an MRI analysis and allows him to decide if he wants the treatment to be performed in stages: stage 1: application of therapeutic procedures, according to medical prescription; stage 2: careful monitoring of the patient's medical evolution; step 3: performing MRI analysis; stage 4: completion of the initial treatment with new procedures, designed to accelerate the patient's healing.

scenario 4

- an active and honest collaboration of therapists, whenever necessary, with the specialist, so as to ensure that they have all the knowledge necessary for the correct application of the treatment;
- be aware of the importance of the profession and the impact of their own actions on people who put all their trust in them;
- pay attention to the way they eat (healthy food), rest (minimum 8 hours / night) and spend their free time (as pleasant as possible)

so that in the presence of the patient they can be very careful in selecting the correct functions recommended by the doctor and preset by the equipment manufacturer;
- create clear and accurate routines so that, in times of tension, they can act correctly, automatically;
- take care of yourself so that during the period;
- to raise their level of knowledge and skills.

scenario 5

- to develop practices of self-control and peace of mind;
- be aware that instead of the patient, it can always be a loved one or even themselves;
- be aware that the law of cause and effect has the role of boomerang and not allow the initiation of a process with an impact on them, over which they have no control;
- talk to the patient and inform him / her that he / she is not / was not in a beneficial emotional state and possibly (if applicable), apologize for the inconvenience.

From the perspective of the authors of the research, the ethical and moral behavior that defines the medical health services is generated by a visionary and quality management that clarifies the staff regarding:

1. the company's mission / goal;
2. what is expected of each employee;
3. the equipment and materials necessary for the correct performance of the work;
4. what is a quality job in the sense of the employer;
5. the annual personal and professional development plan.

6. Conclusions

In the medical field, where:

- the patient's need and goal are to have a correct treatment from a medical point of view (diagnosis and treatment) but also emotionally (to be treated with compassion, patience, respect, etc.).

- the result of the medical act is a synergistic one, of the whole team of specialists involved,

we can appreciate that a person is considered to be a good person, with moral value, even if the consequences of the medical act are not those expected by the patient.

From the perspective of the authors of the paper, the closest vision to objective reality is attributed to Kant who considers that good deeds, consciously done by a person, whose consequences are beneficial to the parties, is the brightest and most complete path he can take. a man to personal and social fulfilment.

Corroborating this view with the cardinal virtues passed down through generations of Plato and Aristotle, the mini guide to medical ethics suggested by us for medical staff includes:

- *the wisdom* to constantly update the knowledge at its disposal, because only in this way can the medical act be based on a valuable expertise, adapted to the technical and technological dynamics;
- *the courage* of experience, obtained through the systemic and responsible implementation of the accumulated knowledge;
- *caution* in attitude, behavior and any act of a medical nature;
- *justice* derived from the application of what is fair, honest and legal;
- *gentleness of character*, acquired through desire, will and exercise;
- *the generosity* of the smile.

References

Arcadia Hospitals and medical centers. *Testimoniale* [Testimonials]. (n.d.) Retrieved 04 May 2021 from https://www.arcadiamedical.ro/info-pacient/testimoniale/

Aristotle. (1988). *Etica nicomahică* [Nicomachean ethics] (S. Petecel, Trans.). Scientific and Encyclopedic Publishing house. (Original work published 1961)

Înţelesul eticii şi moralei [The meaning of ethics and morality]. (n.d.). WarbletonCouncil. Retrieved 29 May 2021 from https://ro.warbletoncouncil.org/etica-y-moral-244

Mill, J. S. (2014). *Utilitarismul* [Utilitarianism] (V. Mureşan, Trans). ALL Publishing House. (Original work published 1861)

Mind Tools Content Team. (n.d.). *David Rock's Scarf Model. Using Neuroscience to Work Effectively With Others*. MindTools. Retrieved 04 May 2021 from https://www.mindtools.com/pages/article/SCARF.htm

Ministry of Health Integrity Department. (n.d.). *Approval raport*. Retrieved 04 May 2021 from http://www.ms.ro/wp-content/uploads/2016/11/Referat-OMS-146-21-nov.pdf

Mureşan, V. (2003). *Utilitarismul lui John Stuart Mill* [John Stuart Mill's Utilitarianism]. Paideia Publishing House.

Plato. (2010). *Republica* (D. Vanghelis, Trans.). Antet Publishing House. (Original work published 1900)

Stegăroiu, I., Radu, V., Simsek, H., & Tăbîrcă, A. I. (2020). Impact of Leadership Team Values and Performance on Organizational Behavior. In I. Panagoreţ & G. Gorghiu (vol. ed.), *Lumen Proceedings: Vol. 10. International Conference Globalization, Innovation and Development. Trends and Prospects (G.I.D.T.P.)* (pp. 241-251). Iasi, Romania: LUMEN Publishing House. https://doi.org/10.18662/lumproc/gidtp2018/27

Tăbîrcă, A., & Radu, V. (2020, April). *Efficiency vs Effectiveness in Romanian Public Institutions*. The 16th Economic International Conference: New Challenges and Opportunities for the Economy, United States. http://conferinta.seap.usv.ro/index.php/iec/2020/paper/view /371/19

Timisoara Municipal Emergency Clinical Hospital. (2013, January 9). *Plan de măsuri pentru creşterea satisfacţiei pacienţilor şi vizitatorilor* [Measure plan to increase patient and visitor satisfaction]. Retrieved 04 June 2021 from: https://www.spitalul-municipal-timisoara.ro/data_files/content/plan-management/plan-masuri-cresterea-satisfactiei-pacientilor-vizitatorilor-2013-2015.pdf

Toplicianu, S., & Tabîrcă, AI. (2012). Implementing of management accounting in hospital units. *Valahian Journal of Economic Studies*, *3*(4), 35-40. https://www.proquest.com/openview/09468f868c1287040f35cf4c371b9678/1?pq-origsite=gscholar&cbl=2029114