

# Administrative ethics paper assignment

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Administrative Ethics Paper HAS/335 June 13, 2013 Biomedical ethical issues are seen frequently in the news and are in constant scrutiny. The demand for social responsibility is high and available resources are limited. Health care leaders are faced with numerous administrative issues regarding patient privacy, research, confidentiality, and terminal illness. Much debate has surrounded medical spending on the terminally ill, such as the cost and allocation of resources toward end-of-life care. Choosing between prolonged life and quality of life are two difficult decisions to make.

Nonetheless, it is difficult to base one's opinion until cancer has taken over one's life. A close look at administrative issues surrounding end-of-life care will demonstrate the impact on a population, ethical, and legal implications, potential solutions to the problem, and managerial responsibilities. The Northern Mariana Islands (NM') is a part of the United States territory because of its establishment of commonwealth in political union and is home to approximately 44, 000 people (Central Intelligence Agency, 2012).

Because of the increase in chronic diseases and lack of available resources, several residents are referred to go off the island to seek health care in Guam and Hawaii (Dotty, 2012). However, the medical referral program has a crucial problem with financing because of the large amount already owed (Dotty, 2012). Although a budget of \$2. 5 million is allotted for health care expenses for the medical referral program, it only covers half of the costs incurred in 2011 (Dotty, 2012). Therefore, officials viewed rationing of medical services necessary to keep costs at bay.

Among the rationing of medical arrives is the allocation of resources to terminally ill patients. According to Dotty (2012), a medical provider states, “ As a community, we must address the reality of spending precious resources on end-stage patients who will die within a short amount of time with or without medical treatment. ” The method of triage rationing raises ethical concerns because patients are treated as if they were soldiers out on a battlefield where only those with a higher chance of survival are saved.

Although unspoken, the practice of rationing services is common in the NM’. The population is actively impacted by the health care crisis and the lack of hospice care. Family members of ailing patients are seen holding signs requesting for donations so their loved one may receive off-island treatment (Dotty, 2012, Para. 33). Cost and allocation of resources are clearly administrative issues that need ethical evaluation. A senior administrator of the NM’ seems lost at finding a solution and reminisces of the time islands” (Dotty, 2012).

The ethical and legal implications of rationing health services have many facets. Generosity and independence are among the ethical principles associated with allocating health resources; however, that is not the case when resources are scarce and funding is limited. As demonstrated in the NM’, mainly the poor and middle class are subjected to health care rationing. Aside from the poor, people most affected by health care rationing are the elderly and disabled persons (Peters, 1995).

It is unethical of those with tremendous discretionary power to favor the prestigious over the poor or disabled. However, rationing based on the ability

to pay already exists and is completely legal, such as rationing care of Medicaid patients or rationing by insurance companies (Freeman, 2009). Although some people may believe rationing health care is unethical, it is economically inevitable as the demand for scarce health care resources increase. Therefore, it requires ethical consideration when allocating health resources.

According to the article, the proposed solution is a policy on medical care rationing (Dotty, 2012). However, some politicians claim the unnamed policy is already put into practice. Furthermore, the administration proposes a tighter budget for the 2012 fiscal year but does not elaborate on how it will be accomplished (Dotty, 2012). The manager of the medical referral services suggested to administration that the program be suspended and only used for emergency cases (Dotty, 2012). However, no action has been taken to suspend the program.

Another suggested solution is to place high emphasis on prevention and primary care to avoid excessive referrals during critical stages. Furthermore, hospice care is not available to everyone in the NM, which if made an option, may minimize the health crisis by decreasing the demand of health care resources. Nonetheless, valuating the effectiveness of treatment and cost is essential in allocating resources. Managers are responsible for implementing cost/benefit analysis to best use the institution's resources.

Peters (1995) states, " Cost-effectiveness calculations have the appeal of incorporating outcomes research, patient preferences, and expected costs into a rational and potentially sophisticated scheme for maximizing health

care outcomes from the available resources. ” However, cost/benefit analysis alone should not be the primary basis for allocating resources. Managers must also ensure health sources are distributed equitably. Nevertheless, a solid solution has not yet to develop as the situation worsens in the NM’.

A leader’s responsibility and accountability for appropriately rationing healthcare is tremendous. Because resources are limited, leaders must diligently follow eligibility criteria that satisfy legal and social standards. However, the approach is not easy and frequent subject of debate. Some consider health resource allocation is necessary but others find it morally repugnant. Therefore, the manager’s responsibility toward allocation sections requires evaluation of distributive Justice principles for ethical dilemmas.

For example, need, equity, contribution, ability to pay, patient effort, and merit are principles useful in determining resources allocation (Armstrong, 1998). Each patient situation has unique circumstances that require healthcare leaders to view subjectively. Nonetheless, leader’s responsibility is to set clear guidelines for allocating resources so health care providers can remain advocates for their patients. Allocation of medical services in poverty stricken NM’ indeed has ethical and legal justice.

Administrators are at a loss with the health care crisis of financial burden and limited resources. Nonetheless, health care leaders must fulfill their obligations to their organization and community by using ethical principles to guide them in making difficult decisions. Nevertheless, perhaps proposed solutions turned into policy may minimize the need for off-island medical

referrals. Administrative issues surrounding end-of-life care demonstrated the impact on a population, ethical, and legal implications, potential solutions to the problem, and managerial susceptibilities.