

Ethics and the image of the healthcare administrator in popular culture

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Abstract

In hospital culture physicians and healthcare administrators often occupy the highest leadership positions. When hospital culture is represented in movies and TV, however, there is a clear distinction between how these two roles are portrayed. The image of physicians in popular culture has largely remained positive: tarnishing some since the sparkling clean, idealized days of Drs Marcus Welby and Ben Casey, but they are still generally portrayed heroically, as the epitome of ethics, dedication, knowledge, and wisdom. The healthcare administrator generally has not fared as well. Cast often as the 'bad guy', his character traits typically include avarice, hard-heartedness, and pride. Yet of course in real life healthcare administrators are actual persons, as complex and subject to virtue and vice as any physician – and with ethical challenges as unique to their own profession as those of the physician. With this incongruity between image and reality in mind I plan first to outline the basic ethical obligations and challenges of healthcare administrators. Then, I will analyze three representative images of healthcare administrators from popular culture. These images will help to show the importance of ethics education for healthcare administrators. For administrators and students of healthcare administration, it is important to recognize their distance from these images in order to develop their own ethical life while meeting their ethical obligations and recognizing their profession's unique ethical challenges. For others it is important for administrators to grow beyond these images to demonstrate the ethical potential of all, including those in administrative positions.

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Introduction

Much has been written in the medical humanities regarding the image of physicians in popular movies and TV.^{1–9} This is certainly understandable given the power, authority, and visibility of physicians within the medical system. By comparison, little has been written regarding the image of healthcare administrators, even though administrators often hold comparable power and authority. The essence of that power and authority is clearly of a different nature but is no less influential and effectual in the lives of patients and potential patients, which means that the ethical implications of administrators' decisions and actions are no less important than that of physicians. Indeed, in some ways the decisions and actions of administrators can be more ethically impactful than those of physicians, as their decisions typically affect a broad population rather than a single patient at a time. An understanding of the ethical challenges and goals of healthcare administrators becomes then of prime importance. Healthcare administrators need to make decisions that are not only fiscally sound but ethically sound as well with the prime stakeholders affected by their actions in mind. What this requires in real life is a complex, multi-dimensional character along with a sound understanding of ethics.

Often the images of healthcare administrators in popular culture do not reflect the complexity necessary for an effective and ethical healthcare administrator. These images can serve as a sound contrast in understanding the difference between image and reality and can serve a further purpose in coming to understand our cultural perception of healthcare administrators and the importance of ethics in the performance of healthcare administration and the education of healthcare administrators. In what follows I will analyze three different images of healthcare administrators from TV and

the movies. Within this analysis I hope to unearth our cultural perceptions of administrators, especially in contrast to those of physicians, find some degree of complexity even in the typically flat characterizations often provided for healthcare administrators on TV and in the movies, and highlight the fundamental need for ethics education within a field relatively neglected by the bioethics literature.

A clash of characters, a clash of images: physicians vs. administrators

Even in our postmodern age of iconoclasm and flawed heroes, physicians are typically depicted in a positive, even heroic light. On TV we have moved from the idealized depictions of Marcus Welby and Dr Kildare to the ethically challenged Gregory House. And although Dr House's primary character traits are character flaws, he is still the recognized hero within his narrative. He is the singular genius without whom countless patients (or at least one a week) would die. In fact, a reasonable reading of his character is that those character flaws are integral aspects of his character that are equally responsible for his ability to save patients as his incisive intelligence and powers of deductive reasoning. That is, his poor bedside manner, resistance to even reasonable authority, and lack of conformity to basic medical and ethical standards may provide the needed analytic distance to allow his genius to flourish.

Healthcare administrators, on the other hand, are often cast in the role of villain. They represent the impersonal system to which even powerful and authoritative physicians must submit. Even while the character flaws of a physician like Dr House might seem integral to his overall heroic character, the typical character flaws of healthcare administrators – avarice, hard-heartedness, pride – are nothing but flaws. They can serve no greater, nobler purpose but can only serve villainous ends. Their characters then are often one dimensional, lacking in complexity, uncertainty, or introspection. This flatness of character provides a facile means for generating dramatic tension. The heroic physician in his battle for the welfare of a patient is pitted against the villainous administrator. The administrator cares only for the bottom line while the physician selflessly fights for his suffering charge. As a means of generating dramatic tension, the technique is rather superficial in its lack of character depth, but it is a handy and facile tool for lazy and uninspired writers.

Ethical challenges of healthcare administrators

Unlike most roles in healthcare, administrators do not typically have direct patient contact. Thus, the ethical impact of their actions and decisions may not be as obvious or seem as important as professionals with direct patient contact such as physicians and nurses. Yet, administrators 'are critical to the success of' the care, research, and technology that is at the forefront of healthcare and medicine 'because they provide the environment where the important work of health care can take place'¹⁰ (p. 11). In addition, administrators are 'the connection to the community and the stewards of the resources society invests in health care'¹⁰ (p. 11). Administrators have obligations to patients, their staff, their organization, and their community, as well as to themselves and their own personal conscience. And these various obligations and duties can commonly come into conflict, raising complex ethical issues just as with any other healthcare profession.

Duties to patients

Many of the professional and occupational duties of a healthcare administrator are those of any typical business person. Business ethics, though, is not sufficient for the healthcare administrator. The ethics of the healthcare administrator, in contrast to typical approaches in business ethics, demands an examination of respect for persons, including the concepts of autonomy, fidelity, confidentiality, and beneficence, and also a more pronounced focus on matters of justice. Due to what Kurt Darr¹¹ refers to as 'the Samaritan image of health services organizations'¹¹ (p. 126), healthcare administrators are commonly viewed as having a higher calling than the bottom line – a calling that 'emphasizes the caring and the curing aspects of health services'¹¹ (p. 125). At the same time, the ethics of the healthcare administrator cannot be wholly delineated by typical approaches to biomedical ethics. The specific, more business-oriented duties of the administrator cannot be ethically contained within biomedical ethics. The ethics of the healthcare administrator then becomes something of a hybrid of business ethics and biomedical ethics or healthcare ethics.

Yet, one important ethic the administrator shares with any other healthcare professional is that the prime duty is to the patient. Just as with the physician, the very reason for being is the patient and the patient's suffering, from which follows the primary obligations of protecting the patient from

harm and promoting the patient's well-being. For this reason, the American College of Healthcare Executive Code of Ethics identifies healthcare administrators as 'moral advocates and models'.¹² Ethically, in the performance of her duties, the administrator must not simply manage staff concerns and conflicts, maintain the budget, and ensure effective policies are implemented; she must ensure that the needs and interests of patients are protected and promoted. Similarly, Brody¹³ refers to the administrator as the 'chief patient advocate', noting the unique nature of the administrator's duties to patients as being to patients collectively rather than individually. Physicians' duties to patients are primarily organized around the physician-patient relationship and thus are typically duties to individuals. Administrators, on the other hand, must keep the needs and interests of the totality of the patients of the organization in mind. Darr¹¹ refers to the administrator's 'independent duty and responsibility to the patient'¹¹ (p. 150). As 'independent', this duty is not simply attendant upon the physician's (or other health professionals'), more obviously direct ethical duty to the patient but a clear and primary duty its own. Although one of the occupational duties of healthcare administrators is to support healthcare providers within their organization, within the professional milieu of the healthcare industry, administrators are autonomous professionals in their own right with their own unique and specific duties to patients, as indicated above often in a more collective sense.

Duties to staff

Healthcare administrators hold a variety of obligations toward staff members. Generally, the administrator has a duty of loyalty to staff manifested in a fiduciary role and a commitment to fair treatment. As with any administrator, the healthcare administrator is privy to confidential information of employees. Keeping that information confidential and not misusing it for her sole benefit are basic duties of healthcare administrators. From a supervisory position administrators have a duty to treat employees fairly in evaluation and appraisal of performance as well as any other professional dealings with employees. In addition, administrators 'must be attentive to the needs and activities of [healthcare providers]'¹¹ (p. 164) as a direct extension of their obligation to protect and promote the interests of patients. Along these same lines administrators must ensure that policies are in place that support staff in their own duties to advocate for patients, that support staff 'with an unequivocal commitment that encourages them to intervene when a patient is

at risk'¹¹ (p. 164). Absent such reassurance, providers, and other staff will both feel unsupported in an ethical sense and be less likely to fulfill their ethical obligations – particularly in more uncertain or risky situations.

Duties to the organization

As with staff, administrators maintain a fiduciary relationship to their own organization, holding confidential information regarding the organization (including decisions about capital equipment, medical staff recruitment and development, business and marketing strategies, financial, and human resources programs¹¹) with duties to avoid misusing that information or revealing it to unqualified parties. In addition, as a fiduciary the healthcare administrator must avoid various possible conflicts of interest and aid staff in avoiding conflicts of interest 'by adopting policies to guide their decision making in the acceptance (or nonacceptance) of gratuities and benefits'¹¹ (p. 137). The administrator similarly should support policies that aid staff in maintaining confidentiality.

Additionally, administrators in their supervisory capacity 'are ethically accountable for the effects of nonfeasance, misfeasance, and malfeasance affecting patients, staff, and organization'¹¹ (p. 149). Thus, a moral duty exists that requires policies and practices that both attempt to prevent such issues and effectively and responsibly respond when they do occur. And finally, of course, the administrator must ensure the financial health of the organization 'amid a sea of external regulations and internal policies and guidelines'¹⁰ (p. 82). They have obligations to meet and must balance a number of internal and external goals and standards, including the values and standards of their community; local, state, and federal regulations, external agencies such as the Joint Commission for Accreditation of Healthcare Organizations and the National Committee for Quality Assurance, and other business entities like managed care organizations.

Duties to the community

The ACHE Code of Ethics identifies five general moral obligations of a healthcare administrator to her community. These include working to identify and meet the healthcare needs of the community, supporting access to healthcare services for all people, encouraging and participating in public dialogue on healthcare policy issues, applying short- and long-term assessments to management decisions affecting the community, and providing prospective patients with adequate and accurate information.¹² Thus, it is clear that an

administrator's obligations do not end at the front door of the institution. There is a recognition of the healthcare organization as part of a community and society in general and a recognition of the ethical duties that follow from being part of a community.

I do not intend the preceding lists of obligations to be exhaustive but merely to show the immense scope and complexity of the ethical obligations and challenges that healthcare executives share. These ethical responsibilities are arguably 'more complex than those for any other role' in healthcare¹³ (p. 153). Among these varieties of stakeholders and obligations, administrators have a duty to 'balance legal and ethical parameters, act in the best interests of patients, and uphold the organization's mission, often in the face of limited resources'¹⁴ (p. 3). And although ideally these duties will complement one another, often they do conflict, and it is upon the administrator's shoulders to resolve these conflicts in an ethical manner that takes into account the interests of the various fiduciaries and stakeholders involved.

Monty Python's the meaning of life

The first representation of a healthcare administrator that I wish to investigate is from the 1983 film *Monty Python's The Meaning of Life*.¹⁵ The scene I have in mind, 'The Miracle of Birth,' is rich in parody and medico-ethical concepts. I use it often in classes as it raises such central medico-ethical issues as medicalization, technophilia, physician paternalism, biomedical reductionism, medical hierarchy, the economics of healthcare, and gender issues in healthcare. The scene begins with a shot of a woman on a gurney being wheeled through the halls of a hospital, violently bursting through swinging doors. This shot is intercut with a shot of a pair of physicians (John Cleese and Graham Chapman) in scrubs pitching playing cards. The physicians are informed that the patient is ready and make their way to the operating theater. After some satirical dialogue between the physicians, the nurses, and the patient, we hear a warning that the administrator is coming. Suddenly, the entire room jumps into action. All the machines are turned on and the physicians and nurses do their best to appear busy. In walks the administrator (Michael Palin) clearly marked as different with his suit, in contrast to the green scrubs of the medical personnel, the white gown of the patient, and the more casual clothes of the onlookers. The physicians show a great deal of deference to the administrator, appearing eager to please and impress him. The administrator, while not appearing especially superior in attitude,

does comport himself with confidence and comfort within the operating theater. Yet he demonstrates a comical degree of ignorance regarding medicine, marveling at the ability of the physicians to 'take a new baby out of a lady's tummy'.¹⁵ When it comes to finances and the expensive equipment surrounding them the administrator demonstrates savant-like knowledge, explaining the byzantine financing of 'the machine that goes 'ping!',' which elicits fawning applause from the physicians and nurses in the operating theater.

The degree to which the deference to the administrator shown by the physicians in this scene reflects reality is debatable. However, it may point to the larger issue of the place of money in any healthcare system, even the UK's NHS. Regardless of the real or perceived authority of the physician, each physician is still subject and must submit to the system in which they operate. And the administrator is both the symbol and the agent of that system within the institution. So although most physicians may not defer to administrators to the comical degree exhibited in this scene, symbolically the necessity of deferring to the medical system, organized largely around byzantine economics, does clearly ring true.

House, M.D.

Secondly, I wish to look at the character Dr Lisa Cuddy (Lisa Edelstein) from the popular TV medical drama *House, M.D.*¹⁶ Dean of Medicine Dr Cuddy makes for an interesting analysis as she is both an administrator and a physician and for the personal relationship she has with the more famous main character. It is commonly recognized that the character of Dr House is based upon Arthur Conan Doyle's Sherlock Holmes. If that is true, then Dr Cuddy is clearly the Inspector Lestrade to House's Holmes. She represents, as Lestrade did for Holmes, conventionality and the status quo stifling genius. The antagonistic relationship of House and Cuddy symbolizes the conflict between depersonalized bureaucracy and the necessary liberty of genius. In comparison to the Hospital Administrator from *The Meaning of Life*, she represents less the economics of the medical system than the rule-bound, bureaucratic nature of modern medical systems. And the romantic notion here is that a genius like House cannot function within such narrow strictures.

As Cuddy is a physician as well as an administrator, she often second guesses House's unorthodox and risky clinical judgments and decisions, overruling him with safer, more conventional judgments, representing the authority of the status quo. Given the history between House and Cuddy that is

revealed throughout the series, their relationship is not entirely antagonistic. Despite her constant frustration with House, Cuddy shows great respect for him as a diagnostician and puzzle solver. Similarly, despite House's constant frustration and even condescension of Cuddy, he at times manifests a degree of respect for her as well. These elements of respect are consistent with the analysis of Cuddy as House's Lestrade. Even though Lestrade is often depicted in the Holmes stories as a limited, conventional investigator, there are moments in those stories in which Holmes voices some degree of respect for Lestrade, describing him at times as the best investigator at Scotland Yard. Although, given his low opinion of Scotland Yard detectives in general, that may be faint praise.

Dr House's unique character is well known. While a genius, he shows disdain for nearly all around him, ignores patients as persons, and manifests a generally nihilistic, misanthropic outlook on life, seemingly finding joy only in the cold operation of puzzle-solving. And thus, for him the end of medicine appears to have less to do with the benefit of patients than his own intellectual pleasure. Dr Cameron (Jennifer Morrison) operates as House's moral conscience, a largely ignored, often debased Jiminy Cricket, typically voicing the views of conventional medical ethics. But House's actions and motivations often appear alienated from a concern for contemporary medical ethics and organized rather around a form of simple utilitarianism and disengaged puzzle-solving. In the very first episode he asserts the proper aim of physicians as treating illnesses not patients, thereby dehumanizing not only the patients but the practice of medicine itself.¹⁶ Like Holmes, he is excited by a puzzle and appears to find value and satisfaction in the solving of the puzzle itself, rather than the humanistic consequences of solving those puzzles. Certainly, much consequential value can be found in such an attitude but so can much ethical risk. The outrageousness of House's behavior makes for engaging television, but clearly in the real world Dr House would have lost his license many times over.

Dr Cuddy's responses to House, while symbolizing the rule-bound nature of modern medicine, also create room for House's creative genius. She knows that there are patients who would die without House's expertise. Yet as a healthcare administrator she has to maintain a certain order and compliance with internal policies and external rules, including laws and federal regulations. As a physician herself, she recognizes the singular genius that is House and the good that he can do. Further, as the series progresses the audience learns of a past

relationship between House and Cuddy in medical school and that she had a role in the injury that left House with chronic pain and in need of a cane for the rest of his life. These personal connections deepen and complicate Cuddy's professional relationship to House. In addition to her professional recognition of his genius, her personal affection and possible feelings of guilt make it more difficult to take a hard line with House's inappropriate behavior. Hence the basic conflict between her and House becomes a conflict within herself, a conflict between the indefinite, even infinite needs of medicine and the limitations of an organized medical system that needs to perpetuate itself. This internal conflict becomes the conflict of any healthcare administrator who recognizes the need to balance the needs of medicine and the limits of policy, law, and business.

John Q.

Finally, I want to present Anne Heche's character Hospital Director Rebecca Payne in Nick Cassavetes 2002 film *John Q.*¹⁷ The film involves the story of John Quincy Archibald (Denzel Washington), a working class man whose son's sudden collapse eventuates in the need for a heart transplant. However, due to a recent change in his employment status Archibald's health insurance has, unbeknownst to him, undergone a reduction in benefits and will not cover the heart transplant. In a sensational turn, Archibald takes several patients and hospital staff hostage in the emergency room (ER) in order to force Rebecca Payne to place his child on the transplant list.

The character of Rebecca Payne is the most stereotypical, even including the Michael Palin's cartoonish administrator, of those I have selected here. She at first demonstrates no compassion or regard for the suffering of either the child (Daniel E. Smith) or the parents (Denzel Washington and Kimberly Elise). The basic conflict of the film is introduced in a family meeting including Payne, the two parents and head of cardiology Dr Raymond Turner (James Woods). In this meeting Turner explains their son's problem but with such obscurity of medical terminology as to suggest a lack of connection to patients himself. He appears to use language like 'septal defects', 'myopathy', 'pulmonary edema', and 'malignant ventricular ectopy' in order to remove himself and his feelings from the devastating meanings behind those words as well as from the patients and families devastated by those meanings. Indeed, when the Archibalds recognize the true gravity of the situation he is clearly though subtly, as

someone who has practiced reining in his emotions and reining in his compassion, moved by this.

Rebecca Payne, on the other hand, demonstrates no expression of emotion or compassion, subtle or otherwise. She appears cold and unfeeling. Her facial expression betrays no feeling for the Archibalds and possibly a sense of condescension or indignation toward them. Her only concern seems to be with money. Before she even raises the problem of the Archibalds' insurance she appears to attempt to steer them toward a medical rather than surgical option, planting in their minds concern for 'quality of life' – clear coding in this context for comfort care and the inevitability of death. When the Archibalds select the surgical option, she is quick to jump in and explain the problem with their insurance. Due to John Archibald's employer changing their insurance carrier from a PPO to an HMO and also due to John receiving fewer hours at work because of the economy and being designated a part-time employee, there is a \$20,000 cap on his catastrophic insurance. The heart transplant will cost \$250,000. Due to the cap on his insurance, in choosing the surgical option the Archibalds will have to be designated cash customers and will need to provide a 30% or \$75,000 down payment before their son's name can be placed on the organ recipient list.

Dr Turner is not the deified movie or TV physician that I alluded to at the beginning. He is not Marcus Welby, James Kildare, or Ben Casey. Dressed in an expensive suit rather than authoritative scrubs, his image and bearing bespeaks of privilege and financial means. Although he betrays some disturbance at the problems of the Archibalds at this family meeting, he later adopts a more detached air. Clearly, having heard the economic issues raised by Rebecca Payne, he has been able to rein in his emotions and compassion for the good of his, and the hospital's, bottom line. In a discussion among the hostages he takes on the role of representative and defender of the contemporary medical system, while other hostages, including patients and fellow healthcare providers, vehemently criticize it. His defenses of the system are weak and even weakly proffered. This scene, the emotion revealed at the family meeting, and the blaming of the Archibald's problem in part on a shift of his coverage to an HMO, appears to suggest that the problem with Dr Turner is not wholly internal to Dr Turner. That is, he is not truly and essentially as avaricious and unfeeling as he might appear. Deep inside, he is like the Welbys, the Caseys, and the Kildares of the past. It is the system that has corrupted him. It is the system that has turned his mind

and conscience from caring and compassion to financial acquisition.

Rebecca Payne, though the most stereotypical image of a healthcare administrator of these three, does break this mold in part through an act of redemption. In her first meeting with police following the beginning of the hostage crisis she still appears cold and heartless. While anxiously drawing on a cigarette, she explains the necessity of difficult decisions like denying a heart transplant to a young boy, as merely part of her job. The clear anxiety and the cigarette crutch in this scene, while possibly a reaction to the extreme situation occurring in the ER, may in fact be a crack in her façade, the revelation of real emotion hidden for the sake of her institution's financial well-being. Soon after this, when speaking with Mrs Archibald along with police lieutenant Frank Grimes (Robert Duvall), she promises not only to place her son on the transplant list but that the hospital would cover the cost of the surgery. As a viewer it is not clear whether this is a sincere promise or a cold, manipulative, deceptive move to try to defuse the hostage situation. Grimes, perceiving the latter, compliments her ability to coldly lie and manipulate. From her negative though subtle reaction to this compliment, it is clear that she does not savor this perception of herself. And later when she watches a SWAT sniper shoot John Archibald, a tear runs down her cheek indicating an emotional and character shift. Whether or not the promise to Mrs Archibald was initially a ruse, she ends up fulfilling the promise, contacting UNOS to find an appropriate donor heart. What this sequence of events suggests is that like Dr Turner, Rebecca Payne is not inherently evil either. It is the contemporary medical system in which she works that has corrupted her. Inside is still a good, compassionate person. Yet the pressures and demands of her administrative role within the modern healthcare system have forced her to suppress human feeling. So, although superficially Payne and Turner appear to be the villains of this story – and rather simplistic, one-dimensional villains – the real villain turns out to be the system itself. But of course the system is not a character or a person but an impersonal abstraction who cannot be petitioned for redress.

Although the movie is highly cloying and sensational, it does raise an important problem and one not fully recognized in the public mind in 2002: the plight of the underinsured. However, its simplistic and improbable resolution contributes nothing to the resolution of the problem of the underinsured in general. And although Payne adds some depth to

her character through redemption, it is a depth improbably achieved as a reaction to the reciprocal violence of John Archibald and the SWAT team. It would be preferable if character change did not require such drastic events.

Conclusion

The images of healthcare administrators presented here may or may not be representative of such images in general. But what they do show is some small depth of character beyond the mere cold, avaricious stereotype. Yet, at the same time the images are not very positive. Michael Palin's administrator, though a satirical exaggeration, suggests an ignorance and possibly lack of concern for medical and healthcare issues and a coldly narrow focus on economics. Lisa Edelstein's Dr Cuddy is probably the most complex and sympathetic of the three. The fact that she is also a physician and has a past close relationship with her narrative nemesis may in part explain this. But she still represents the stricture of the conventional status quo that may preclude proper and effective treatment of patients. The most sympathetic reading of her character would be of an administrator who recognizes the duties to the organization and must weigh those carefully in contrast to her duties to patients, staff, and the community. Anne Heche's hospital administrator exhibits the coldest stereotypical traits of the healthcare administrator but finds some degree of redemption. And ultimately, the lesson of Payne may be for administrators to maintain their own integrity and not let the impersonal system that they represent and work within diminish their own humanity.

Given these generally negative representations, the need for ethics education for students of healthcare administration is clear. If these representations reflect the perception of healthcare administrators in the culture or if these are the only models healthcare administrators and future healthcare administrators have, an education in the ethical challenges specific to healthcare administration is needed to combat these perceptions and provide students and future administrators with the intellectual tools and models they need to become ethical administrators.

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