

Book Review: Ethics and the Business of Biomedicine

BOOK REVIEW

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Ethics and the Business of
Biomedicine

Denis G. Arnold (Ed.)

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Ethics and the Business of Biomedicine is a collection of essays about various ethical issues that have been observed in contemporary biomedicine. Most of us have an understanding about what ethics means, but we often find it difficult to provide a clear definition. A complicating factor is that societies change over time and so does our ethical consciousness. A brief review of definitions for the term *ethics* indicates these changes, and Arnold's book provides a specific example for changes in our understanding of ethics in biomedicine. Pickett et al. (2000, p. 611) define the term *ethics* as follows: "The rules or standards governing the conduct of a person or the members of a profession: [e.g.,] *medical ethics*." *Ethical* then means "Being in accordance with the accepted principles of right and wrong that govern the conduct of a profession." Pojman (2006, p. 2), starts out by defining *morality* as a term which refers to "certain customs, precepts, and practices of people and cultures." He uses the term *ethics* to refer to the whole domain of morality and moral philosophy, whereas the latter term relates to the philosophical or theoretical reflection on morality. In moral philosophy, he writes, we attempt to analyze concepts and terms such as *right* and *wrong*, *permissible*, *ought to be*, *good*, and *evil*. In other words, we seek to establish principles of "right behavior" that may serve as action guides for individuals and groups. Goodpaster and Matthews (1989, p. 156) go further by discussing ethics in relation to corporations. They believe that an organization as an entity "can and should have a conscience," and that corporations "should be no more and no less morally responsible than ordinary persons" for their conduct. Finally, Schicktanz, Schweda, and Wynne (2012, p. 129) emphasize that the term *ethics* extends to "a whole field of social roles and practical functions" whereby "Its aim is seen in the optimization of decision making processes on different political levels and in various areas of professional practice." All these definitions indicate that the term *ethics* is used today in a much broader sense than originally thought. However, what remained the same over the years is the fact that ethics is about beliefs and practices.

In the biomedical field, terms such as *medical ethics* and *bioethics* are used, often interchangeably, in relation to various issues, including the doctor-patient relationship, conduct of biomedical research, and application of new technologies, to name only a few. Arnold's book *Ethics and the Business of Biomedicine* combines viewpoints from scholars of biomedical and business ethics to discuss topics in health care. Thus, I would define this form of ethics as *health care ethics*. Arnold and contributors discuss issues such as changes in professionalism in a time when health care delivery has shifted from a service orientation to a market-driven, profit seeking, and industry-dominated enterprise. The authors analyze, for example, the current crisis in professionalism in regard to health care, the effects of business-friendly public policies on health care delivery, and the impact of costs and profits on just health care. Furthermore, they analyze the influence of industry on ethics practices in a global environment by interpreting the behavior of pharmaceutical corporations in developing countries. The scholars not only engage in a captivating discussion of these rather sensitive issues, but they also provide normative guidance regarding the ethical delivery of health care.

The book contains an introduction and eleven chapters. The text is supplemented by a few black-and-white figures (e.g., stakeholder maps for health care organizations and a model of organization ethics), as well as a comprehensive bibliography and an index I found functional for key word searches. The introduction describes the framework for the discussions: (1) Justice and markets in health care; (2) patients, profits, and pharmaceuticals; and (3) organizational ethics and medical professionalism. It is mentioned in the introduction that these issues are at the center of current public debates, which makes this book an important and timely publication.

In Chapter 1, titled "Medicine and the market," Daniel Callahan wrote: "To enter the jungle of medicine and the market is not only to encounter many choking vines and dense undergrowth, but also to move through a climate alternatively marked by cool, technical winds and hot,

ideological cyclones." He asked what the role of self-interest is in communities, particularly in the health care community. He analyzes the tensions between the traditional altruistic values of medicine and the self-interest of market thinking. Callahan discusses three forms of health care in developed countries: (1) The American System, (2) the European System, and (3) the Canadian System. He points out that the latter two are more similar to each other in that they have a commitment to universal and equitable care and are based on collectivistic values (i.e., solidarity). Callahan does not doubt that the market promotes prosperity while fostering independence and entrepreneurship, but he also sees its importance in strengthening democracy. He cautions, however, that we should not conclude that because the market in general is a beneficial force for societal good, the market is also qualified to organize and run health care systems. In the following chapter, Norman Daniels points out that the for-profit business of biomedicine not only produces drugs and medical devices, but it is also involved with the financing and delivery of most medical services. He analyzes the implications of this involvement in light of the theory of justice for health. Daniels states: "As long as a system can meet the objectives of justice rather than frustrate them, then the theory is open to variations in its organization and financing. If, however, specific business-friendly proposals undercut achievement of those goals, then those proposals must be seen as unjust."

The third chapter is about patents. Paul T. Menzel discusses whether or not patents are an efficient and internationally fair way for funding research and developing new medicine (i.e., R&D). He provides basic moral arguments for the support of intellectual property rights and discusses ideas about reforming patents. He looks, for example, at an approach called "R&D-Plus," in which the patent system is replaced with international financing through a global fund. Tom L. Beauchamp makes the following statement in Chapter 4: "The industry as a whole stands accused of a sea of injustices and corruptions, including aggressive and deceptive marketing schemes, exploitative uses of research subjects, a corrupting influence on universities, a shameful use of lobbying, suppression of vital data, bias and amateurism in the presentation of data, conflicts of interest that bias research investigators, and corruption of the clinical judgment of medical students and practicing physicians." His discussion focuses primarily on the exploitative uses of research subjects; more precisely, on the recruitment, enrollment, and unfair payment of vulnerable human subjects in clinical research, in particular those who are economically disadvantaged.

Chapter 5 deals with marketing practices of the pharmaceutical industry and how certain aspects of marketing can threaten health care. Jason E. Hubbard evaluates the accusations that pharmaceutical companies are engaging in manipulative, deceptive, and exploitative practices in order to increase their profits. He analyzes the controversial practice of direct-to-physician (DTP) marketing, which is also known as "detailing." This type of marketing includes (1) advertising in medical journals, (2) handing out small gifts (e.g., calculators, camera bags, and stationary, as well as purchasing meals, etc.) to physicians and office staff, (3) offering all-expenses-paid trips to continuing medical education conferences, and (4) paying physicians to serve as consultants for drug companies, advisory board members, or public speakers, thus essentially using them as so-called "thought-" or "opinion-leaders." In Chapter 6, the editor, Denis G. Arnold, continues the discussion of marketing by looking at the ethics of direct-to-consumer (DTC) pharmaceutical advertising. He evaluates the role of prescription drug advertising, for example, through television commercials and points out that

critics of this type of advertising believe this practice undermines the relationship between physicians and patients, and drives up the cost of prescription drugs. On the other hand, drug companies argue that DTC advertisement empowers consumers, does not impact prescription drug prices, and thus consider it beneficial for both patients and the pharmaceutical industry. In the seventh chapter, Carl Elliott points to the fact that over the past several years various enterprises in bioethics have become financially linked to pharmaceutical and biotechnology industries. He discusses the role of bioethicists as advisors and consultants to industry companies, the practice of bioethics centers to seek operating support and grant funding from industry, and even ethical oversight of biomedical research. In other words, he discusses whether or not pharmaceutical and biotechnology industry ties represent a conflict of interest for bioethicists.

"Two cheers for the pharmaceutical industry" is the title of Chapter 8. Richard T. De George looks at the various contributions of the pharmaceutical industry, such as developing life-saving, life-prolonging, and life-enhancing drugs (e.g., antibiotics, antihypertensive drugs, diuretics, beta-blockers, ACE inhibitors, and others). The author points out that life expectancy at birth in the United States has increased from 68.2 in 1950 to 77.7 in 2005, and that the industry not only helped increase the longevity of life but also found cures for many diseases. He argues that industry has a significant impact on reducing health care costs by shortening the time of hospital stays and by finding treatments for many illnesses that previously required hospitalization. Furthermore, industry helped decrease the number of days missed by employees.

In the ninth chapter, Mary Rorty, Patricia Werhane, and Ann Mills provide an interesting discussion about the "three faces of medicine:" *Medicine as an art; medicine as a science; and medicine as a business* (the latter rhetoric was most recently added to our image of medicine). They discuss various changes that took place over the past decades, including (1) the move of medicine into organizations, (2) the changes in the mechanisms of reimbursement for care, and (3) the strengthening of the interactions between business, medical research, and patient care. The authors believe that these changes do not necessarily mean the end of medical professionalism as outlined in the Hippocratic Oath, nor does it mean the abandonment of research and patient care to commercialism. The authors discuss how medicine is addressing these changes and recommend a re-examination of the traditional ethics of medicine in light of the contemporary challenges. They suggest a systems-based approach for the reconciliation of potentially conflicting values and the introduction of organization ethics programs. In Chapter 10, George Khushf adds to this discussion by analyzing the theoretical foundations for organizational ethics. He describes various specific "radical" changes that are happening to health care, including (1) deskilling (i.e., services once performed by specialists are now being performed by generalists), (2) the hiring of health services researchers by hospitals to provide profiling and develop guidelines and clinical pathways, (3) the introduction of so-called "case managers" who in some contexts replace physicians as coordinators of care, and (4) the fact that institutions are emerging as active agents of health care, whereby administrators play a role in configuring clinical practice. He asked how we can make sense of all these changes and discusses possible responses.

The final chapter (Chapter 11) is titled "A crisis in medical professionalism: time for Flexner II." Daniel Wikler introduces the reader to Abraham Flexner's "Medical Education in the United States and Canada." This report was published in 1910

for the Carnegie Foundation for the Advancement of Teaching and is widely credited with giving medicine in America and Canada its good name. He points out that the report led to the transformation of medicine by linking the profession to university science. He believes that “weak science” is not the problem in America today; it is the integrity of modern American medicine – the epidemic of conflict of interest that corrupts the medical mission and the profession’s ideals. The author suggests that we revisit Flexner’s report and update it. He believes that convening a “Flexner II” commission can help assess the magnitude of the current threats to medical professionalism and that the commission can also recommend any needed reforms.

In my opinion, Arnold’s book provides the reader with an excellent, in-depth analysis of a broad array of topics that fall into the category of health care ethics. The presentation of these topics shows how complex and interactive biomedicine and the delivery of health care are today. It becomes clear that modern health care is much broader than medicine as many more players are involved. Furthermore, this book reveals that the discussion about ethical issues in this field is still in its infancy and needs to be expanded in the future in order to provide adequate responses to the many challenges.

In conclusion, I believe *Ethics and the Business of Biomedicine* will not only be of interest to those individuals involved in the creation and delivery of health care but also to those who receive the care. In my opinion, this book should become a “must read” for all professionals who are directly or indirectly involved in biomedical research and the delivery of health care. These include, for example, physicians, nurses, scientists, health care administrators, business leaders (in particular in the pharmaceutical and biotechnology industries), and health care policy makers. This book is also an excellent text for students who study ethics and are interested in examining the roles and interactions of various stakeholders in complex systems, using the health care system as an example.

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