

Safety Ethics and Its Relation to Safety Culture

**Southwest Center for
Occupational & Environmental Health**



Ethical Decision Making in Dual Loyalty Settings

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Learning Objectives

- Define the terms *ethics* and *dual loyalty* and *professional*
- Summarize the key words that appear in the ABIH and the BCSP codes of ethics
- List sources of distrust and apply methods to reestablish trust
- Apply decision-making tools to clarify, prioritize and justify possible courses of action



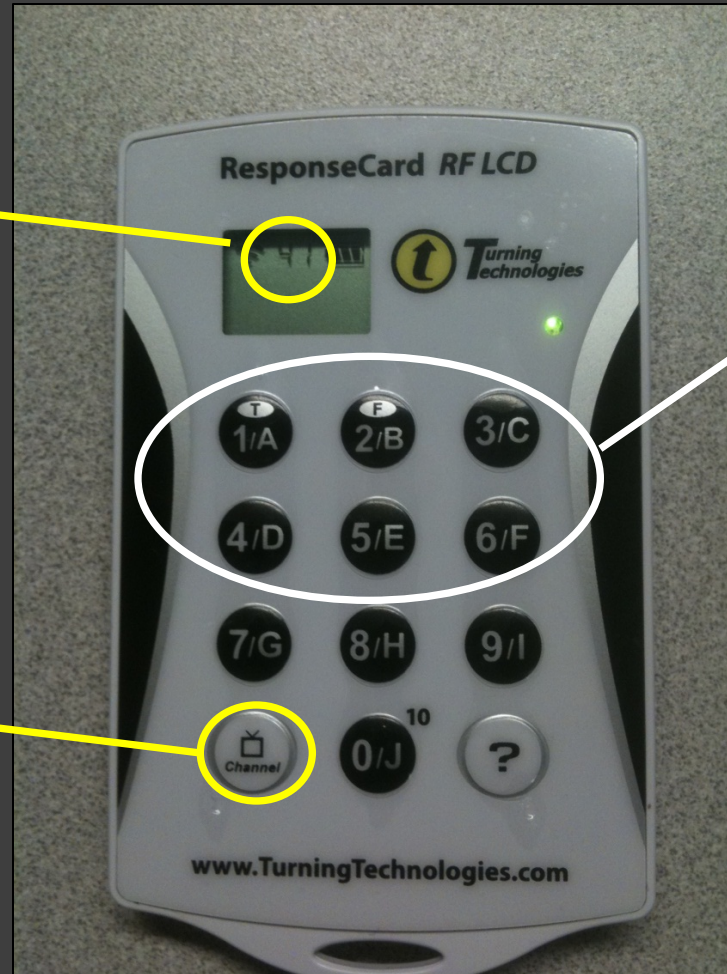
The Clickers

Step 2.

Verify channel 41 shows in display

Step 1.

Push channel button

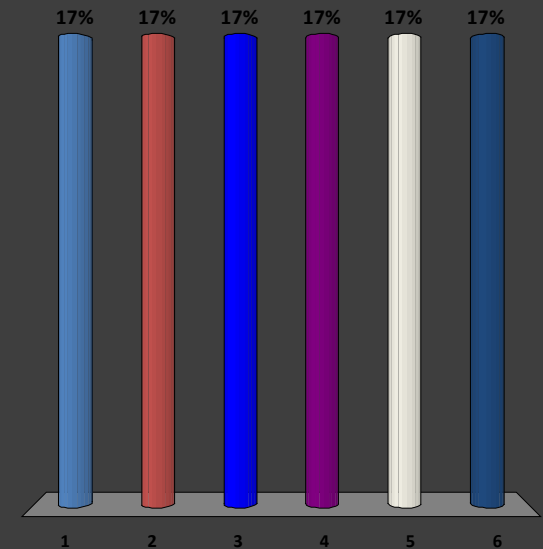


Step 3.

Push the number that corresponds to your answer.

Which best describes you?

1. Safety professional
2. Physician, nurse, healthcare
3. Industrial hygienist
4. First responder
5. Professional trades
6. Other



Ethics Defined

- A set of moral principles or values
 - The principles of conduct governing an individual or group
 - Conforming to accepted professional standards of conduct
-

*“If the situation involves risk,
then it involves ethics.”*

- Dr. Larry Whitehead, UT SPH



ABIH Code of Ethics

1. Responsibilities to the Board, the profession and the public
2. Responsibilities to clients, employers, employees and the public.

<http://abih.org/sites/default/files/downloads/ABIHCodeofEthics.pdf>



[illegible]

A close-up, horizontal view of a clock face. The clock is circular with a dark, possibly black, outer rim. The face is light-colored, likely white or cream, with black numerals and hands. The time shown is 10:10. The hour hand is slightly past the 10, and the minute hand is pointing exactly at the 2. The clock is set against a dark, textured background.

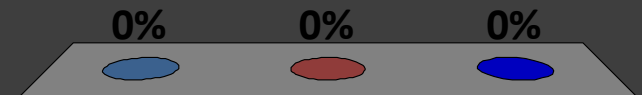
BCSP Code of Ethics



Wordle.net

As a professional, to whom do you owe your primary loyalty?

1. The workers
2. Your organization's leadership
3. Both



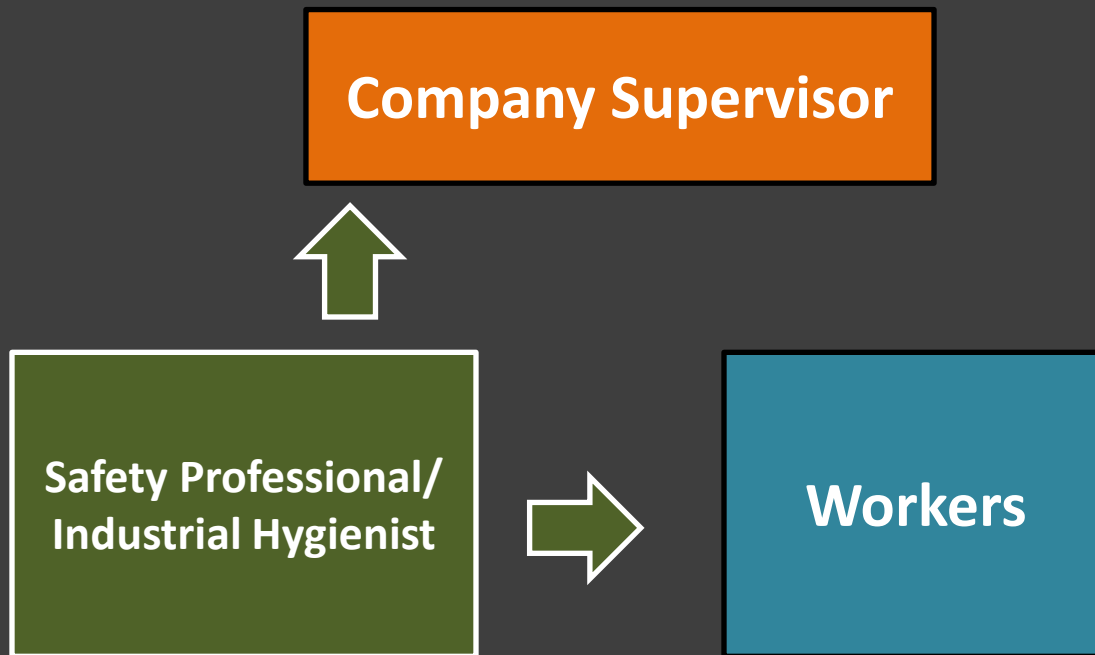
Dual Loyalty Defined

The presence of simultaneous obligations between two or more groups.



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The Dual Loyalty Conundrum

Safety and Industrial Hygiene programs have simultaneous obligations, both explicit and implicit, to the workers and the organization.

When these loyalties are incompatible, the result is a significant ethical challenge.

A key consideration: Does an environment of trust exist?



Trust in Health Care

Unequal Power

- One party possesses specialized knowledge and is in a unique position to advise, treat or have influence over the other party
- Vulnerable party trusts the influential party will work in his/her best interest



Sources: Physicians for Human Rights 2011 and Kipnis 2011

Image: GetBetterHealth.com

Special Relationships

- Society places exceptional deference and respect on these relationships
- Receive special recognition, treatment and protection under the law

Special Trust



Special Relationships



Attorney - Client

Priest - Penitent



Special Trust

Doctor- Patient



Who do you trust the most?

1. Attorneys
2. Nurses/Physicians
3. Clergy
4. School Teachers
5. Veterinarians
6. Company CEO
7. IH, Safety Professional
8. First Responder

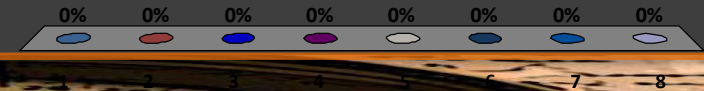




Image: NYTimes.com



How can I keep costs down for the hospital?

I wonder if I qualify for the manufacturer's rebate by using this new device?

Where's my Junior Mint?



Image: NYTimes.com



Sports Medicine

The Team Doctor

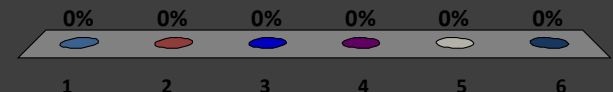
Typically a physician (or physician group) is hired by a sports franchise to provide medical care to its athletes.

Think about the goals of the franchise...



To which group does the team doctor owe primary loyalty?

1. Franchise owners
2. Coaches
3. Athlete-patients
4. The owners of the medical practice
5. Him/herself
6. All of the above



American Medical Association

Code of Ethics

Principle 8:

**Regard responsibility to the patient
as paramount**



In reality, team physicians are pressured – hard



Source: Calandrillo. St. Louis L.J. 185. Fall 2005

Photo: Wikipedia, Accessed 6/26/2013



In reality, team physicians are pressured – hard

While head coach for the Jacksonville Jaguars Tom Coughlin candidly admitted that he “can and will exert as much pressure on the player and the doctors to get the player on the field.”



Coach Tom Coughlin

Source: Calandrillo. St. Louis L.J. 185. Fall 2005

Photo: Wikipedia, Accessed 6/26/2013

What does it mean to be a professional?

- Trustworthy, knowledgeable and insightful
- Altruistic, accountable, have a sense of duty and strive for excellence
- Make ethical choices...commit to personal and professional values
- Intellectual...accept large individual responsibility...altruistic in motivation
- Maintain high reliability under varying levels of degrading factors
- Dedicate one's skills to the well-being of others

Sources: Kipnis 2011; London 2005; Hafferty *et al.* 2011; Slomka, Quill, Lloyd 2008; Patankar & Taylor 2004; and Beabout & Wennemann 1994



Professional

Expected to adhere to socially acceptable **standards** and **norms** of practice, in exchange for the power that society confers on him/her

Source: London 2005



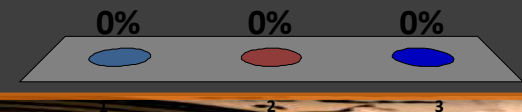
Potential Carcinogen Scenario

- A recently published study suggests a possible link between exposure to Chemical ABC and a specific type of cancer.
- Chemical ABC is used at your facility.
- You develop a sampling strategy – personal samplers on select individuals.



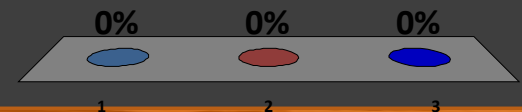
Do you tell the workers being sampled *why* you're conducting the sampling?

1. Yes
2. No
3. Don't know



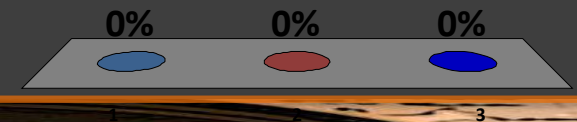
Do you tell the workers who are NOT being sampled *why* you're conducting the sampling?

1. Yes
2. No
3. Don't know



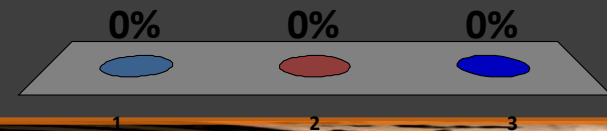
The samples are positive for the presence of Chemical ABC. Do you share these results with the workers who are not sampled?

1. Yes
2. No
3. Don't know



Are you concerned about confidentiality?

1. Yes
2. No
3. Don't know



Can this situation be managed differently to avoid this ethical dilemma?

Does it matter whether or not a legal (or suggested) action limit exists for Chemical ABC?

What if this chemical were linked to an illness that's personal? Testicular cancer?



Principled Dissent & Trust

- Are workers comfortable voicing concerns about a particular condition? Key points:
 - Are concerns actually being voiced?
 - How are concerns being voiced?
 - How does the organization respond?
- What about situations where you, as the professional, have to be the principled dissenter?
- Again, does an environment of trust exist?



Sources of Distrust

- **Lack of transparency**
- **Mismanagement or neglect**
- **History of distortion, exaggeration or secrecy**
- **Insensitivity**
- **Disagreements among experts**
- **Inadequate training of experts and spokespersons**

Source: Covello and Sandman 2001



Re-establishing Trust

- **Accept and involve your patient as a legitimate partner**
- **Meet the needs of your patient**
- **Listen to your patient and his/her loved ones**
- **Be honest, frank and open**
- **Coordinate and collaborate with credible colleagues**
- **Speak clearly and with compassion**
- **Plan carefully and evaluate your interactions**

Source: Covello and Sandman 2001



Decision-Making Tools

- **Textbooks**
- **Journal articles**
- **Online sources**
 - Blogs – bioethics.net
 - Courses – NetCE Course #3707 Ethical Decision Making
- **Seminars**
- **Codes of ethics**



Decision-Making Techniques

- Kohlberg's 6 Stages of Moral Development
- Kenyon and Congress' 5-part Ethical Decision-Making Model
- Concept Alignment Process (CAP) – Decision making protocol when varying levels of uncertainty exists
- G.L.I.T.C.H. – Gathering Little Insights That Can Help – A collaborative communications process where *errors* are discussed routinely and freely in a punitive free context

Source: Patankar and Taylor 1999. Patankar, Brown and Treadwell 2005.
Ross et al. 1986. Kenyon 1999. Congress 1999.



The Simplest Tool Ever

- What is the best course of action for this worker or group of workers?
 - **Assume you like the worker(s)**
 - **Identify available resources – knowledge, skills, facilities, equipment (yours and those of your team)**
- What is my motivation for pursuing this course of action?
 - **Rewards of providing good advice**
 - **Intellectual stimulation**
 - **Financial rewards – including keeping your job**



Dual Loyalty – Employer



Dr. H.
Assistant Director
Medical Department at the Newspaper



Dual Loyalty - Employer

Corporate physician instructed to (1) release confidential medical records to company managers and (2) misinform employees whether their injuries or illnesses were work-related so as to curtail the number of workers' compensation claims filed against the newspaper.

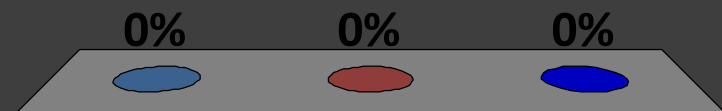


Dr. H.
Assistant Director
Newspaper Medical Department

Polling Question

If you were in Dr. H's position, would you have released confidential medical records to your employer?

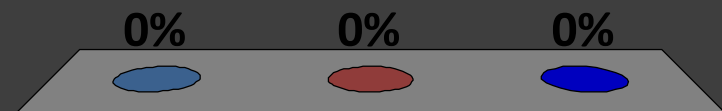
1. Yes
2. No
3. It depends



Polling Question

If you were in Dr. H's position, would you misinform employee-patients as to the role work-related activities caused or exasperated an injury?

1. Yes
2. No
3. It depends



Dr. H. Refused

AMA Code of Ethics Principle IV – A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within constraints of the law.



Newspaper Restructures Dept.

Resulting in the elimination of Dr. H.'s position.



Actual Case

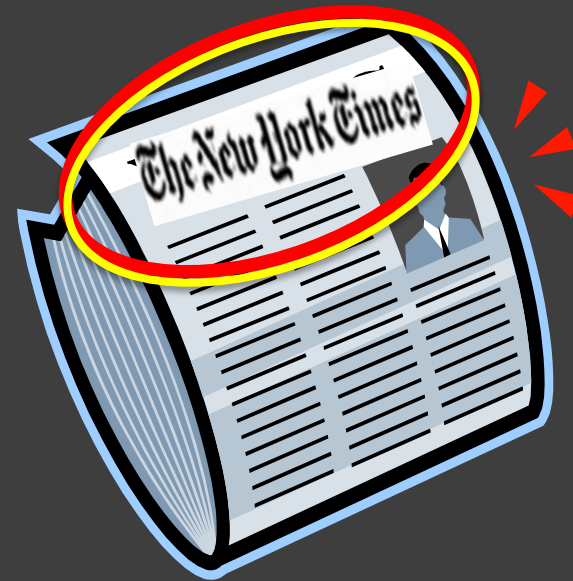
*Can anyone name
the newspaper?*



Actual Case



Dr. Sheila Horn
Assistant Director
NY Times Medical Department



Horn v. New York Times

186 Misc. 2d 201, 400 NYS 2d 668, 674

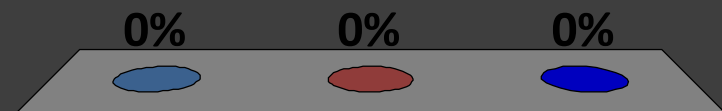
Wrongful termination



Polling Question

Do you believe the New York Times (as the employer) should be able to view the confidential medical records of its employees?

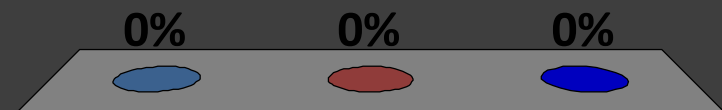
1. Yes
2. No
3. I don't know



Polling Question

Knowing what you know now, would you have cooperated with the HR Department?

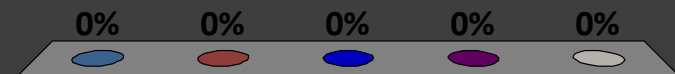
1. Yes
2. No
3. I don't know



Polling Question

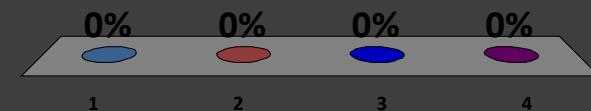
Knowing what you know now, how likely are you to trust the medical option offered by a physician employed by the NY Times?

1. Very Likely
2. Likely
3. I don't know
4. Unlikely
5. Very Unlikely



How much longer should this presentation last?

1. Stop now, I can't take any more!
2. A bit longer, but please wrap up soon.
3. This is an awesome presentation; please don't stop!
4. Too late, I'm already asleep.



Creating Change: An 8-stage process

- 1. Establish a sense of urgency**
- 2. Create a guiding coalition**
- 3. Develop a vision and strategy**
- 4. Communicate the change/vision**
- 5. Empower broad-based action**
- 6. Generate short-term wins**
- 7. Consolidate gains and produce more change**
- 8. Anchor new approaches in culture**

Kotter 1995



Summary

- You work in a dual loyalty setting.
- Instilling a true culture of safety is a long term process requiring trust and commitment at all levels.
- The issue of ethical decision making goes beyond the traditional boundaries of typical safety programs.
- As a profession, seize the leadership role in educating organizations about the need for ethical decision making at all levels to instill a true culture of safety.
- Always consider:
 - The best course of action
 - Your motivation to pursue any other course



Thank you

- Bob Emery, DrPH
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- Elaine Symanski, PhD
- Advisory Committee
- Taylor Sutherland, MPH
- Kyle McCaughly, MPH



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Thank you

