A Crucial Moment for Reflection on the Importance of Ethical Leadership in Academic Medicine

Peter Angelos MD, PhD, FACS 1, Karen Devon MDCM, MSc, FRCSC, FACS 2, Alberto R. Ferreres MD, PhD, MPH, JD, FACS(Hon.)3, Robin McLeod MD, FRCSC, FACS4, E. Christopher Ellison MD, FACS5

1 University of Chicago, Department of Surgery and MacLean Center for Clinical Medical Ethics, Chicago, Illinois

2 Women’s College Hospital and University Health Network, Department of Surgery, University of Toronto and the Joint Centre for Bioethics, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada.

3 University of Buenos Aires, Department of Surgery, Buenos Aires Argentina, University of Washington, Department of Surgery, Seattle, Washington

4 University of Toronto, Department of Surgery, Toronto, Ontario

5 The Ohio State University, Department of Surgery, Columbus, Ohio

Corresponding Author
E. Christopher Ellison MD, FACS
The Ohio State University College of Medicine
Department of Surgery
508 Prior Hall
376 W. 10th Avenue
Columbus, Ohio 43210
ellison.2@osu.edu
Business Tele: 614-293-9722
Mobile: 614-395-2808
Fax: 614-293-3654
Abstract

The extreme disturbances caused by the COVID-19 pandemic on our academic medical centers compounded by a recurrent surge of violence against people of color have reopened our wounds exposing fragility, inequality, and continued racial disparities in society and health. At the center of this severe institutional disruption, leaders will be compelled to take action to keep their constituents and patients safe and their hospitals and departments afloat during and after a pandemic, all while simultaneously addressing and implementing the cultural changes required to eliminate systemic racism and discrimination. Organizational disruptions of this magnitude will naturally test one’s principles, loyalties and responsibilities while challenging the practical burdens of leadership. If the goal of responding to these upheavals is to bring them to resolution and ultimately to bring about organizational change for the better, ethical leadership is critical. Applying ethical principles allows leaders to chart clear paths to solutions both in the short and long term. We review the principles of ethical leadership exemplified by a case illustration and provide a novel resource to help ensure ethical leadership in academic medicine and beyond.

Key words: COVID-19 Pandemic, Social Injustice, Racism, Discrimination, Ethical Leadership
The emergence and surge of COVID-19 to pandemic proportions compounded by a second pandemic of widespread racial unrest affecting our communities and institutions has placed leaders in healthcare including those in academic medicine in extraordinary situations. At the center of severe institutional disruption, leaders will be compelled to take action to keep their constituents and patients safe and their hospitals and departments afloat during and after a pandemic, all while simultaneously addressing and implementing the cultural changes required to eliminate systemic racism and discrimination. The decisions made will in all probability impact patients, faculty, staff, learners, and academic communities for years to come. A leader can experience conflicting obligations to stakeholders during these emotional and complex debates and must lead with strength, compassion, fairness, and justice while eliminating implicit and explicit biases.

Organizational disruptions of this magnitude will naturally challenge one’s principles, loyalties and responsibilities while compounding the practical burdens of leadership. If the goal of responding to these challenges is to bring them to resolution and ultimately to bring about organizational change for the better, ethical leadership is critical. In this unprecedented time, it seems necessary and prudent for us to take a moment for reflection. Why is ethical leadership important? Using the guidance from ethical principles allows leaders to chart clear paths to building consensus and resolving issues and disputes both in the short and long term.

In the long term, morally upstanding leaders who believe in and promote ethics -- the principles, standards, morals, values, and virtues that guide behavior -- have a substantial positive impact on an organization allowing it to establish and develop an ethical culture. This is important in the day to day management and even more so in times of crisis. An ethical culture ought to be the backbone on which institutional character is built, to support the new normal that will undoubtedly occur during crisis recovery. Where does one begin to enhance or rebuild trust and respect during recovery from the coronavirus pandemic as well as efforts to meaningfully respond to social injustice? Rebuilding the trust of our patients, faculty, staff, residents, fellows, students, and society as a whole during and after COVID-19 and through the difficult cultural changes needed to expunge racism and discrimination will depend on leadership that is inclusive, fair, and just. That is, ethical leadership.

A logical starting point is to refresh our understanding of Ethics as it applies to leadership. Ethical leadership rests on philosophical doctrines including the concepts of moral right and wrong and moral good and bad and other systems or codes of moral rules, principles, or values. Leadership Ethics then, is determined by such pillars of moral philosophy, as well as moral concepts such as justice, fairness, virtue, and duty. In academic medical leadership these elements all interplay between leaders, faculty, staff, patients, and other stakeholders including learners and the communities we serve. (1) Since ethics deals with the concepts of actions that are right and wrong as well as virtue, it follows that ethical leadership is defined as influencing and leading people by ethical principles and virtuous actions by example and instruction, with a clear framework for determining what is right and what is wrong in order to achieve the greatest good. Plinio and colleagues highlighted the lack of ethical leadership and poor ethical behavior as one of the more difficult challenges and threats we face in multiple organizations today. (2)

Different theories provide a response to the question “What is the greatest good?” Classically, moral leadership has utilized three separate philosophical approaches: doing the right thing and following the moral imperative, maximizing the welfare and benefit of an organization, its people, and its stakeholders (utilitarianism), and maximizing the wellbeing of an individual (libertarianism). In the modern context, just leadership often emphasizes either one of the above or a mixture of the three. An effective leader acts and leads with trustworthiness, meaning that ethical leadership is both visible and invisible. Such a leader must behave in an unimpeachable manner guided by a fairness and justice. In the words of Brown and Treviño, “ethical leaders explicitly focus attention on ethical standards through communication and accountability processes”. (3)

Building trust is essential to ethical leadership. Trust is the main driver of engagement which is essential for organizational success. Leadership qualities that build trust include transparency, consistency, and equity. One
key to fostering a culture of trust between leaders and their employees is transparent leadership. Faculty and staff who are kept in the loop and understand their role in the overarching purpose and goals of an organization are, understandably, more likely to put their trust in their institution and to be engaged. When a leader is consistent, they are able to inspire trust at all times, whereas a leader who is inconsistent with momentary flashes of brilliance can leave their constituents confused and bewildered. Trust is further enhanced by equity. When stakeholders perceive inequitable treatment, engagement suffers and so does productivity, innovation, and the interactions of faculty and staff with patients. Keeping a focus on equity in decision making is part of ethical leadership.

Key to building trust is ethical decision making. This may be one of the most important skills for the leader to master. It is an active cognitive process for the prevention and/or resolution of moral conflict. It involves logic and reason as well as intuition and emotion. The process of ethical decision making consists of a unique framework of moral imagination, identification, evaluation, integration, and obligation. Practical steps to this approach include problem definition, engagement, information gathering, exploration of viable options, application of ethical principles or policies to the options, resolution of discordance between ethical principles and policies or rules, and finally decision making. (4) To illustrate organizational ethical decision making, we provide an example from the American College of Surgeons (ACS) early in the COVID-19 pandemic in Figure 1.

In the example in Figure 1, leadership of the American College of Surgeons demonstrated many of the key attributes and steps in ethical decision making (4):

- An ethical problem was identified: Acuity and severity of COVID-19, the need for hospital beds and ICU beds and ventilators and the needs of the patients having non-emergency surgery.
- Cognitive and emotional dimensions were considered as it was a dual process involving both logic and emotion: establishing a surgical review committee and displaying pragmatic optimism.
- Moral Sensitivity to the issues was clearly expressed in the statement of the ACS Ethics Committee: Utilizing patient-centered ethics decisions evolved made to what is best for a group of patients.
- Moral judgement and recommendations were made (what is the right or wrong thing to do in this situation: you cannot cancel all the surgeries and you cannot cancel none of them)
- Avoidance of ethical blind spots such as group favoritism and implicit prejudice
- Moral focus to follow through
- Moral character as evidenced by recognition of duty

Development of specific guidelines for ethical decision making by physician leaders is an iterative process undergoing continuous reassessment and improvement. There is no absolute roadmap of how to make just decisions. Unfortunately, there is also no flow chart to clearly identify how to avoid making unjust decisions. Although many considerations of moral decision making begin with the attempt to define what the specific ethical question is, we also believe it is helpful to conceptualize ethical decision making as important for all decisions rather than only for those that narrowly fit within a specific category. If the leader thinks of making every decision in an ethical fashion, then the necessity of distinguishing which decisions involve moral dilemmas disappears. It is also important for the physician leader to realize that in his or her position as a role model, there will be many situations in which the actual decision made will be less important than the method that was used in making the decision. A thoughtful, deliberate, transparent approach that takes into consideration multiple perspectives will be far more valuable than an authoritarian jump to a position even if the same decision is ultimately made.

As evident from the case illustration and the above discussion, good leaders have learned that just as one must be prepared for negotiation, conflict resolution, personnel management, and finance, so must he or she also be prepared for ethical leadership. A monograph which examines the unique ethical challenges that leaders’ face in academic medicine and defines the constructs of ethical leadership and ethical culture was sanctioned by the
American Surgical Association. (9) The monograph is entitled “Ensuring Ethical Leadership in Academic Medicine” a companion piece to “Ensuring Equity, Diversity, and Inclusion in Academic Surgery.” (9). It is available for download at https://americansurgical.org/ethics. (10) The topics and goals are shown in Table 1. The purpose is to provide strategies that will help leaders establish and ensure an ethical culture and to address ethical concerns more effectively when they arise. There is no better time than now to embrace ethical leadership.

Acknowledgements
We are grateful for the support and sponsorship by the Council of the American Surgical Association 2018-2020

Contributing authors:
Peter Angelos MD, PhD, FACS
Karen Devon MDCM, MSc, FRCSC, FACS
E. Christopher Ellison MD, FACS
Alberto Ferreres MD, PhD, MPH, JD, FACS(Hon.)
Robin McLeod MD, FRCSC, FACS

Contributing Reviewers
The following individuals added critical insights during preparation.
Sharmila D. Dissanaike MD, FACS
James S. Economou MD PhD, FACS
Keith D. Lillemeoe MD. FACS
Ronald V. Maier MD, FACS
Fabrizio Michelassi MD, FACS
Carlos A. Pellegrini MD, FACS
Figure 1  Case Example: Organizational Ethical Decision-Making

As most hospitals in the United States debated the Ethics of reducing non-urgent surgical procedures in order to increase the number of hospital beds that were anticipated for COVID-19 patients, the American College of Surgeons (ACS) under the leadership of Dr. David B. Hoyt took up this challenge. At local hospitals there were disagreements about the definition of urgent and elective surgery, who should make the decision to cancel a case, and how long could they be postponed. Dr. Hoyt working with the Regents and Officers of the ACS developed multiple guidelines concerning COVID-19. As an example, a statement was published on the Web on March 13, 2020 concerning recommendations for management of elective surgical procedure and then developed national guidelines for the triage of non-emergency procedures. (5)

In addition, they used their existing communication vehicle, the ACS Bulletin, to provide updates to surgeons twice weekly. The bulletin for March 24, 2020 is in the attached link. In addition, to multiple specific

References
4. Johnson CE. Meeting the ethical challenges of leadership. 6th ed. Thousand Oaks: SAGE; 2018; p175-185
7. E mail message from David B. Hoyt MD FACS to Fellows of the American College of Surgeons March 21, 2020.
10. https://americansurgical.org/ethics
guidelines they reiterated the guidelines for triaging non-emergent procedures and expanded upon them by suggesting “A Surgical Review Committee, composed of surgery, anesthesiology, and nursing personnel is essential to provide defined, transparent, and responsive oversight. This committee can lead the development and implementation of guidelines that are fair, transparent, and equitable for the hospital or system in consideration of rapidly evolving local and regional issues” (6)

Dr. David Hoyt, Executive Director of the American College of Surgeons, further elucidated the commitment of the ACS and core guiding principles in an ACS Communities post quoted below which exemplify some of the key elements of ethics and the management of crisis situations and ethical decision making at the organizational level.

“We’re all going to be called on to be leaders during this time, and it’s a natural function that surgeons do with ease. In his book the Art of War, Sun Tzu talks about being a strategic leader. The principle is to know yourself, take care of yourself, and know your enemy, though in Chinese it actually means know the "other”. ....First, we are committed to being present, and communicating totally, frequently and truthfully....Secondly, we embrace the principle that core leadership during a crisis must exercise pragmatic optimism and empower those around us to help......It’s also important to generate support from our constituencies and manage our relationships both with them and superiors....Finally, we all have a responsibility to continue to fight the magnitude of this crisis and maintain resilience and patience. To that end, develop a plan, be strategic, and follow it.” Dr. David B. Hoyt, March 21, 2020 17:23 (7)

In addition, the ACS as an organization was sensitive to the ethical challenges created by the pandemic. In the ACS Newsletter of March 24, 2020, the ACS Committee on Ethics prepared guiding principles to help surgeons and their institutions in the decision-making process. They examined the ethical issues caused by the triaging challenges, moral distress, and financial burden created by the Corona/COVID-19 global pandemic. “Most physicians who have been educated and practice in well-resourced environments are used to making decisions based on what is best for each individual patient. This patient-centered ethics approach pays great attention to the principles of beneficence (taking steps to benefit patients) and respect for the autonomous choices of individual patients. Surgeons, who can only operate on one patient at a time, are particularly focused on patient-centered ethics. We now increasingly are being forced to shift to a public health ethics model. It is no longer a matter of what will be best for each individual patient, but rather, what is best for the group” (8)

Table 1. Topics and Goals of interest in Ensuring Ethical Leadership in Academic Medicine

<table>
<thead>
<tr>
<th>Topic</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Foundations and Principles of Ethics</td>
<td>Provides the historical foundations of ethics and the evolution of bioethics, medical ethics, and surgical ethics. The foundation of ethical leadership rests on philosophical doctrines of moral right and wrong and moral good and bad.</td>
</tr>
<tr>
<td>Definition of Leaders and Followers</td>
<td>Defines leadership as the exercise of influence and power in a group context and distinguishes between leading and following. As patient care is a moral practice, physicians have unique attributes that prepare them for ethical leadership.</td>
</tr>
<tr>
<td>The Construct of Ethical Leadership</td>
<td>Examines the construct of ethical leadership which is defined as the application of ethical principles and guidelines to leadership. Ethical leadership is justified</td>
</tr>
</tbody>
</table>
by its many benefits. The lack of ethical leadership and poor ethical behavior is one of the more difficult challenges and organizational threats that we face today. Seven steps to achieve ethical leadership are presented.

| The Challenges of Ethical Leadership | Explores the challenges of ethical leadership. These include the leader achieving balance and transparency with respect to the ethical burdens of power, privilege, and information management, as well as achieving consistent decision making with acknowledgement of potentially competing loyalties and responsibilities. Case examples will be used to illustrate the challenges. |
| Establishing an Ethical Culture: The Importance of Ethical Decision Making | Defines the key strategies to develop an ethical culture in your organization. Steps to accomplishing successful management include promoting an ethical culture reinforced by a code of conduct and alignment of faculty expectations with organizational goals. The principles of ethical decision making (the foundation of an ethical culture) are discussed with case examples. |
| Breaches of Ethical Principles: Frequency, Examples and Management | Defines the domains and frequency of individual ethical breaches and the keys to successful management. No matter what type of ethical leadership you have in any environment, not just academic medicine, there will always be breaches by single individuals who disregard those principles. They will never be fully eliminated. One of the responsibilities of the leader is to respond and manage ethical breaches when they occur. Case examples will be used to illustrate challenges and management strategies. |
| Management of Ethical Issues in Human Subjects and Basic Science Research | Focuses on the management of specific ethical issues that may arise in Human Subjects and Basic Science Research. We specify the ethical obligations of the Principal Investigator and Co-Investigators as well as research leaders. Leaders must establish and ensure a culture of research integrity based on published doctrine which must protect patient rights. A case example is used to illustrate the importance of patient rights. |
| Ethical Issues in Data Collection, Analysis and Publication | Examines ethical issues in data collection, analysis, and publication. Ensuring an ethical process begins and ends with the Principle Investigator and Co-Investigators. The leader’s role in ensuring integrity in this process can be circumvented by dishonest investigators that may go undetected until reported by a whistleblower. Hence, it is imperative that the leader establish a confidential system for reporting |
such violations and processes for managing them. Case examples is used to illustrate research fraud, how difficult it can be to detect and the subsequent negative consequences to the public. Issues in authorship and publication are discussed including the guidelines established by the Committee on Publication Ethics (COPE).

<table>
<thead>
<tr>
<th>Ethical Issues Involving the Trainee: Mentoring, Resident Autonomy, and Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explores ethical issues involving the trainee. The ethical obligations of a mentor are provided. The mentor-mentee relationship is discussed, and we consider the six phases of mentoring. Unique issues in mentorship in the clinical trainee are highlighted by a case involving resident autonomy. The responsibilities for mentoring a research trainee are discussed. The chapter ends with the potential ethical issues in the Mentor-Mentee relationship.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethical Issues Involving Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discusses potential ethical issues involving faculty. We examine faculty compensation, conflict of interest with a case example and an in depth discussion of conflict of commitment with case examples. Finally, we look at the dual responsibilities of the physician leader to patients and the health system. This includes focusing on the leader’s challenges to balance discord between patients and health system.</td>
</tr>
</tbody>
</table>