Spotlight on the Code of Ethics:

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Standard Number Two: "Members shall perform their occupational duties and responsibilities with diligence, loyalty and faithfulness, in an objective and fair manner with the best interest of the patients and community as the ultimate goal."

The current healthcare environment for medical administrators is composed of a steady diet of fixed payments based, to a degree, on the acuity of the patient. In addition, the medical administrator is faced with accommodating rapidly changing technology and improved medical techniques. Thus, the incentives facing the medical administrator are to diversify the organization's revenue sources, reduce expenses and provide "throughput" (i.e. "treating more patients with the same or reduced resources.") As a partial result, many medical administrators operate in a "survival mode" as played out in the following examples:

The corporate physician recruitment strategy is to recruit those specialties that receive the best reimbursement per institutional encounter as opposed to what specialties meet the medical needs of the community;

Health care services are created and joint ventures are formed that help bond physicians/physician groups to the institution as opposed to what the patients need;

In a static population with multiple providers where acquiring additional market share is a "zero-sum game", capturing additional market share continues to be the paramount strategy, and

In public institutions where the budgetary practice is to "use it or lose it", the remaining money is spent at the end of the fiscal year in order not to penalize the budgetary unit the next year.

These common administrative tactics appear on the surface to be in conflict with Standard Two of the Code of Ethics, yet they are justified in the name of "survival." What, then can the medical administrator do to re-align corporate actions with community and patient needs?

The beginning point is institutional/corporate planning. The medical administrator should ascertain the status of the community's health and develop base line health status indicators. (What is the stroke rate for the primary service area? teenage pregnancy rate? leading causes of death? etc.) Community strategic planning should then determine:

What needs are being met by existing organizations?

Where overlaps exist in services provided by the community?

Where there are gaps existing in the services provided versus the needs of the citizens and plan to provide the requisite through existing or new organizations;

How wellness, healthy living and health education can be promoted and provided in coordination with acute/ambulatory/physician care; and

Ways to evaluate the health care efforts against the base line indicators in order to ascertain the progress being made to elevate the health status of the community.

All of this should be performed as a coordinated effort through all elements of the community. Then, if the medical administrator has to operate in a "survival mode", there is an established framework of community benefit within which the administrative actions can occur.