

2016 APD Annual Meeting

ETHICAL CHALLENGES OF BEING A DEPARTMENT CHAIR

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**RELEVANT
RELATIONSHIP
WITH
INDUSTRY:
None**

Dermatoethics

25¢

THE DOCTOR
IS IN

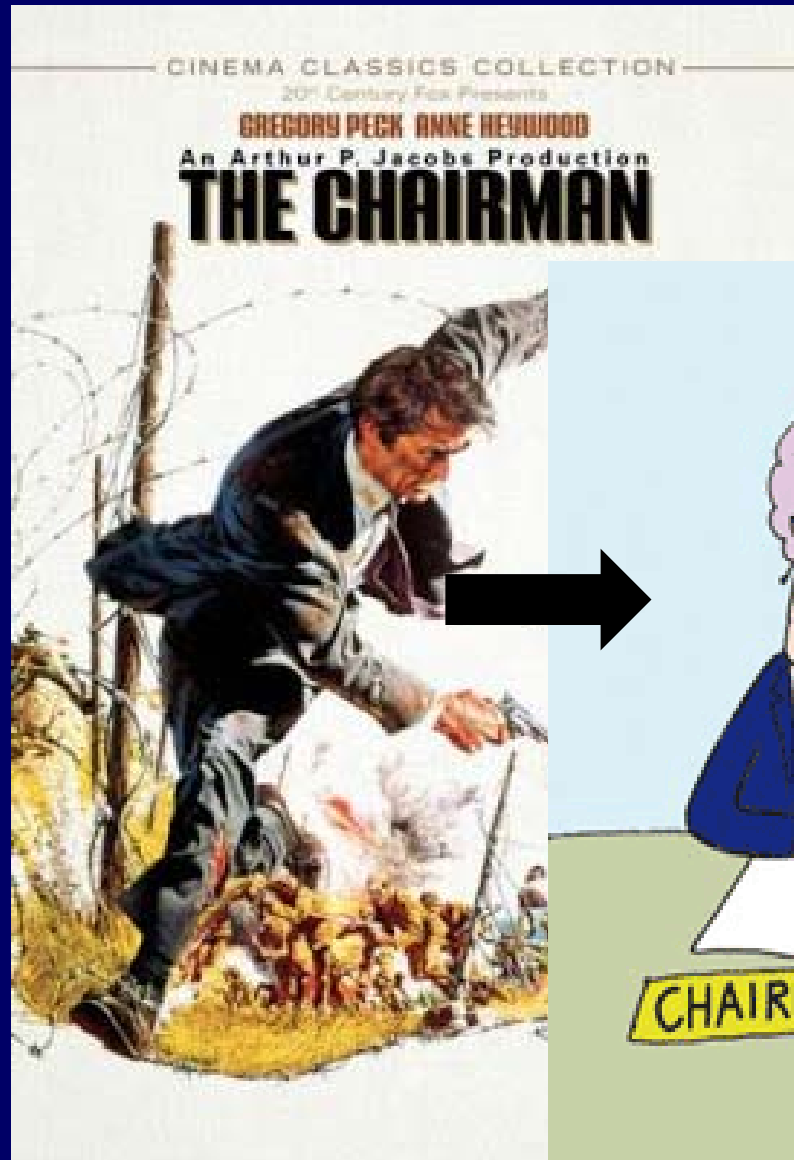




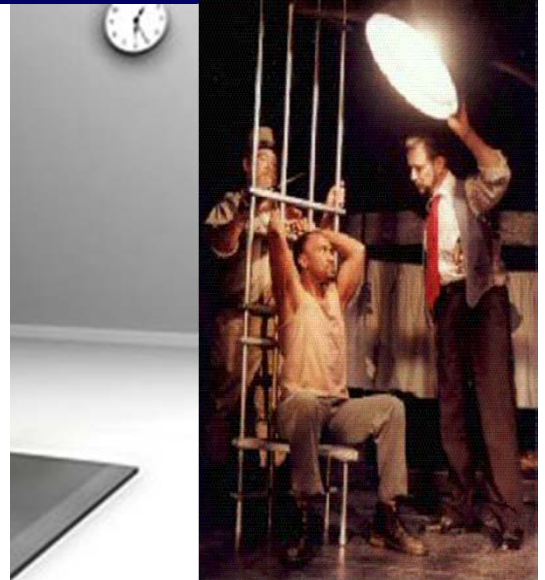
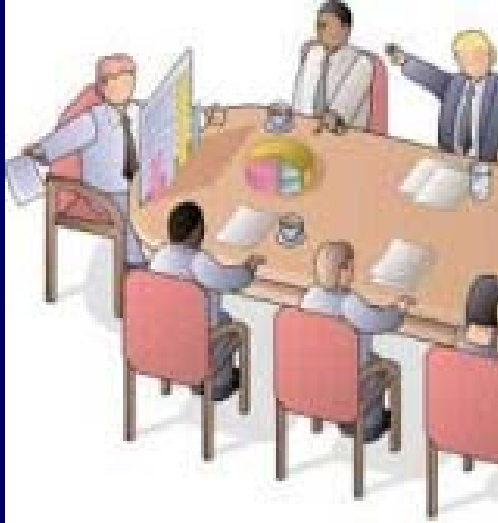
Conflicts of Interest?



- Retired founding Chair, UCONN's Derm Dept
- Chairs have less power than you think!
- Altho I am interested in ethics, I am **NOT** more ethical than you!
- Ethics is fun!



Why do they call it Chair?



What I would like to have done as Chair...

- Require all community derms to send their dermpath & Mohs to UCONN
- Require everyone to teach



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EXPECTATION

REALITY



Gap = Problem

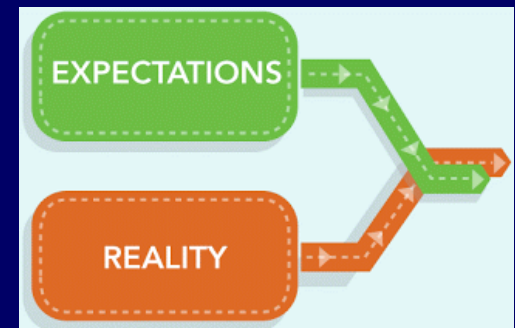
I want to....

But....



Responsibilities & Expectations of Dept Chairs

- Establish vision for dept
- Develop faculty consensus
- Meet with faculty to understand their individual needs
- Balance individual needs with those of organization
- Develop a strategic plan for dept
- Help dept adapt to a changing health care environment
- Lead as well as manage
- Role model: work ethic, behavior



Responsibilities & Expectations of Dept Chairs

- Recruit faculty & a diverse workforce
- Retain faculty
- Develop careers by mentoring
- Engage faculty at every level
- Help create a sense of identity & ownership with aggressive goals & a shared vision



Dept Chair Responsibilities & Expectations



- Manage business of pt care including Medicaid
- Manage business of research as NIH funds dry up
- Manage business of clinical trials while working

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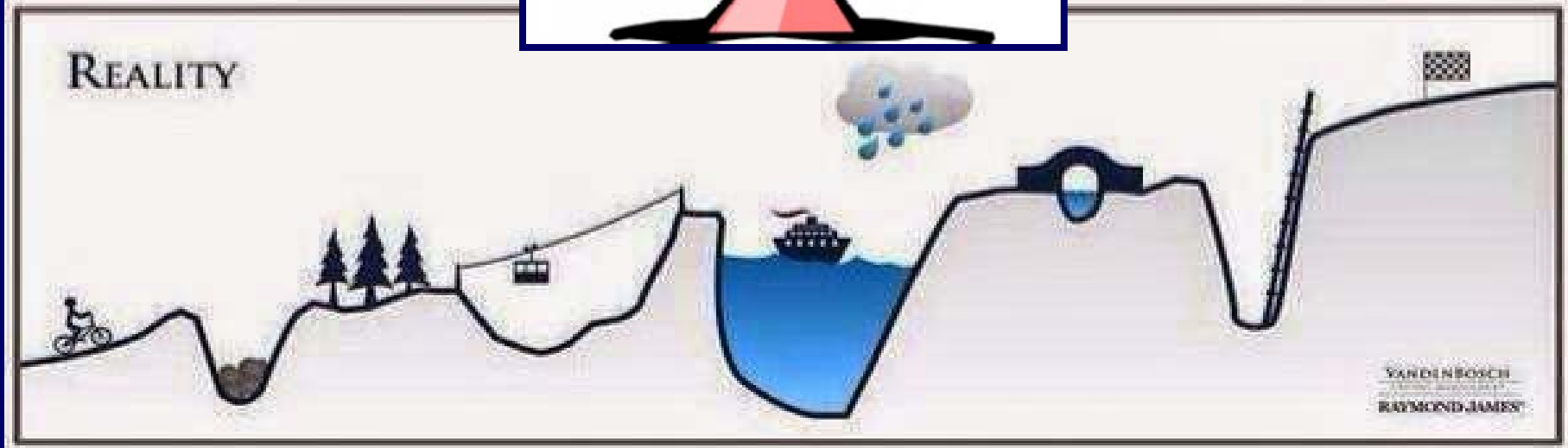
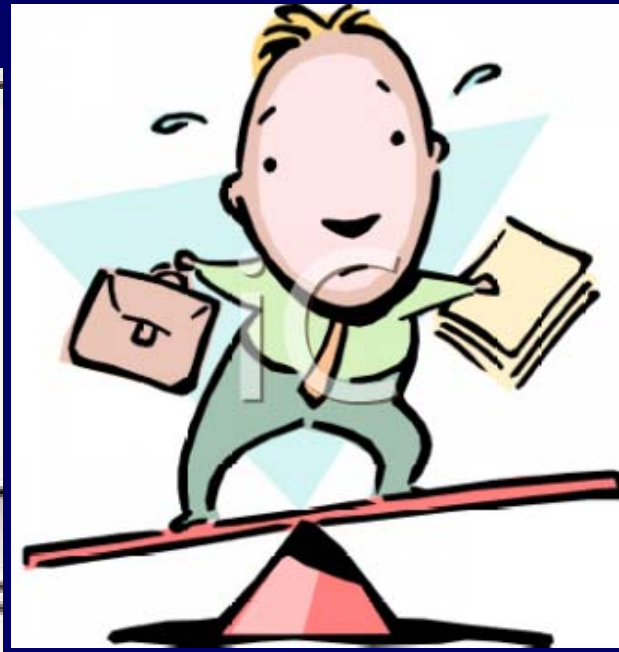


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Chairman Woof



The Ethics Of Being a Good Chair = Balancing Act



Chairperson's Ethical Balancing Act

- Best interests of Institution Vs Derm Dept Vs Faculty Vs Residency Vs Individual
- Academic mission Vs Financial realities
- RVU issues →
Borderline behavior Vs Physician burnout &/or professional dissatisfaction, esp if infrastructure poor & inefficient



Chairperson

MEDICAL ETHICS Terminology

- **Autonomy**: pt' right to refuse or choose
- **Beneficence**: pt's best interests come first
- **Non-maleficence**: do no harm
- **Justice**: fairness in healthcare distribution
- **Dignity**: for the pt & practitioner
- **Truthfulness**
- **PATERNALISM / Maternalism**
- **PROFESSIONALISM**: desirable attitudes, behaviors, & characteristics for medical profession; difficult to define



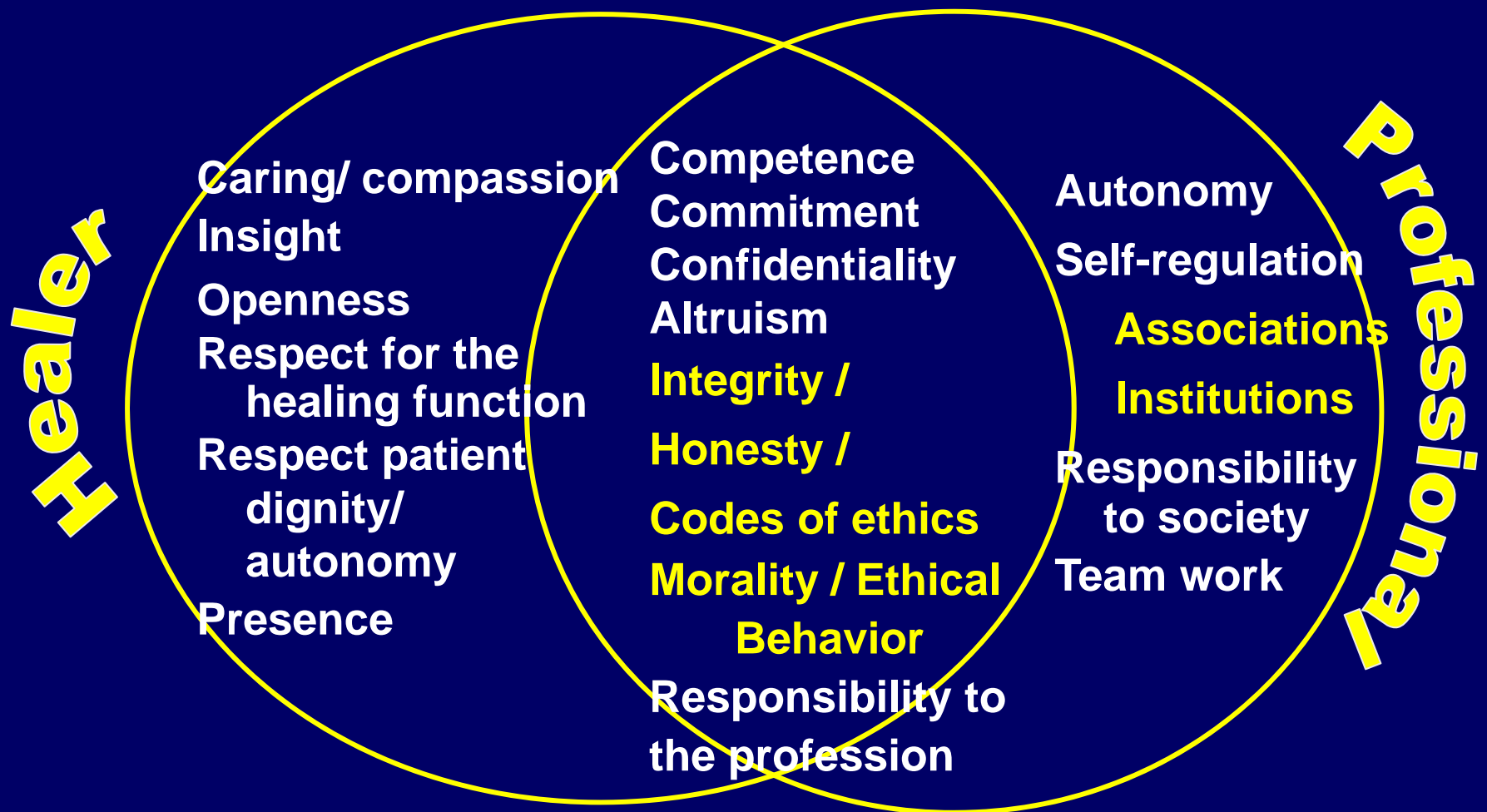
http://www.med.uottowa.ca/students/md/professionalism/eng/what_is_professionalism_html

ABIM Foundation, et al.
Ann Intern Med 2002;
136:243-246.

Physician

Healer

Professional



Why are we talking about this



- Technological advances : telecomm, e-tech, social network, digital photo, EMR, telederm
- Financial pressures: clinically, research funds
- Consumerism & Business of medicine
- Academic pressures: publish or perish, promotion
- Bureaucratic pressures: HIPAA, MACRA, MIPS
- COIs: financial & professional; pharma rules
- Human Nature : boundary violations, physician impairment, greed, ignorance, incompetence, personality disorders, multiculturalism, ethical insensitivity, etc.



Consensus Ethical Issues of a Chair

Elston D, Grant-Kels, JM. Clinics in Dermatol 2012;30:216-219.

JGK, Bruce Thiers, Dirk Elson, Mark Lebwohl:

1. Money Issues
2. Creating Proper Environment
3. Managing impaired docs
4. Dealing with community docs: Town & Gown
5. Issues all derms are dealing w/ like HIPAA issues & pre-authorizations:



Lack of treating physician control over pt care
Stretching the truth on pre-auth forms

Weston, Grant-Kels, Rothe. Int J Womens Dermatol 2016;2:67-68.

1. Ethics of Financial Issues



- How to take care of the uninsured & underinsured pts while still running the practice in the black

Kels, Grant-Kels. Clinics in Dermatol 2013; 31: 769-771.

Stoff, Bercovitz, Grant-Kels. J Am Acad Dermatol. 2015;72:181-3.

- How to appropriately compensate faculty who engage in non-revenue-generating activity:
uninsured pt clinics, teaching, research
 - Where does the compensation come from: other faculty members' collections? University?
- Equitable pay-for-performance for all faculty members. Should everyone earn the same % of revenues & pay the same dept/univ tax? Equal pay for equal work?

Money, RVUs, Time, Thoroughness, Quality?



- RVU + pressure to see more patients
→ are we able to spend time needed to properly take care of our patients?
- Impact on Merit-Based Incentive Payment System (MIPS)?



\$, RVUs, Time, Thoroughness, Quality



Ethics of Money (= Oxymoron?)



- Cost-sharing among faculty or should each pay their own costs (e.g., some want more & better trained nurses while others satisfied with MAs)?
- What to do w/ research faculty who lose grant support?
- How to deal w/ faculty using Univ resources for private purposes or consulting?
- How to deal with faculty away for academic reasons more than they are at the univ & not making their RVUs/salary?

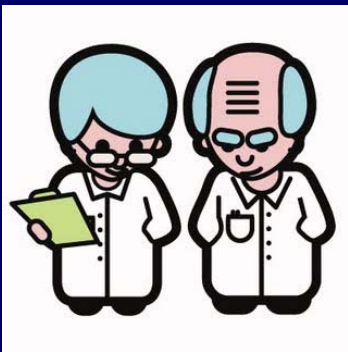
2. Ethics of Dept Environment



- Govt + University regs limit our ability to be creative & flexible (as extending courtesy for some visits & change clinic hrs to fit needs of faculty)
- Disconnect between desire to keep faculty fully informed yet not sharing every short-term problem that on surface look catastrophic but your “wisdom” tells you will pass w/o incident
- How to fairly & ethically deal with dissension among faculty/staff & personal issues (mentoring)?
- Should univ clinics be staffed w/ PE’s or only docs?
Slade, Lazenby, Grant-Kels Clinics in Dermatol 2012;30:516-521.
- Ethical issues of hospital based derm clinics?

3. Managing Impaired or Disruptive Physicians

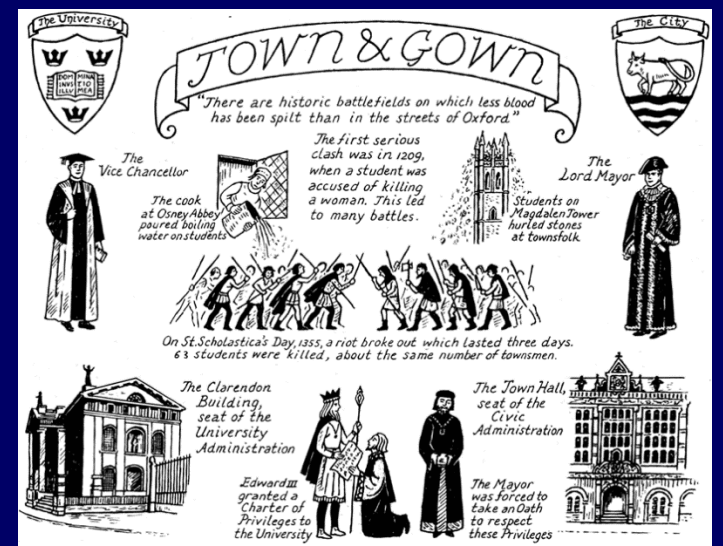
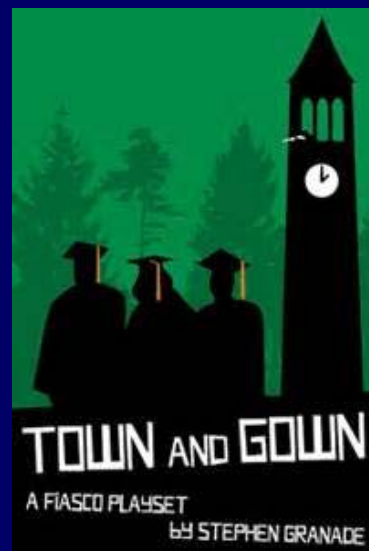
- What to do w/ residents/med/ students/faculty w/ mental health issues or are incompetent?
- How to deal with bigoted or abusive faculty?
- How to deal with combative faculty member?
- How to deal with a senior faculty member losing their abilities?



4. Community:

Town & Gown Ethics

- Should community referrals for Mohs & dermpath be tied to faculty appts?
- Dealing with consults from outside docs' pts
- Dealing w/ Loyalty Factor – train folks who go into community & compete with univ that trained them!
- Dept donations from graduates & community



TOWN & GOWN Vs. IVORY TOWER

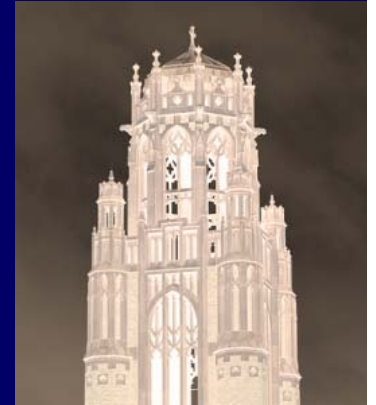
CASE 1: 2nd opinion potential to undermine comm. doc-pat relationship

- Pt comes to univ clinic for 2nd opinion
- Pt says he feels he has been mismanaged by community private practice dermatologist
- Pt has come to the Chair b/c of their reputation & thinks that only the Chair can make him better
- How do you proceed?

Elston, Grant-Kels. Ethical issues faced by a department chairperson. Clinics in Dermatology 2012;30:216-219.



Ivory Tower Scenario



- Professionalism: Rx pts & colleagues w/ respect
- Consultant's role: provide honest opinion & render advice to help pt
 - Try to strengthen (NOT undermine) existing doctor-patient relationship
- Pts often frustrated → blame their physician for their disease severity or unresponsiveness
 - Poor outcome rarely 2^o to gross negligence or incompetence
 - Usually 2^o to severe disease or non-compliance

Ivory Tower Scenario



- Consultant often succeeds bc pt finally uses medication as prescribed
- Consulting MD plays important role when pt not responding to Rx
- **WARNING:** Beware seductive & manipulative pts
- Pt who speaks badly about his last dermatologist is likely to say the same about his new one
- Flattery: typically a means to an end → need to distinguish respect from manipulation
- Univ consultants must make referring MD feel safe





Ivory Tower Ethical Bottom Line



- Consultant: diligent about reviewing past Rx & suggest appropriate next steps
- Never undermine an existing therapeutic relationship
- Simply acknowledging pt's condition is challenging often sufficient to validate efforts of other physicians
- Goal: provide expert care while setting reasonable expectations re: outcome & maintaining professional relationships w/in community
 - Safe environment for & towards private docs

Community Town & Gown

CASE 2: Demand volunteer faculty to help support dept & residency?

- Recently Chair notes that a community dermatologist w/ a faculty appointment in your dept (but does a minimal amount of teaching) no longer sends his biopsy specimens to univ dermatopathology lab
- Does Chair have authority to speak to him & ask him to support Univ dermatopathology lab to ensure education for residents as a quid pro quo for academic title?



- Do you have the authority?
 - Perhaps
- Need to
 - educate community derms on need of DP & Mohs for residency
 - provide excellent service to outside docs
- Should you ethically use threat of loss of academic title to pressure a contributor to continue to send specimens to Univ DP lab?
 - No
- Ethically appropriate to expect community derms to contribute to dept



Ethical Questions Raised

How has someone who does minimal teaching maintained an academic title in your dept?

- Clinical faculty appts should reflect genuine ongoing commitment to educational goals of Univ
- Those w/ adjunctive faculty appt should play active role in education w/in dept. How?
 - Resident lectures, role models, mentoring
 - Supervision of resident clinics at the univ hosp, VA hosp, or indigent clinic, participate in dept free skin ca screenings
 - Grand round participation
 - Resident rotations at an outside unique practice
 - Collaboration on studies or academic writing
 - Contribute pts to clinical trials





Academic Titles



- Service to Univ may take many forms: committee work, quality resident lectures, pt education seminars, or advocacy for dept w/in community, etc.
 - Referrals to Mohs & DP Lab included
- Real & substantive time commitment assoc'd w/ academic title
- Titles should not be bestowed arbitrarily nor used for coercion
- Community derms supporting dept is vital!



Question for Chair



- Why long term contributor no longer sends specimens to Univ DP lab?
- Quality of services by Univ lab: respected faculty providing excellent service
 - Community derms should want level of expertise offered by Univ DP lab
- Has level of service declined, fee structure become prohibitive, or has the contributor entered into a client billing agreement with another lab to generate profit?
 - **Another ethical problem that is rampant!**



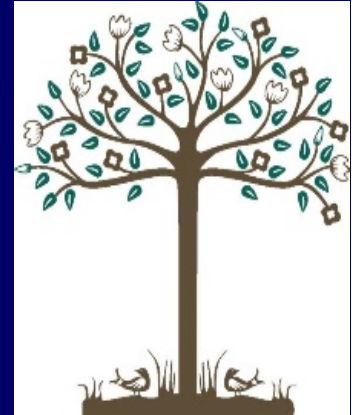
Bottom Line



- I do not have the answer!
- Why community docs are not loyal to the university dept?
 - Greed?
- As physicians, our decisions should always be made in the best interests of pts & community
- Academic depts need to come up with ethical ways to generate loyalty & attract business to Univ DP lab & Mohs



Case 3: Environment: Mentorship & Fair Promotions



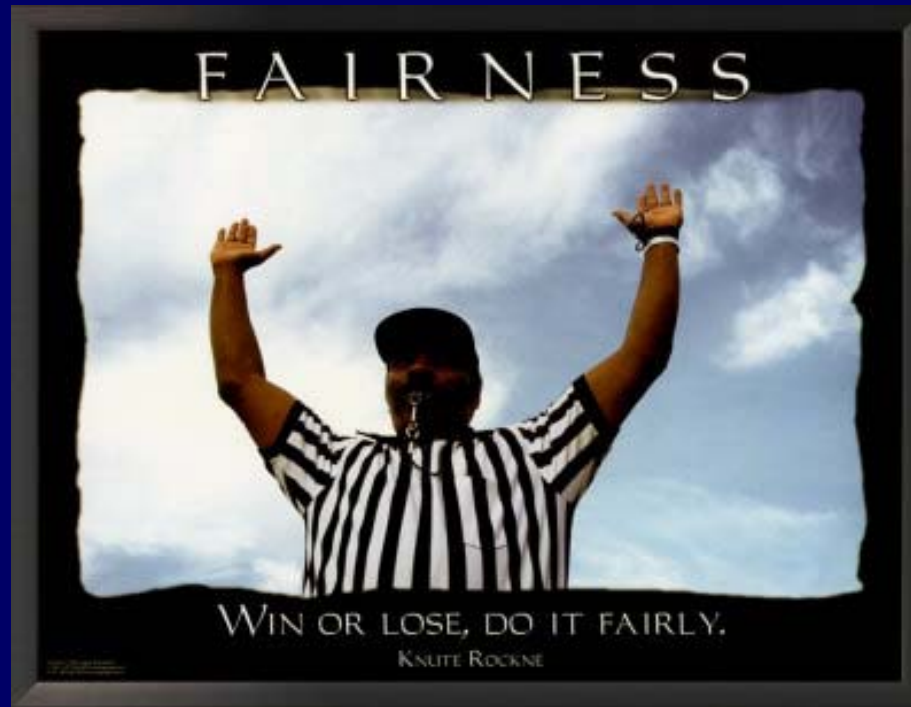
- A gifted, well-liked member of your faculty has not achieved the steps required for promotion
- Individual = key member of faculty & dept would suffer academically & financially if he left
- Several faculty have suggested he challenge the institution's promotion rules
- Some suggested to dept chair that an exception is warranted for this individual ...
- How should the dept chair respond?



- Want to promote teamwork & sense of being appreciated
- Some faculty do vital work for dept but that work may not be viewed by institution as of value for promotion
- Faculty members may leave & depts suffer bc of failure to achieve tenure or promotion
- Institutions have changed promotion rules: recognize importance of diverse faculty & role of clinician educators but requirements remain rigorous & success requires planning



- Promotion committee: balanced between clinicians & researchers + work under Univ rules
- Require recommendation from chair but deliberations are independent → focus on work & service of individual + reputation (local, **national, int'l**)
- Risk to univ if individual challenges the system
- **Chair has no authority to grant an exception except to appeal decision to Dean**



- Professional support structures & friendships unravel once promotion decisions are challenged
- Result in shifting alliances → feelings of betrayal on all sides → poses great threat to dept & organization
- Key to success is fairness, consistency, & integrity of process

Kohlstedt S, Fischer S. Centaurus. 2009;51(1):37-62.



- Faculty work attitudes, satisfaction & behavior strongly influenced by perception of fairness of fairness of promotion process & fairness of outcome
- Procedural justice critical to reactions to decision, esp when outcome is not in favor of faculty member
- People can accept outcome if perceive process fair

Ambrose ML, Cropanzano R. J Appl Psychol 2003 ;88:266-75.

De Cremer D, Brockner J, Fishman A, van Dijke M, van Olffen W, Mayer DM. J Appl Psychol. 2010;95:291-304.

Goldman A, Tabak N. Nurs Ethics. 2010 Mar;17(2):233-46.

Atkinson TN, Gilleland DS. Sci Eng Ethics. 2007 Jun;13(2):195-220.



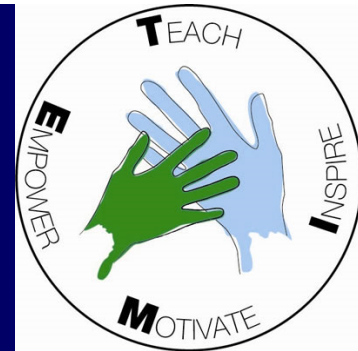
FAIRNESS

SOMETIMES IT'S NOT FAIR TO ME TO HAVE TO LISTEN
TO HOW UNFAIR LIFE IS TO YOU.

motifake.com

- Our case: pressure to allow one individual to challenge system initially may not seem risky as other faculty were supportive
- But voiced support shifts & opinions change when next promotion decision approaches
- Integrity of & trust in process must persist





- Ability of some to circumvent system → adverse effect on morale → damages professionalism, respect for institutional rules & sense of personal virtue
- **How did individual make it this far w/o achieving milestones required for tenure?**
- Chair plays active role in mentoring & monitoring progress to avoid crisis
- Focus on success of each individual candidate → critical to success of dept



Ethical Bottom Line



- Best solution: ensure this situation never occurs
- Univ promotion policies: understood by faculty
- Policies: reviewed for fairness + everyone understands steps required to achieve promotion
- Progress should be monitored & support provided when someone deviates off track
- Dept chair should foster common vision → members of faculty support one another to achieve personal & dept goals

Case 4: Managing Impairment: Dealing with Performance Issues

- A faculty member has demonstrated some errors in clinical judgement
- You discuss your concerns with him, but he becomes angry & resigns
- You have recently learned that he plans to join a well-respected group private practice in your community
- Is there an ethical obligation to notify senior member of group re: concerns?

Grant-Kels JM, Kels BD. J Amer Acad Dermatol 2011;65:833-835.



- Dept chairs: highly respected & their opinions carry weight
 - Accompanying obligation: never abuse this influence!
- Are concerns valid & do not represent a clash of personalities?
- Same principals apply to any physician who becomes aware of potentially dangerous practices by a colleague



- Code of ethics requires physician to:
 - tell the truth
 - prevent harm
 - manage limits of one's competence
 - address inappropriate behavior of others
- Whose responsibility is it to manage a physician's competence if they no longer work w/in dept?
- Physicians who share pts have greater insight into QOC delivered by colleagues than gleaned from exam or imparted by CME course attendance

McDougal R, Sokol. DK. The ethical junior: a typology of ethical problems faced by house officers. J R Soc Med 2008;101:67-70.



I'm Professional!

Professionalism: Pt Interests 1st



- Medical societies position statements:
 - fundamental principles of “primacy of patient welfare”
 - professional responsibilities of “commitment to professional competence”
 - “commitment to improving quality of care”
 - “commitment to professional responsibilities”
- Dictates we participate in:
“the process of self-regulation, including remediation & discipline of members who have failed to meet professional standards.”

Project of the ABIM Foundation, ACP-ASIM Foundation, & European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. Ann Intern Med 2002;136:243-246.



AMA Council on Ethical & Judicial Affairs



- “AMA’s Code of Medical Ethics” on line Section 9 “Opinions on Professional Rights & Responsibilities”, section 9.031
- “Reporting Impaired, Incompetent, or Unethical Colleagues: Initial reports of incompetence should be made to the appropriate clinical authority who would be empowered to assess the potential impact on patient welfare and to facilitate remedial action.”

<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9031.shtml>



- Hosp peer review body should be notified where appropriate
- Incompetence that poses immed threat to health & safety of pts should be reported directly to state licensing board
- Incompetence by physicians w/o hosp affiliation should be reported to local or state medical society &/or state licensing or disciplinary board

<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9031.shtml>



Bottom Line



- If there is **unequivocal** evidence that colleague is impaired or practicing medicine below SOC → ethically obligated to address it
- Must be confident that infractions are real before unjustifiably sully reputation of colleague
- Evidence of repeated infractions should be required
- Multiple sources to corroborate data to clarify that the accusation is not based upon personality conflicts nor motivated by efforts aimed at retaliation &/or a wish to impose constraints that might be construed as restraint of free trade



Bottom Line

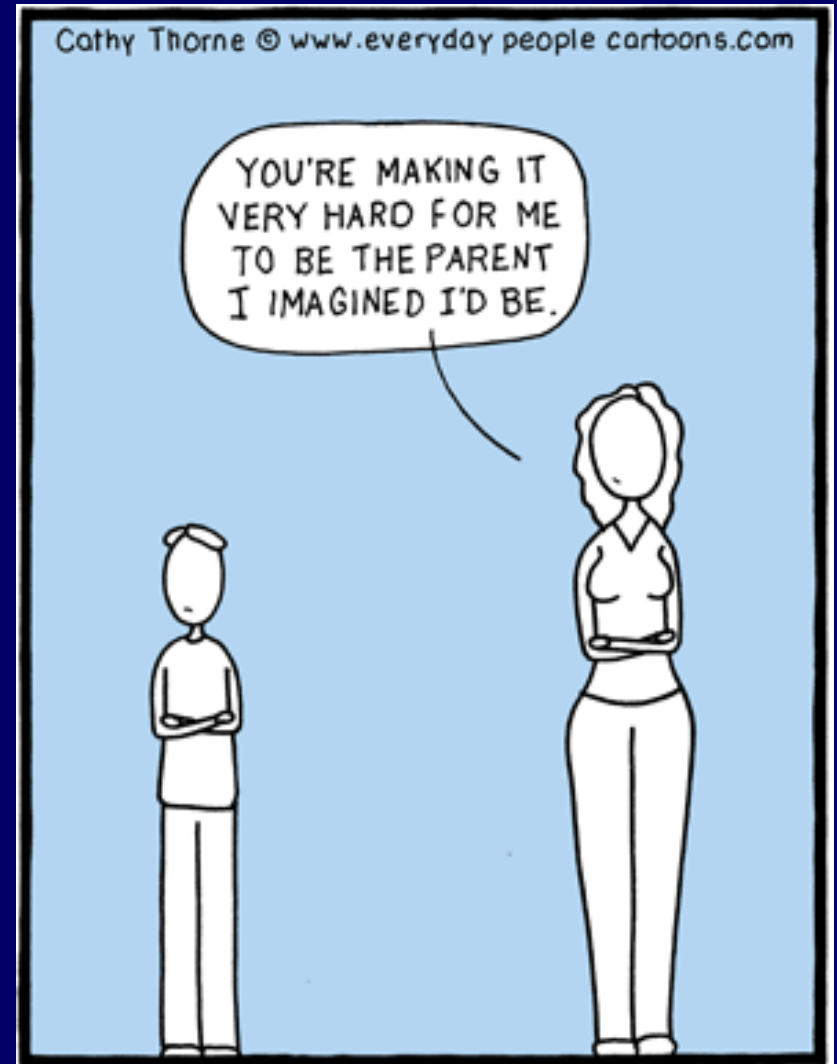


- Chair should address concerns w/ departing faculty
- If they are not willing to address issues thru additional education or appropriate alterations in behavior → chair should consider reporting concerns
- When any physician becomes aware of colleague practicing in unsafe manner → seek help
- State & specialty society committees available to work with, assist, & remediate impaired physician
- Accused physician must be treated respectfully & be given opportunity to defend their reputation

Personal Note

Ethical Conundrums of Chair

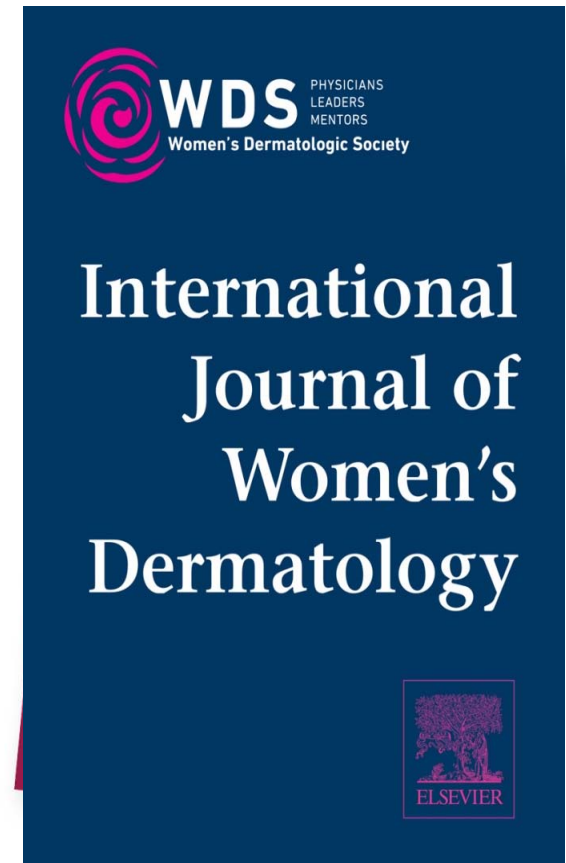
- Chair = Parent = Caring
- Words carry weight
- A successful chairperson cares more about their faculty than they do about themselves
- Consistency
- No favoritism





International Journal of Women's Dermatology

- The IJWD publishes articles pertaining to dermatologic medical, surgical and cosmetic issues faced by female patients and their children.
- Original Research Articles, Review Articles, Unusual Case Reports, New Treatments, Clinical Trials, Education, Mentorship & Viewpoint Articles.
- Open Access Model
- 40% of Profits go to WDS
- Reduced Fee to Publish for WDS Members
- Donate to Help Defray Cost for Authors
- Rapid Turnaround



For More Information, Visit: www.ijwdonline.org



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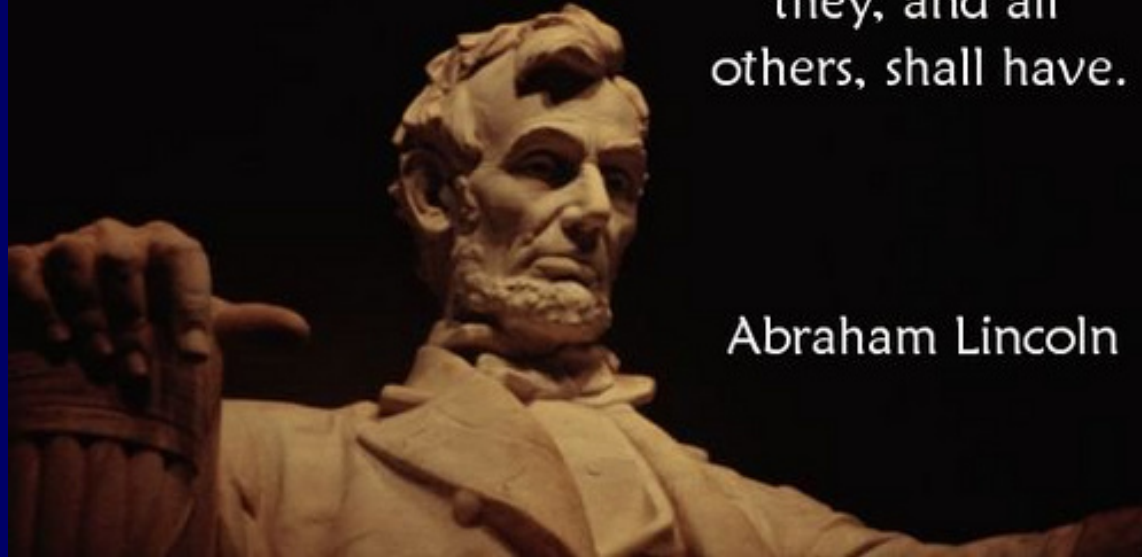








These men ask for just the same thing, fairness,
and fairness only. This, so far as in my power,
they, and all
others, shall have.



Abraham Lincoln

- Perception of fairness & ethical climate has strong influence on employee satisfaction
- Good chair fosters a common vision, w/ all members of dept working together to achieve critical goals
- Each member of dept should feel they are an integral part of quest

Goldman A, Tabak N. *Nurs Ethics*. 2010 Mar;17(2):233-46.

Atkinson TN, Gilleland DS. *Sci Eng Ethics*. 2007 Jun;13(2):195-220.