Ethics, Leadership, and Public Health

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Introduction

The individuals who planned this conference can never be accused of failing to be expansive in their thinking. My assigned topic, *"Ethics, Leadership, and Public Health,"* covers a vast terrain of thought—terrain addressed in our universities, not only in courses and curricula, but by entire colleges. However, our planners' intentions are noble, for few concepts are as important today as these three. My challenge is to integrate them into a meaningful whole, in order that we can identify their relevance to our professional calling of promoting the health and welfare children.

This evening I will examine the discipline of ethics and conclude that ethics is concerned with what constitutes the good society, and the good life within that society. I will argue that pursuing the good society requires leadership, the extraordinary leadership of good people. I will suggest that health is foundational to the good life, for as the colloquial aphorism expresses it, *"if you have your health you have everything."* However, my focus in advancing the argument that health is basic will be on the health and welfare of children. If all children are to have an equal opportunity to succeed in life they must not be constrained by inadequate health care. Such a constraint can materially affect their ability to realize their innate potential as mature human beings. Finally, I hope to accomplish my task in such a manner that you leave this evening energized and committed to applying your leadership skills in addressing the significant challenges we face in ensuring that all of America's children have access to optimal health care.

Ethics

The French philosopher Voltaire said, *"If you wish to converse with me, define your terms."* As a result of my experience in teaching bioethics, I have learned that individuals have varying, often conflicting, and sometimes inaccurate understandings of the nature of ethics. Ethics is a discipline within the field of philosophy. It is that branch of philosophy that studies morality. In this sense ethics is the *"science of moral behavior."* It is the intellectual reflection on, and study of, the life of morality; just as psychology is the science of human behavior generally. If ethics is the domain of philosophy that studies morality then what is morality? Morality is that domain of understanding that relates us to our world, and to other humans in our world. Moral behaviors are those actions that can be evaluated as good, and therefore right, using reasoned, objective, impartial criteria. The concerns of ethics are concerns associated with how we avoid causing harm to one another; how we prevent harm to one another;

and how we help one another. Ethics is about the social contract—the implicit agreement about human cooperation that enables us to escape the *state of nature,* with its many dangers and woes, and live with other human beings in a relatively safe, stable, and peaceful society; a society where all have the opportunity to experience the *good life,* and a society characterized by fair treatment of all.

They are two major dimensions of ethics, though we generally tend to focus on one at the expense of the other. One is the *ethics of obligation*, how I *ought* to behave—what rules I *should* keep—as I relate to other people. These universal rules specify what the social contract demands of us as terms of cooperation with one another. The *ethics of obligation* focuses on rules--moral rules; rules we all must abide by to ensure that the society in which we live is `a society that enables all to pursue their vision of the good life. Examples of these rules of cooperation are: *"don't lie," "don't steal," "don't kill," "don't break your promises," "don't fail to do your duty," "don't break the law,"* and so forth—all are rules that we intuitively acknowledge are important in maintaining a civil society. They can be summarized as, *"don't cause evil or harm to others."* When we speak of ethics, these rules that oblige us not to cause harm to others generally come to mind. Therefore, ethics is viewed by most as being concerned with controlling or restricting our behavior in specified ways.

However, there is a second dimension to ethics—the ethics of aspiration--a dimension that is particularly important and relevant in considering this evening's theme. To what should I aspire as an individual as I seek to live the good life; what constitutes the good life for me—how should I live my life such that at my life's end I can say that I have lived a good life; a meaningful life, a fulfilling life, a purposeful life, and a life with few regrets. Parallel to, and inseparable from consideration of the individual good life in the ethics of aspiration is also discerning what constitutes the good life for society; that is, what is the good society. In the 5th Century B.C.E, a wise Athenian by the name of Plato wrote one of the world's great treatises, using Socrates, his teacher, as the protagonist; his work was The Republic. In it Plato attempted to define the truly good society—a society in which perfect justice reigned. While on most accounts he failed in his effort, his attempt has inspired great thinkers up until our current time to ask, and attempt to answer, the question of what is the truly just and good society.

We can conclude that ethics is about one behaving oneself, that is, about not harming others by obeying the so-called moral rules. However, ethics is also about aspiring to doing good things with our lives. Ethics is about each of us exercising our unique talents in the pursuit of the good society. It is about us aspiring to leadership in order that all humankind may share in the good life.

Leadership

What do we need now? Was the query.
Leadership! Was the reply.
If led, will the people follow? Came the response.

If given the right kind of leadership! Was the retort.
What is the right kind of leadership? Followed the question.
That which leads people where they want to go. Echoed the refrain.
Where do they want to go?
Who knows—that is for the leader to figure out.
Am I wrong to conclude then that what they want isn't leadership, but follower-ship?!

I suspect that some of us who have been seriously challenged in our attempts to lead identify with this somewhat cynical assessment of leadership.

Leadership is challenging…and difficult. Many individuals are skeptical of leaders and leadership. However, we affirm the necessity of leadership, and everywhere we see people leading. An always relevant and cogent question is to what end are leaders leading. The world has seen many strong leaders through history: political, military, and intellectual. In the lifetime of many of us, there have been leaders distinguished by their moral commitment: Mahatma Gandhi, Martin Luther King, and Nelson Mandela immediately come to mind. However, during our lifetimes there have also been those leaders we would characterize as evil: Hitler, Stalin, and Pot Pol. Were they not leaders as well? Acknowledging that they too were leaders forces us to affirm that when considering leaders and leadership we must always examine the predicate of leadership—its end. What or to where is the leader leading? What is the aspiration of the leader—what is the leader's vision?

Leaders become leaders because they have a vision. They have created a view of some future state that those who accept their leadership view as a desirable state—therefore these individuals come to share the vision—they follow the leader. A vision is of a state that does not currently exist, nor has ever existed. A vision becomes a target that beckons. And, it is perceived as a right target. Warren Bennis, the distinguished leadership academic captures an important distinction when he says, *"leaders do the right thing, managers do things right."* The genius of leadership is the magical ability to clearly articulate a vision that is understandable, appropriate, desirable, meaningful, bold, and energizing. Leaders are creative. Leaders think outside the box. Leaders challenge inherited assumptions. Leaders are people with ideas. A leader's vision creates a focus for activity—an agenda to pursue, strategies to develop and implement. Martin Luther King's classic speech, *"I Have a Dream,"* offers a paradigmatic example of the characteristics of leaders' visions. Leaders dream dreams. George Bernard Shaw's expressed it: *"Some men look at things that are and say 'Why?' I dream things that never were and say, 'why not?'"* As a footnote to the idea of leaders being visionaries, I suggest that leaders are learners. Leadership requires the bringing of considerable intellectual capital to the task of leadership. While education and experience provide this capital, is rapidly be expended; it must be continually renewed. My sense is that outstanding leaders are extraordinarily curious individuals with a keen interest in learning; learning through their experience, but also learning through the experience of others. As a result of the need to learn from others, leaders are readers. They come to understand human nature and the environment in which they live and lead through reading broadly and deeply about the experience and ideas of others. Knowledge is

power—knowledge empowers leaders and their vision. Leaders are "knowledge executives."
Moral leaders create visions that are singular in their ultimate purpose—the improvement of the human condition; the common good. They have visions that move humanity closer to the good society, the just society; a society in which all can succeed and prosper.

A vision is a necessary, but not sufficient, condition for leadership. Leaders must develop commitment from others to their vision. Therefore, an integral and critical component of leadership is influencing, educating, persuading--others; though communication guiding the development of opinions; helping others to see the imperative of the vision being articulated—to value the vision. In a sense, leaders are the social architects of the group, organization, or society for which they are exerting leadership. They must design and build meaning for those they would lead, and continually communicate both the vision and necessary commitment through their actions. Visionary leadership generally challenges the status quo. There would be little need for leadership if the environment were never changing. We would only need managers, not leaders. However, we live in a world of continuous change, and such a world requires that the groups in which we live and work to continue to change as well. But, there is something about our nature that resists change—we have an affinity for that which exists, and with which we are comfortable. We challenge change, for change forces us to deal with the anxiety of the unknown. As a consequence, gaining commitment to a vision requires courage on the part of the leader. Courage may be a leader's most important virtue—the courage to persist in transforming the vision into reality. Being courageous means taking risks—both personal and political; to stand on principle, regardless of the consequences. The distinguished German-American theologian and philosopher, Paul Tillich, in his classic book The Courage to Be, said *"courage is the strength of mind, capable of conquering whatever threatens the attainment of the highest good."* Visionary leaders must continually challenge the status quo and the regnant power structure. They must have the courage to *"speak the truth to power."* We have too little principled leadership today, because we have too few courageous leaders.

As social architects, leaders design and superintend changes in structures and processes to support the values and behaviors the new vision requires. Leading in making structural and process changes requires that leaders be people of character. Leaders must have personal characteristics that enable them to be trusted in effecting such change. Trust is the emotional glue that binds leaders and followers together, and enables followers to weather the winds of change that will buffet any entity as a new vision is pursued. Virtues that characterize the personality of effective leaders are moral virtues: caring, sensitivity, honesty, fairness, empaty, curiosity, tenacity, consistency, energy, enthusiasm, commitment, and passion. Passion is an interesting word and quality. The meaning of passion is *"to suffer."* To be passionate about an issue is to be *"suffering."* In the context of leadership, it can and must be said that leaders *"suffer"* to realize the vision.

Public Health

My exploration of ethics and leadership has been a preamble to considering the last of our three themes: public health. As professionals working in the field of public health, we have professed, that is, we have *vowed* or *promised*—for that is the root meaning of the word profession--that we will work to promote the health of the public, such is our professional duty, thus our moral responsibility. So in an ironic and paradoxical twist, the ethics of obligation and the ethics of aspiration become conjoined for us—our obligation is also our aspiration. We aspire to fulfill our duty of providing leadership in promoting the health and welfare of children.

In the context of our leadership duty I want to suggest a vision for us. It is not a new vision, rather an old vision that has not been realized. It is a vision that I will meet the criteria for an appropriate vision I outlined earlier, that is, a vision that is clear, understandable, appropriate, desirable, meaningful, bold, and energizing. And it is a vision that I trust will elicit passion within you—such an intense desire to see it realized that you *suffer* under its imperative. We must share tahe dream! It is the dream that every child in America, no matter whether rich or poor, dark-skinned or light-skinned, bright or dull, Native American or Euro-American, Latino or Asian, rural or urban, will have access to optimal health care; health care that is equivalent for all.

Our dream is still only a vision, for it envisions a future state, one not yet attained--in this the richest nation in the world. Although we spend 14% of our gross national product on health care, we are only one of two of the industrialized nations of the world (along with South Africa) that fails to provide its citizens with universal access to health care. As you are likely aware, the World Health Organization in the year 2000 ranked the United States 37th in the world in health care. Despite significant expenditure of funds, approaching $2 trillion, over 15% of our population is without health insurance. That is approximately 44 million people, with 25% of them (11 million) being children. Many with health insurance are covered only part of the year, and many have sub-optimal coverage. U.S. infant mortality, an indicator of general health status, stands forty-second in the world, at 7.0 deaths per 100,000 live births in 2003, primarily because of inadequate prenatal care. Children from our poor and working near-poor families bear the worst of such inequalities. These children suffer lack of well-being and lost opportunity as a result of poor access to health care. American children from low-income families get sicker more often and stay sicker longer. They are two-three times more likely to be of low birth weight, to be asthmatic, to develop bacterial meningitis, to lack immunizations, and to suffer lead poisoning. Poor children are also three to four times more likely to become seriously ill, and to develop multiple illnesses. The health problems of our children come primarily from our failure to provide basic primary care for them.

In my field of pediatric oral health, eighty percent of tooth decay is found in 20-25% of our children (approximately 20 million children), and these are primarily children from African-American, Hispanic, American Indian, Native Alaskan, and low income families. Early childhood caries (baby bottle tooth decay) has been found to exist in 70-90% of very young children in some socio-economically defined sub-populations in the U.S. The

prevalence and severity of tooth decay is linked to socio-economic status across all age groups. American children lose 52 million hours of school time each year due to dental caries. Toothaches are our teachers' most common classroom health problem. Poor children experience nearly twelve times as many restricted activity days from the disease as do children from high income families. The so-call *"silent epidemic"* of tooth decay is no longer silent. It is screaming at us to *"do something!"*

What does it say about a country in which every single American, age 65 and older--in the twilight of their lives, has access to health care through our nation's Medicare program, and our children—the most vulnerable of our population--lack such universal access?! The moral quality of any health care system is measured by how the most vulnerable are treated. Our current reality says much about the morality of America's health care system.

Loretta Kopleman and Michael Palumbo have published a thoughtful, compelling, and important paper in the American Journal of Law and Medicine entitled: *"The U.S. Health Delivery System: Inefficient and Unfair to Children."* The paper explores the four major ethical theories of distributive or social justice: utilitarianism; egalitarianism, libertarianism, and contractarianism. They conclude that no matter which theoretical stance you take, children should receive priority consideration in receiving health care. Yet, our children do not even receive equal, much less priority, consideration. Why? One (somewhat cynical) answer might be that children do not vote. We are increasingly coming to understand that our nation may not be the nation *"with liberty and justice for all,"* that we were taught it was in our high school civics class, but rather a nation whose understanding of justice is determined by special interests, and the money and power they bring to the campaigns of our legislators, and to the halls of Congress.

While it would be informative and entertaining to explore each of the four ethical theories of distributive justice and why they support the imperative of our vision of universal access to health care for all, particularly our children, I will limit myself to one theory—contractarianism; admittedly, the one to which I am most attracted.

One of the most important and influential books of political philosophy written in the 20th century was *A Theory of Justice* by the late Professor John Rawls of Harvard University. In it Professor Rawls carefully explicates the nature of justice. His definition is based on his now famous hypothetical in which he asks one to stand behind a so-called *"veil of ignorance"* and envision a world into which one will be born, however not knowing into what circumstance one will be born, that is, to a rich or poor family, intelligent or dull, male or female, European or African. He argues that given such a condition, people will design a world with some degree of risk aversion; a world in which they would have equal opportunity to fulfill whatever unique potential they possessed, no matter the circumstance into which they were born. The world such individuals would design, Rawls argued, would meet three conditions: 1) each person will have an equal right to the most extensive system of liberties comparable with a system of equal liberties for all; 2) persons with similar skills and abilities will have equal access to various positions of society; and 3) the critical one for our consideration of health care for children: social and

economic institutions will be so arranged as to maximally benefit the worst off. Such a design he affirms would be *"just."*

Given a Rawlsian view of social justice, our nation's health care system, if is it to be just, must be such as to be committed to maximally benefiting the *"worst off."* As we have demonstrated, health problems are visited disproportionately on socio-economic groups that are the least well off. Norman Daniels, professor of bioethics and population health at the Harvard School of Public Health, agrees with Rawls, and argues that a just society should provide basic health care to all, but redistribute health care more favorably to children. He justifies this conclusion based on the affect health care has on equality of opportunity for children, with equality of opportunity being a fundamental requirement of justice. As noted, poor and minority children, the most vulnerable individuals in our nation, and the *"worst off,"* have the highest prevalence of disease, the poorest access to health care, and the poorest overall health. Justice demands they be maximally benefited, in order that they ultimately have *"equal opportunity"* to do well. *"Equal opportunity"* is the clarion call of a nation of justice. However, there is a major disconnect between what we say we value and how we allocate our financial resources. The opportunity to realize one's potential in life is markedly affected by one's childhood. What happens in the life of a child is determinative of whether that child will have a fair opportunity to fulfill his or her unique potential—to be all she or he can be.

I cannot resist appealing to one additional theory of distributive justice to support the vision of universal access to optimal health care for children. Utilitarianism is the theory of justice that emphasizes providing the greatest good to the greatest number. Utilitarian ethics tends to employ a cost-benefit calculus. Utilitarians would argue for devoting resources to the less expensive prevention of problems, rather than using resources for the more expensive treatment of health problems subsequent to their development. We all know that *"prevention starts young"*—it starts with children. As the German poet, Goethe reminds us, *"He who is wise, begins with the child."* Utilitarians would want to obtain the most *"bang for their buck."* They would argue that resources devoted to developing healthy children are wise investments, in that they are investments that last for a lifetime. Contrast this resource-sensitive utilitarian argument with the fact that we spend 30% of our total annual Medicare budget on 6% of the elderly during the very last year of their lives.

If justice is to be served, if the good society is to be realized, the dramatic inequities which exist in health and health care for children must be addressed.--and addressed by us! Justice demands that our vision of universal access to care for all children no longer remain just a dream.

Conclusion

The *ethics of obligation* prescribes our moral responsibility to cooperate with all human beings by obeying the moral rules—not causing harm. The *ethics of aspiration* inspires us, not only to develop a vision of the good life and a good society, but also motivates us

to provide leadership for that good life and good society. Leadership requires that we articulate the vision, gain commitment to it, and be the virtuous person that allows others to trust us in leading in the realization of the vision. Our calling, the health of the public--specifically the health of our children, forms our vision—a vision where all of our children have equal opportunity for a good life, because we will have provided them with the health care they needed and deserved.

You are among our nation's leaders in advocating for and serving children. The fate of our children's future lies with your effective leadership. Lead! Lead passionately! Lead well! Lead successfully! And never stop leading until you are able to say I have done all within my ability to ensure justice for the children of our nation . . . and our world.