I will be forever grateful to Dr. Donald Gribetz for stimulating me to give serious and prolonged consideration to the impact of ethics on the day-to-day operations of the dean’s office as well as the philosophic underpinnings of its functions and objectives. The place to begin is a look at the process whereby decisions are made. Only then can we speak of ethics as they relate to the allocation of funds, scarce or otherwise.

The power in an academic medical center is basically in the hands of its faculty. At the same time, however, such a medical center is an institution of autonomous professionals who are pledged to practice medicine by applying their expertise for the good of their patients. A 1981 article (Schwartz WB. The regulation strategy for controlling hospital costs. N Engl J Med 1981; 305:1249) addressed the physician’s obligation to his or her patient and, in light of this, questioned the wisdom of asking the physician to set national or institutional priorities.

A physician must do all that is permitted on behalf of the patient. In this sense, the obligation of the physician/scientist and the dean are complementary but not identical. Although the authority of the dean and his associates is derived from the faculty, the purpose of the dean’s office is to arrive at institutional judgments. Therefore the ethics of this office encompass those that are specified in the Hippocratic oath, but also extend to the realm of management and governance.

The dean is probably best described as the first among equals; selected by his peers, he is the chief executive officer whose managerial strength emerges by virtue of the confidence which department heads and faculty members exhibit in his ability. Since the real power resides in the school’s faculty, the dean simply harnesses this power to the needs of the institution by virtue of his abilities. The dean and his associates are to be flexible, to provide leadership, to form coalitions, and to represent a consensus within the faculty. In a sense, the dean acts as a referee. His strength resides in his ability to mold the interest and to develop a group identity. When making choices in the allocation of resources, his purpose is to avoid destructive factionalism and to maintain the common goal of the institution as it has evolved over the years.

Peter Drucker points out, in his pivotal book on management, that the skills of a manager or of a dean are those of negotiating compromise, mobilizing energies, and—above all—setting priorities. Total objectivity is clearly impossible to achieve. For this reason, the dean’s office is frequently the butt of attack from an academy whose stated purpose is the pursuit of “truth.”

How, for example, are we to choose between funding a potential Nobel laureate as opposed to someone who is engaged in research which promises immediate and practical results? How is risk to be weighed against certain outcomes? Decisions such as these are often made on the basis of what I like to call “institutional personality.” Every medical center has its own personality, as does every university, and these personalities differ from one institution to another on the basis of goals and objectives as defined over time by the faculty and by the trustees. In determining policy and allocating resources, the institution as an entity, with its history and distinct interests and goals, is given primary consideration.

The dean’s responsibility is to the institution as a whole—not to a department, not to some individual faculty member, but to the institution as a whole. In that sense the dean also represents society.

As the chief executive officer, he is accountable to the public at large for decisions that have been made by the faculty collectively and individually,
and by the dean's office. Decisions such as these are often made on the basis of institutional personality and provide the criteria for evaluating the success or failure of the institution in meeting its goals. The institution's performance of a specific mission is also society's first need and interest. Society stands only to lose if the performance capacity of the institution, in its own specific task, is diminished or impaired. Hence, performance of its function is the institution's first social responsibility. When allocating resources, therefore, a balance must be maintained between satisfying the interests among various groups and reinforcing the image which historically has been a part of the institution. Throughout, however, we must bear in mind the underlying professional responsibility that is a part of every physician's ethics as incorporated in the Hippocratic oath: Primum non nocare, "Above all not knowingly to do harm." This is the first, basic rule of professional ethics as well as the basic rule of an ethics of public responsibility.

Thus far, I have referred to Drucker's comments to indicate the similarities between the position of dean and that of the manager of any business enterprise. But differences do exist between academia and business. These differences should not be ignored, especially since they have a direct impact in today's economic climate, when cuts in government funding have resulted in increased cooperation between the medical centers and private enterprise. In spite of all efforts at regulating this relationship, problems are certain to arise, and questions of ethics and accountability must be addressed with honesty.

To what extent do the values of the marketplace apply to the laboratories and lecture halls of the university? In the age of genetic engineering and rapid progress in all the biomedical sciences, this doubtlessly will pose ethical questions that are both timely and probing. Additional questions will certainly result from a government whose change in attitude has brought enormous strain within the public sector—causing the need for a reordering of priorities and a redefinition of objectives.

Decisions will be made and priorities will be established on the basis of all the factors listed above—the faculty, the institutional personality, and the needs of society.

At the center, however, is the one individual who is responsible to the entire medical center, and not to any one faculty member or department head. The position of dean has evolved gradually over the years as academic medical centers have expanded and grown increasingly complex. The dean's office will continue to evolve in the years ahead, and the transformation in its aims and objectives will be publicly debated, as will be the corporate and business ethic when together they confront a world of limited resources and extensive economic and social commitments.

The question essentially is one of decision-making. When you look at the medical centers in New York City today, you must take into account their enormous responsibilities for patient care, education, and research. Institutions of this size and dimension are constantly in a position of making choices—and the dean's office is at the center of these decisions. The process whereby judgments are made has proved to be effective and has certainly been responsive to the ethical issues of a profession which has never been static. Our role as members of offices of the dean is to assure that the decision-making process remains responsive to a variety of factors so that academic medicine will continue to meet ethical challenges in the years ahead.