HealthCare Advertising and Ethics: Ways of Seeing a Moral Problem

St. Gabriel’s Healthcare, recognized as a top 100 hospital by a national association, recently launched an advertising campaign highlighting that it was ranked “Number 1” in cosmetic surgery. A board member, while delighted with St. Gabriel’s recognition, also expressed discomfort to the CEO with the ad because it seems to place its competitors in a bad light. The CEO has asked the business communications department to form a committee to respond to the board member’s concerns.

Healthcare advertising has become standard practice to differentiate an institution from its competitors, to increase patient volume and revenue, and to create community good will. Whether it is commercial advertising through testimonials (e.g., “St. Gabriel’s puts the “Spirit” back in healthcare), or the use of health data (e.g., St. Gabriel’s has high success rates with angioplasty), or public health advertising (e.g., “10 ways to reduce the incidence of heart disease”), the questions healthcare institutions ask are not whether they will advertise, but how. Add these advertisements to the overall barrage of direct-to-consumer healthcare ads (e.g. Viagra commercials), and it becomes apparent why there is a growing public discomfort with some healthcare ads, yet the exact nature of the discomfort, and whether it is warranted, is unclear.

Consensus has emerged that some advertising is out of bounds. No one objects in principle to advertising. It can provide useful information for consumers to make better decisions. Historically though advertising has been accused of encouraging materialism and consumption, persuading the purchase of unneeded items, stereotyping, taking advantage of children and other vulnerable individuals, and manipulating behavior through subliminal messages. Beyond the most egregious forms of lying, deception, exaggeration, and “bait and switch tactics,” it is not always clear what is wrong with a particular ad, if anything.

In the face of obscure moral problems, critics struggle to identify ways to analyze the situation. One important method for examining ads is to look at them from many moral perspectives. In doing so different strengths and weaknesses of an ad become apparent and issues that might otherwise go unnoticed are highlighted. Let us examine this issue through the following 4 moral perspectives: outcomes, natural law, rules, and virtues.

Examining issues based on an “outcomes perspective” considers the consequences of an action. This point of view examines who benefits and who suffers as a result of the ad campaign. This perspective asks whether the advertising campaign was developed in order to achieve the “good” for St. Gabriel’s and the patients it serves. If St. Gabriel’s ad were public information advertising that stresses healthy lifestyles and preventative medicine, it would most likely be evaluated positively because it helps the greater community, not simply a few sick patients. The possible positive consequences for St. Gabriel’s ad campaign are that current patients would feel privileged to receive treatment at a high quality center and future patients might be attracted to the hospital, consequently improving revenue. Possible negative consequences include alienating other physicians and healthcare institutions who might infer from the ad that they are less than “Number 1.” Moreover, the public might become suspicious about St. Gabriel’s claims if the basis for the ranking is not stated. Analysis from this moral perspective does not, however, identify definitively the moral quality of the ad.

Evaluating advertising from a “natural law perspective” looks at how basic human goods are promoted or destroyed by the ad. Advertising potentially promotes many basic goods, including informing people about the availability of rationally desirable or new services; fostering ethically responsible competition; and communicating a message of a religious nature such as faith and compassion. At the same time, this perspective highlights that some goods will be put at risk. For example, advertising might misrepresent and withhold relevant facts for making choices, foster a consumerism geared towards “having” but not being better off, or creating needs for services that are not necessary, and focusing them mainly towards those who can afford the services. This moral perspective might recognize the need for cosmetic surgery in some patients but question whether the ad was creating needs for patients for whom the services might not be appropriate.

Appraising advertisements from a “rules perspective” examine ads, for example, from a religious tradition (e.g., the golden rule of “do unto others as you would have them do...
 unto you”) or from other sources such as secular ethics (e.g., truth telling is the glue of social relations and deception undercuts those social relations). This perspective investigates whether St. Gabriel’s advertisement was truthful, and whether the rights of individuals are being protected by the ad campaign. This perspective also questions what duties to consumers and publics are being served in the ads? Under this analysis, St. Gabriel’s ad might be judged ok because it states a truth. On the other hand, if ads are viewed as a means of providing enough information for consumers to make good decisions, then the ad might be evaluated negatively because it provides little information on the quality of the cosmetic surgery.

Finally, we can evaluate advertisements from a “virtues perspective.” This viewpoint examines ads in light of virtues as honesty, truthfulness, compassion, and loyalty, and is an outlook that is very familiar to those who rely on core values such as integrity, courage, and justice. This standpoint would ask what kind of life/society is being promoted in the ad? Are the values being advertised the ones to which the organization subscribes? Through these lenses it is possible to positively interpret the truth of the claim that St. Gabriel’s is “Number 1” and simultaneously questions the hospital’s honesty by not providing more information about the group that recognized it as such and the criteria used to rank it.

These four moral perspectives are only a few of the points of view that people bring to moral evaluation. Most people utilize more than one of these perspectives. When disagreement arises among people looking at the same issue, some of the problem can stem from the fact that different moral perspectives are picking up different issues. This need not be a problem and could in fact be a virtue as long as there is active listening by the participants evaluating the moral issue. Looking at a problem from many perspectives provides assurance that all things have been considered and that we respect the dignity of our colleague enough to see and understand things from their perspective.

Whatever one’s particular prospective, these 4 different moral perspectives should contribute to an ever expanding list of questions that could form the basis of an ethics audit or values-based decision process. In addition to the questions identified above, some additional questions suggest themselves. As you read them, can you identify the perspective the question takes?

- Does embellishment occur in this ad/campaign?
- Does it play on stereotypes?
- Does the ad accurately portray the situation in the healthcare institution?
- Are there portions of the ad that might not be able to be substantiated?
- Does the product being advertised add genuine value?
- Are there consumer groups that might not understand the ad and its message?
- Are there certain media or advertising outlets with which the hospital might not want to be associated?

In initiating organizational ethics considerations in which the moral character of such practice is not at all clear, healthcare organizations should approach the problems from all 4 of these perspectives to help add to the questions of an ethics evaluation.