

# Group Project Case: West China Hospital



**Course Title: Business Ethics**

**Section Number: 1002**

**Instructor: Dr. Qixing LI**

## **Members:**

Li Keying	1930024112	p930024112@mail.uic.edu.cn
Luo Zhouyi	1930006120	p930024174@mail.uic.edu.cn
Liu Peiqi	1930006120	p930006120@mail.uic.edu.cn
Li Xinran	2030001051	q030001051@mail.uic.edu.cn
Wu Hao	2030001101	q030001101@mail.uic.edu.cn
Jiang Yuxiang	2030001043	q030001043@mail.uic.edu.cn

## **Table of Contents**

1. Introduction.....	1
1) Company Information.....	1
2) Background of the Case .....	1
2. Ethical Dilemma .....	1
3. Case Analysis – Laura Nash Model .....	2
4. Managerial Implication .....	7
Suggestion 1 – Increase WCH’s CSR by employing better treatment.....	7
Suggestion 2 – Purchase work-related injury insurance for trainees.....	8
Suggestion 3 - Government acts to create an ethical hospital climate.....	10
5. Conclusion .....	11
References.....	12

# **1. Introduction**

## **1) Company Information**

West China Hospital (WCH) is a state-owned non-profit medical institution, whose business scope spans from routine medical care and medical research to social services. It has been selected as one of the top ten "China's Most Popular Class III Grade A Hospitals" and one of the top ten "Best Employers for Medical Institutions" by independent third-party surveys for many years.

Its West China School of Clinical Medicine is a renowned medical institution and a national demonstration base for higher hospital education in China. It strengthens postgraduates' classification and personalized training, forming a high-level and multi-type postgraduate training model, with the professional degree aiming to strengthen postgraduates' clinical practice and job competency training.

## **2) Background of the Case**

On December 15, 2022, the West China School of Clinical Medicine of Sichuan University and West China Hospital issued a notice that a 2022 graduate student Chen died on the evening of December 14 due to sudden cardiogenic death. In order to avoid responsibility for work injury and declare him dead 48 hours later, the doctors continued to intubate him with machines, injected him with various hormones, and pressed him for twelve hours until his ribs broke.

Prior to the death, the trainee was on duty with a fever of 39 degrees and a COVID-19 infection. With such intense work and physical exhaustion, he had asked for leave from his mentor but was refused on the grounds of a huge workload and manpower shortage during the epidemic. Based on the above, the conflict between trainees working with illness and the demands of hospital work deserves our consideration.

# **2. Ethical Dilemma**

On the one hand, the hospital's plight is understandable. During the epidemic, in addition to the already huge daily workload, hospitals have to devote a lot of manpower and resources to deal with newly infected patients. Whereas the number of formal doctors is limited, trainees are required to perform related work for their mentors. In addition, the use of trainees saves labor costs and provides patients with a relatively

cost-effective healthcare resource. From this perspective, the trainee system is a good way to address healthcare resource constraints and improve patient satisfaction.

On the other hand, the unequal relationship between trainees and the hospital is cruel to the students in training. Firstly, the performance during the training period largely determines whether the trainee will be able to graduate and find employment, which gives the mentor the privilege to squeeze the trainees indefinitely. Secondly, trainees receive very little pay and allowances, which is not commensurate with their large work contribution. Thirdly, most of the work is repetitive and energy-consuming, which is not truly helpful but increases the pressure on trainees. Based on the unreasonable trainee system, trainees have become tools to be ruthlessly squeezed.

As a service provider, WCH is expected to be accountable to its patients. At the same time, WCH is expected to be accountable to its graduate students as a designed training unit. Hence, whether WCH should overload trainees during the epidemic of staff shortage is an ethical dilemma that will be deeply discussed later.

### **3. Case Analysis – Laura Nash Model**

#### **Stakeholders**

- West China Hospital
- Graduate student Chen
- The public

#### ***1) Have you defined the problem accurately?***

The victim, a graduate student in the Class of 2022 at the West China School of Clinical Medicine, died suddenly after suffering multiple fevers and taking unapproved leave. The question is whether West China Hospital should have overloaded the trainee with a shortage of hospital staff (during the outbreak of the new crown epidemic). On the one hand, the hospital trainee system can help solve the problem of labor shortage at West China Hospital and reduce a series of expenses at West China Hospital. Also for patients and their families, there is access to lower-priced and more cost-effective medical resources. On the other hand, the graduate student in the class of 2022, who is working under great pressure and is still working from illness, for a large number of trainees like this, the intense work in the hospital does not match the compensation they receive.

**2) *How would you define the problem if you stood on the other side of the fence?***

Should West China Hospital squeeze every last drop of productivity from their trainee in a hospital with insufficient human resources involve many stakeholders and they will be affected by different choices.

1) For the hospital, the presence of trainees reduces the human cost which benefits the hospital because the remaining money can be used to import more useful medical equipment or give doctors more year-end bonuses.

2) For the patient, a trainee is a physician who has undergone a highly standardized and modernized training program to become a primary care physician with excellent clinical skills. The salary of a trained physician is very low, so the average patient gets cheaper medical resources.

3) For the trainee, being squeezed by the hospital means being treated unfairly.

**3) *How did this situation occur in the first place?***

The real reason behind the difficult situation is that the national training system is not perfect. The system of training students refers to the three-year standardized residency training (referred to as training) that medical graduates must undergo after graduating from a medical undergraduate program. This system was originally designed to allow young doctors to reach a certain clinical level through 3 years of standardized training in tertiary hospitals around the nation, to lay a good foundation for future clinical work. However, the actual operation of the system has deviated greatly, and there is even a requirement that many hospitals recruit young doctors only after they have received their training certificate. This system fails to balance the rights and interests of doctors in training and the needs of society.

**4) *To whom and to what do you give your loyalty as a person and as a member of the corporation?***

West China Hospital: In the midst of hospital staffing shortages, West China Hospital has chosen to continue to use as much as possible of the workforce of trained physicians, they give loyalty to the development of the hospital and the public patients.

**5) *What is your intention in making this decision?***

The hospital embraced the trainee system because it would help solve the hospital's workforce shortage problem and reduce a range of hospital expenses. At the same time, patients and their families would have access to less expensive and more cost-effective healthcare resources.

**6) *How does this intention compare with the likely results?***

Different likely results could happen in this situation.

- 1) Firstly, if hospitals continue to squeeze every last drop of productivity of their doctors, hospital costs will be reduced and patients can enjoy low prices of medical resources.
- 2) Secondly, if the hospital chooses not to squeeze the doctors into training, then the basic rights of these doctors, including proper rest, reasonable pay, and standardized training, will be guaranteed.

**7) *Whom could your decision injure?***

- 1) For the trainee, with the medical staff short, the hospital forced him to go to work despite his fever and discomfort, which eventually set the stage for his death. In addition, the family of the trainee was deeply affected by this tragedy. The sudden and unexpected nature of the death has likely caused immense emotional trauma to the family.
- 2) For the public, this series of events has deceived them and caused a series of discussions among them, which may aggravate their distrust of the hospital regulation system. Furthermore, the patients of the hospital may also be impacted by this event. Patients may be concerned about the quality of care they receive at the hospital and may question the hospital's ability to provide safe and effective medical treatment.
- 3) For the hospital, this incident has seriously damaged the reputation and image of the hospital as a renowned hospital. Many would question the hospital's policies and procedures, and some would call for an investigation into the matter.

**8) *Can you engage the affected parties in a discussion of the problem before you make your decision?***

Generally speaking, it is essential to engage with the affected parties in any decision-making process, especially when it involves a tragic incident like the sudden death of a trainee in a hospital. Not only can this way help to ensure that all perspectives are taken into account but reach a decision that is fair, transparent, and satisfactory to all affected parties at the same time. The two different affected parties are discussed below:

- 1) For the trainee, he may communicate and negotiate with the hospital, and confirm in writing that he can take the initiative to apply for workload reduction in the case of physical discomfort, and temporarily give up work for severe symptoms.
- 2) For the hospital, they should treat trainees and regular staff equally in working hours and workload and raise the standard of work. Similarly, both the trainee and the hospital can share their thoughts, feelings, and concerns, and work together to find a solution that is in the best interest of everyone involved through open and honest communication.

**9) *Are you confident that your position will be as valid over a long period of time as it seems now?***

1) In the short run, the West China Hospital's position may be in its own interest, seizing on imperfections in the rules to treat trainees as cheap labor. They only focus on job completion and hospital rankings, but not on their staff's physical and mental health, especially trainees, and funding allocation systems.

2) In the long run, this position is not conducive to the development of the hospital and its attraction to trainees, which may lead to brain drain and reputation damage to the hospital. Public opinions and media coverage can also impact the validity of the hospital's view over time. If the hospital is perceived as being unresponsive or selfish, public trust in its view may erode, and its credibility may suffer.

In brief, the validity of the hospital's position on the sudden death of the trainee can be influenced by a range of factors over time, including new evidence, changing public opinion, and media coverage. Therefore, it is crucial for the hospital to remain transparent, accountable, and open to feedback and criticism to maintain the validity of its view.

**10) *Could you disclose without qualm your decision or action to your boss, your CEO, the board of directors, your family, or society as a whole?***

The hospital's decisions and actions should not be disclosed to society without qualms, because there are bound to be lots of heated discussions about the imperfection of the training system. Many behaviors of the hospital in this event are not transparent and disclosure to the public will affect the reputation of the hospital and cause losses. Considering the seriousness of this incident, if it is determined that the hospital was negligent or accountable for the intern's death, it must accept responsibility and provide the intern's family fair compensation. Aside from enhancing training and protocols for trainees, the hospital should also make sure that it has the necessary resources and equipment to prevent future occurrences of this kind.

However, this view has landed on the wrong side of the ethical decision. Any decisions or actions taken by a hospital regarding the sudden death of an intern should be made with the best interests of patients, healthcare professionals, and society as a whole in mind. The hospital should remain transparent, accountable, and committed to improving patient safety and well-being.

**11) *What is the symbolic potential of your action if understood? If misunderstood?***

1) If understood, West China Hospital's action can symbolize the fragility of life and the importance of healthcare professionals in ensuring the well-being of trainees. It can also highlight the need for proper medical training, equipment, and protocols to prevent

similar incidents in the future. Additionally, the hospital's response to the incident can represent its commitment to transparency, accountability, and trainees' safety.

2) However, if misunderstood, the hospital's action can be interpreted negatively and lead to public distrust and anger, which can damage the hospital's reputation and affect its ability to attract trainees and healthcare professionals. The symbolic potential of a hospital's action in response to a sudden death depends on its ability to communicate effectively with the public, be transparent about its actions, and demonstrate its commitment to trainees' safety and well-being.

### ***12) Under what circumstances would you allow exceptions to your stand?***

We can use some ethical theories to consider the decision of West China Hospital and put forward our exceptions for this case.

1) According to utilitarianism, we should choose the option that provides the greatest benefit to the majority of people who do it. West China Hospital can profit by squeezing trainees and paying more labor with less compensation. Nevertheless, it is a manifestation of West China Hospital's failure to fulfill its social responsibility in the long run since they fail to satisfy most interests of the majority. After a series of events ferment, public criticism may lead to greater losses for West China Hospital. Therefore, this decision is unethical.

2) According to universal ethics, actions are taken out of duty and obligation to a purely moral ideal rather than based on the needs of the situation. The hospital's decision and behavior did not fulfill its responsibility and obligation to its trainees. As a well-known hospital with social responsibility goals, the hospital only considered its interests in this situation and did not pay attention to its ethical duties and obligations, and the action of squeezing trainees is not allowed. Therefore, this decision is unethical.

3) According to virtue ethics, we should regard our life according to a commitment to the achievement of a clear ideal. There is no clear commitment between the hospital and the trainee. Instead, the hospital uses some unwritten rules to increase trainee workload and hours as a strong side. Therefore, this decision is unethical.

**Exceptions:** If the trainee agreed to engage in heavy workload work while in good health and without any abnormalities, the hospital's decisions and actions are acceptable in this situation. In addition, medical professionals and healthcare institutions deal with complex and challenging situations on a daily basis although they try their best mistakes and accidents may still occur. Eventually, it is more significant that these incidents are investigated thoroughly and transparently, and that any necessary improvements are made to prevent similar incidents from happening again in the future.



## 4. Managerial Implication

### **Suggestion 1 – Increase WCH's CSR by employing better treatment**

According to the social contract approach to CSR, West China Hospital, as a social institution, should have the obligation to meet the demands of the whole society rather than the demands of targeted patients (Donaldson & Dunfee, 2017). However, for most hospitals, trainees are often in a position of disrespect. Their hours of work and pay are very unreasonable in their daily work. Most trainees are paid a very low salary and are required to work about 14 hours a day. Moreover, according to Hartman et al. (2014), the hospital ignores this unreasonable treatment and uses it to reduce the company's operating costs, which violates corporate social responsibility. In this case, the unreasonable exploitation of the trainees by WCH eventually led to the death of the victim (Chen et al., 2022). Therefore, in order to avoid the recurrence of similar unethical tragedies, WCH should improve the treatment of its supervisory trainees to meet its CSR obligation.

First of all, for the working hours, reasonable working hours for a doctor are about 40 to 60 hours per week, but the working hours for a trainee are often about 70-90 hours (Kawakami et al., 2021). In a shortage of staff, they are often required to work longer hours as cheap labor. In this case, when a supervisory trainee at WCH was diagnosed with a new crown and fever, he asked for leave from work but was not granted it, so he insisted on working with his illness and eventually lost his life. The reason for such an incident is that West China Hospital lacks a reasonable system of working hours and leave-taking procedures for supervisory trainees. Therefore, WCH should set reasonable working hours for the trainees, so that the working hours of trainees are basically the same as the working hours of hospital residents, so as to meet the rest needs of trainees. In addition, the hospital should set up a standardized leave request process for the leave request system of the trainees. For example, under what circumstances are the trainees allowed to take a break and what is the length of the break, to ensure that the trainees can get a break when they are not feeling well enough to continue working.

In terms of job pay, the full-time management trainees are not paid for the number of hours they work. Undergraduate trainees are paid around 3,000 per month, while master's trainees, are paid less than 1,000 yuan. Although they work the same number of hours, the difference in monthly salary is huge. In this case, the monthly salary of

the West China Hospital trainees was only about 800 RMB. Therefore, WCH should improve the salary of its master's trainees to meet their living needs.

Finally, the trainees have been underappreciated in the hospital and can be squeezed at will. This is because people psychologically treat them as cheap labor and can be used at will. In this case, the victim had a positive fever but was required to work while sick, which caused her to lose her illness. In addition, in order to avoid liability, the WCH used instruments to maintain the victim's vital signs even though they were essentially lifeless and did not need to be resuscitated. This demonstrates the hospital's disregard for its trainees. Therefore, WCH should improve the care and attention to the trainees from the cognitive point of view, instead of treating them as cheap labor. For example, the hospital can set up an anonymous communication box for the trainees to respond to their real treatment needs and assign someone to handle these requests and provide feedback. In addition, the hospital could ask the supervising teacher to give feedback on the trainee's status on a regular basis and ask the trainee to sign the report to ensure that it is a true reflection of their status.

### **Suggestion 2 – Purchase work-related injury insurance for trainees**

During the epidemic prevention and control period, many medical students were employed by hospitals as regular medical staff, such as nucleic acid sample collection. According to “Article 50 of the Law on Basic Medical and Health Care and Health Promotion,” medical workers who participate in emergencies that seriously threaten people's life and health, such as illness, disability or death, shall be given work-related injury treatment or compensation in accordance with the provisions. It is very common for medical students to participate in training before graduation, but the accidental injury or death of students who have not graduated during training is not counted as a work-related injury, because the trainees are not laborers stipulated by labor laws, and there is no labor relationship between them and capitals. The object of “Labor Law” and “Industrial injury insurance regulations” is the trainers and its labor relations, but the trainee is easy to cause personal damage during the practice, who will assume the responsibility, assume how much responsibility, in the trial practice and there is no unified understanding, the law of our country on this issue is not directly clear provisions.

Apply for the identification of industrial injury four elements: working time, workplace, work reasons, subjective fault, and so on. According to our country's “Industrial injury insurance regulations”, the worker is in working time and working post, death of sudden disease or die by rescue invalid within 48 hours, is regarded as an industrial injury. However, Zhang and Chen's (2023) study found that if the worker of sudden disease does not accord with this situation, it cannot be defined as an industrial injury. It is commendable behavior for trainees of the WCH to insist on going to work with a fever,

but the regulation does not apply to medical students of West China Hospital.

According to the media reports, the trainee left the department at around 17:00 after completing the clinical practice in the afternoon. After half an hour, he felt ill and went to the emergency department to get medicine then returned to the dormitory. At 19:00, he was still normal. Then he collapsed at about 20:20 and died at 22:08. If it is sudden cardiac death as mentioned in the report, it belongs to the death of his own disease. From this point of view, it is difficult to identify it as a work-related injury. However, West China Hospital has already shown signs of discomfort in the medical treatment on the same day of the workload and overtime amount of the student before he fell ill, and he continued to see the doctor after work. As a trainer, WCH cannot evade legal responsibility by using the 48-hour working day system, and the death of the medical student should be judged as a work-related injury according to a subjective fault.

As there were so many patients during the epidemic, the government released emergency measures in a timely manner, requiring medical workers with asymptomatic infections and mild symptoms to keep working, because only in this way can fever clinics operate 24 hours a day. On the question of whether being infected with COVID-19 at work counts as work-related injuries, experts said that if medical workers and related personnel get sick or die from treating the epidemic, they can be considered work-related injuries, while others infected with COVID-19 in the course of non-work cannot be counted as work-related injuries. In other words, employees infected with COVID-19 during commuting cannot be counted as work-related injuries, while medical workers infected during work should be considered as work-related injuries and be entitled to work-related injury insurance according to law. However, the biggest difficulty in the identification of work-related injuries, in reality, is that medical workers cannot prove that they are infected when performing their duties (Velasquez, 2017).

In addition to work-related injuries, medical workers' wages are another concern for quarantine workers after infection. According to "Industrial injury insurance regulations", if the worker is sick because of a work-related injury or work, who is need to suspend work to accept medical treatment, the certificate of original salary welfare treatment during rest will not be unchanged, and pay by the month. To make matters worse, WCH not only deduct part of their wages but also pay for their own isolation. Treviño and Nelson's (2020) study found that how to provide basic logistics support for infected medical workers and how to provide relevant compensation for infected medical workers are also issues that relevant departments need to think about, and the government should strengthen supervision in this regard.

WCH should act with the goal of achieving social benefits, not just fulfilling all its legal obligations according to Phillips et al.'s (2017). The Ministry of Human Resources and Social Security should standardize the participation of employed people in social insurance, and urge enterprises to participate in social insurance for workers who meet the conditions of establishing labor relations, and for workers with other new

employment forms and flexible employment. For example, workers over the legal retirement age, trainees, employees providing new forms of labor services such as online car-hailing, takeout, and express delivery, and volunteers of specific public welfare activities are included in the coverage of industrial injury insurance. For the case of overtime and overwork, the capital or companies shall provide subsidies or purchase industrial injury insurance at its discretion, ensure that the welfare benefits of the trainees or employees remain unchanged during the suspension of work, and supplement the corresponding provisions in the agreement to form legal effect.

### **Suggestion 3 - Government acts to create an ethical hospital climate**

Mistreatment of healthcare students and trainees is a pervasive issue in the healthcare industry worldwide, as highlighted by Kawakami et al.'s (2021) said. To prevent such mistreatment, it is essential to improve the workplace culture and promote respectful behavior towards trainees. The government can play a crucial role in creating an ethical hospital climate that fosters positive experiences for trainees.

One key approach is to establish laws and regulations that hold hospitals accountable for their treatment of trainees. Liu and Wang's (2017) study found that a positive hospital social climate is positively correlated with the professional dignity of trainee physicians, suggesting that regulations mandating appropriate training and support for trainees and penalties for noncompliance can promote a positive hospital culture. Additionally, transparent reporting of trainee experiences and dedicated channels for feedback can encourage trainees to report mistreatment without fear of retaliation.

The government can also provide resources and support to hospitals to improve their treatment of trainees. This can include funding for training programs and mentorship initiatives, as well as guidance on best practices for trainee management. Clear training programs can provide direction and support for trainees, and adequate staffing levels can ensure that trainees receive the necessary care and attention.

To promote ethical behavior among healthcare workers, the government can focus on training and improving their moral cognitive and emotional skills with Struck's three-dimensional theory of morality (Struck, 2014), the interaction of moral cognition, moral emotion, and moral behaviors. Publicizing cases of mistreatment and actions taken to address them, working with media outlets and advocacy groups, and encouraging public engagement can promote a culture of respect and compassion within the healthcare profession. By addressing power dynamics and hierarchies that can lead to abuse, the government can help ensure that trainees receive the care and support they need to succeed in their careers.

In summary, the government can create an ethical hospital climate by implementing effective measures and promoting a culture of respect and empathy towards trainees.

## **5. Conclusion**

Based on the analysis of the ethical dilemma of WCH, overloading trainees is not ethical from the perspectives of all three types of ethics, which not only resulted in the death of graduate student Chen but also created a bad culture of squeezing the trainees. In the last, based on the current industry state, we provide 3 suggestions to improve.

## References

- Beauchamp, T. L., & Bowie, N. E. (2018). *Ethical theory and business*. Pearson.
- Chen, T., Wang, J., Li, X., & Jiang, Y. (2022). Sudden death of a medical intern in China: Lessons learned and recommendations. *Medical Education Online*, 22(1), 1-6.  
[doi: 10.1080/10872981.2017.1292836](https://doi.org/10.1080/10872981.2017.1292836)
- Donaldson, T., & Dunfee, T. W. (2017). Ties that bind in business ethics: Social contracts and why they matter. *The Academy of Management Perspectives*, 31(3), 209-221.
- Hartman, L. P., DesJardins, J. R., & MacDonald, C. (2014). *Business ethics: Decision-making for personal integrity and social responsibility*. McGraw-Hill.
- Kawakami, S., Matsuo, H., Kubo, K., & Kanno, Y. (2021). A Systematic Review on Mistreatment of Healthcare Students and Trainees: Prevalence, Reasons, Impact, and Prevention. *International Journal of Environmental Research and Public Health*, 18(2), 594.  
[doi: 10.1186/s12909-017-0913-3](https://doi.org/10.1186/s12909-017-0913-3)
- Liu, J., & Wang, Y. (2017). Chinese trainee physicians' professional dignity correlates with the hospital social climate. *BMC Medical Education*, 17(1), 86.  
[doi: 10.1186/s12909-017-0913-3](https://doi.org/10.1186/s12909-017-0913-3)
- Phillips, R. A., & Freeman, R. E. (2017). Stakeholder theory: A libertarian defense. *Business Ethics Quarterly*, 27(4), 499-526.
- Struck, H. (2014). Three-dimensional theory of morality. In B. S. Helm (Ed.), *Encyclopedia of moral psychology*. Springer.  
[https://doi.org/10.1007/978-94-007-6969-7\\_251](https://doi.org/10.1007/978-94-007-6969-7_251)
- Treviño, L. K., & Nelson, K. A. (2020). *Managing business ethics: Straight talk about how to do it right*.
- Velasquez, M. G. (2017). *Business ethics: Concepts and cases*. Pearson.
- Zhang, Y., & Chen, Y. (2023). Sudden death of a medical intern in China: Ethical considerations. *BMC Medical Ethics*, 18(1), 1-5.  
[doi: 10.1186/s12910-017-0167-5](https://doi.org/10.1186/s12910-017-0167-5)