



AMA Journal of Ethics®

November 2020, Volume 22, Number 11: E909-910

FROM THE EDITOR

Risk Management Ethics

David Sine, D.Bioethics

This issue of the *AMA Journal of Ethics* is unique—not only because it’s about risk management ethics, but also because the contributors wrote their essays prior to a global pandemic that thrust ethical issues of access, justice, and inequity into the media spotlight. I wonder how different this content would read if these issues, which are the stock-in-trade of most biomedical ethicists, were at the forefront of the minds of writers and readers alike. Could a chapter be written about health technology and ethics that did not touch upon health disparities worsened by lack of **equitable access** to that technology? Or a chapter on **health financing** that would not point out that, for those without hope of attaining health insurance, discussions about payment for services are and will always be purely academic? Or could any chapter on risk management and ethics be written that did not mention poor US public health capacity, lack of supply chain resiliency, and unpreparedness that is laid bare for all to see?

My aim is to bring you writings by ethicists who work in the risk management space—or risk managers who work in the ethics space. And the contributors have done so. This *AMA Journal of Ethics* issue explores the thin gray crescent of overlap between these 2 professions. What we find in the product of that vocational Venn diagram is that ethicists remind us to be fair, while risk managers remind us to be prepared to be fair.

Differences between those 2 mindsets tend to be flimsy, as practitioners in both professions have internalized ethics in their own ways (ie, what one calls **patient autonomy**, the other calls **patient-centered care**). Risk managers tend not to discuss risk in a technical way all that often. It is true that if you attend a risk management conference, you can find more than a few breakout sessions on funding captive insurance programs, bond debt obligations, or even bundling and transferring claims risk. But if you head out to the lobby of that conference hotel, discussions you overhear will likely be about personal aspects of difficult claims, complex cases, or human error and how to make health care **safer for patients**. This issue reveals that risk managers have their own language but that many share with ethicists a need to prepare an organization, its policies, its practice, and its clinicians to meet the conditions in which health care can be just and safe for everyone.

David Sine, D.Bioethics is the chair of the Department of Bioethics at Kansas City University of Medicine and Biosciences in Missouri. He is also a certified professional health care risk manager and a former federal executive with experience in multiple disciplines, including enterprise risk management, organizational ethics, high reliability,

and patient safety. He earned a doctorate in biomedical ethics from Loyola University Chicago.

Citation

AMA J Ethics. 2020;22(11):E909-910.

DOI

10.1001/amajethics.2020.909.

Conflict of Interest Disclosure

The author(s) had no conflicts of interest to disclose.

The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the AMA.

Copyright 2020 American Medical Association. All rights reserved.
ISSN 2376-6980