

# PROFIT MAKING AND MORAL OBLIGATIONS IN AN ECONOMICALLY DISPARATE WORLD: THE CHALLENGES FACING HEALTH CARE CORPORATIONS

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## Abstract

It is recognised that a driving prerogative for any corporation is to make profits, however this fiscal ambition must be balanced with an understanding of broader moral responsibilities in a world characterised by huge economic disparities, with poverty signalling the nadir of this continuum. The argument forwarded here is that while it would be good for health care corporations to care about the worlds poor out of compassion, it will be more strategic politically to argue for reducing global disparities based on self-interest. Thus, corporations are ill advised to ignore their broader social and moral responsibilities, because the consequences of a narrow and selfish profit making ambition may well culminate in the unnecessary exploitation of communities and resources, with an increased likelihood of negative long term repercussions in the form of social instability, industrial action and even terrorism, which will invariably and negatively impact on the bottom line.

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## 1 Introduction

Corporations are without doubt the central and driving element of the global free market economy and have considerable influence in the countries and communities in which they operate. To put this into context consider that of the one hundred largest economies in the world, fifty-one are corporations and these organisations have in many respects become a more immediate presence to many citizens and modern democracies than either governments or organs of civil society (IoD, 2002). While the influence of corporations in a global economy is obvious, there is however an on-going and contentious debate regarding the ethical obligations of corporations and to what degree these 'obligations' should be exercised. This paper seeks to address arguments around how these moral obligations relate to economic disparities globally and more specifically within the societies in which corporations operate. For the purpose of this treatise a central and guiding consideration will be a reflective inclusion of Richardson's views regarding moral reasoning, notably with respect to his pragmatic notion of practical intelligence (Richardson, 2003).

It is important to emphasise that there are differing views regarding whether corporations have meaningfully responded to their ethical responsibilities and furthermore whether their strategies, policies and business engagements have

been enacted in a manner that reflects diligent consideration of ethical issues in the societies and countries in which they operate. Olen and Barry (2000) declare that the debate revolving around ethical responsibility effectively vacillates between a 'narrow view' and 'traditional view' according to which corporations have only two obligations; to obey the law and to make money for shareholders. Counterpoised is the 'broader view', which challenges the claim that corporations have an absolute obligation to their shareholders, rather it should be recognised that corporations have moral limits to such an obligation. If fulfilling such an obligation requires immoral behaviour (harming people and/or the environment), we ought not to do it. Olen and Barry argue the extent to which a corporation has defined and exclusive obligations to its shareholders, they assert that there are moral limits on what it can do to maximise profits, and these include not destroying the environment. As to whether corporations have managed to responsibly deliver profits to shareholders and uplift the social and economic circumstances of people is debatable. Shumpeter (1942) in his often-cited book 'Capitalism, Socialism and Democracy' espoused the view that due to capitalism (*via corporations*), humanity has made immeasurable progress, and that humanity has never had it so good. While others offer a stark and pessimistic commentary regarding the role of corporations in society, especially when it comes to their moral

responsibilities, this is perhaps most vividly summed up by Bakan (2004) who says ‘as a psychopathic creature, the corporation can neither recognize nor act upon moral reasons to refrain from harming others’.

There is little doubt that we live in an economically disparate world, with poverty signalling the negative aspect of this continuum. Dower (1983) points out that about a fifth of the world’s population – live in absolute poverty: hunger, malnutrition, widespread disease, high infant mortality, squalid living conditions, fear and insecurity. More recently the World Health Organisation (2012) stated that poverty is associated with the undermining of a range of key human attributes, including health. The poor are exposed to greater personal and environmental health risks, are less well nourished, have less information and are less able to access health care; they thus have a higher risk of illness and disability. Conversely, illness can reduce household savings, lower learning ability, reduce productivity, and lead to a diminished quality of life, thereby perpetuating or even increasing poverty. In particular poverty can be recognised as the prime precursor for global health iniquities and by inference related deaths. According to the WHO (2004) approximately one third of human deaths, or 18 million people were largely due to the effects of poverty. UNICEF (2005) reckons out of this human mortality total that about 10.6 million children died under the age of 5. The reasons for these grim figures, according UNDP (2006) can be largely attributed to the fact that about 1100 million people lack access to safe drinking water, 830 million are under nourished and 2600 million lack basic sanitation (UNDP, 2006). To draw a further comparison between the developed regions of the world and those characterised by poverty, one can observe correlations between economic status and rates of child mortality, the highest of which are still in Sub-Saharan Africa where 1 in 9 children dies before age five, more than 16 times the average for developed regions (1 in 152) (WHO, 2012).

## 2 Economic Inequalities and Globalization

Meyer (2002) observes that the world has been utterly transformed in recent years by a phenomenon affecting us all, what is generally referred to as globalization. Although Meyers feels that there may have been a time when it was possible for citizens of one country to think of themselves as owing no obligation to the people of other nations, this was according to him admittedly long ago. Today national borders have less meaning as issues of trade, environment, and health, along with incredible technological advances, have left us with a legacy of connectedness we cannot ignore. Globalization has changed the way societies work and the way individuals think and interact with one another.

It is suggested that in such a world, which increasingly is subject to ‘globalization’ and

characterized by increased expectations of democratic and accountable rule, political and organisational transparency, information accessibility via the internet and cellular phone networks, and the resultant interconnectedness and the interdependence of people, communities, governments and business; the question is asked ‘do corporations have a wider and more profound moral obligation to fellow humans, irrespective of where they live?’

The understanding that ‘we’ either as individuals, or the organisations we work within (corporations and/or government) have moral responsibilities to others less fortunate is not new. Thomas Aquinas in the early thirteenth century, wrestled with issues of inequality, and sought to address them by combining the precepts of Roman Law tradition of “natural rights” with the Canon Law assimilation of its as “divine providence” and merged with the Aristolian tradition, back into mainstream European thought (Irani and Silver, 1995). The synthesis of Aquinas’s thoughts, are well illustrated by his views that follow, “Now, according to providence, material goods are provided for the satisfaction of human needs. Therefore the division and appropriation of property, which proceeds from human law, must not hinder the satisfaction of man’s necessity from such goods. Equally, what ever a man has in superabundance is owed, of natural right to the poor for their sustenance (D’Entreves, 1948).

It is interesting to note that the inclination to which individuals, corporations, governments and/or organisations feel morally obligated to the poor is to a large extent premised on ones understanding and predilection towards acts of duty and acts of charity. Ursom (1958) suggested that the imperatives of duty, which tell us what we must do, as distinct from what it would be good to do, but not wrong not to do, function so as to prohibit behaviour that is intolerable if men are to live together in society. This suggestion is aligned to the rationale forwarded by Friedman (1970) regarding the profit making prerogative of corporations, which includes their duty to pay taxes, whilst philanthropic or charitable donations may be viewed as something good to do, but if they choose not to donate, this is not construed wrong.

It is apparent that while corporations, especially health care corporations are in the business of making money; they do this by developing new services and products that generally improve the quality of health for mankind. Mulligan (1992) in his paper *The Moral Mission of Business* contends that corporations have affirmative obligations to society, and that this extends beyond simply providing products and services that consumers want. In other words, there is a view that the corporation has a responsibility and capability to exercise distributive justice through its strategies, policies and the products and services that it delivers.

Mulligan believes that corporations have the power to shape new strategies that provide products and services that society really needs, rather than

shaping advertising campaigns around the 'wants' of individuals. This may be especially pertinent for the pharmaceutical industry that has the resources to engage in research that could make available new drugs and treatments that would curtail or even cure diseases that cause extensive suffering and early death, especially in developing and relatively poor nations. This is because, the eradication of diseases that typify suffering and death in poor regions of the world, such as tuberculosis would have profound benefits in terms of alleviating the health care system of a costly and time consuming burden, but also it would release individuals from an enforced captivity of illness, enabling these people to be economically active, independent, and to regain their autonomy and dignity. It is further suggested that economic emancipation for previously impoverished communities would facilitate the conditions for improved health provision, and also create better conditions for market expansion for corporations, with services and products that can improve quality of life. Such an approach would compliment Singer's (1972) arguments in his paper *Famine, Affluence, and Morality* where he contends that suffering and death from a lack of food, shelter and medical care are bad. And that if it is within our power (health corporations) to prevent something bad from happening, without thereby sacrificing anything of comparable moral importance, we ought morally to do it.

However, the extent to which pharmaceutical companies are conducting research on developing new products that will assist with the disease burden in poor countries is highly debatable. In today's market-driven global economy, national governments have increasingly withdrawn to the sidelines, and the health sector is by no means an exception: over the last 30 years governments have largely relinquished control of drug development, supply and pricing decisions to the private sector, whose interests lie in maximizing profits and growth, not in identifying and filling health needs. Drug companies have increasingly narrowed their research to focus on money-spinner drugs and diseases (Pecoul, 2003). The 10 best-selling drugs worldwide are: 4 for depression, 2 for cholesterol, 2 for hypertension, 1 for peptic ulcers and 1 for fever (Pharmaceutical Executive 2000).

Singer (2002) in his book *One World: The Ethics of Globalization* and also Pogge (2008) in *World Poverty and Human Rights* have forwarded persuasive arguments and strategies to mitigate and/or eliminate poverty in a global context. One of the important recognitions for effecting a morally premised utilitarian, democratic, and pragmatic reduction of world poverty is Singer's support for market-based strategies for getting people out of poverty (although a guiding caveat is that this is possible so long as the corporate engagement does not support and sustain dictatorial non democratic governments for example).

A factor that remains consistent (whether one likes corporations or not) is that modern corporations

exert substantial influence on the societies in which they operate (Roussouw et al., 2008). One can gauge the power and influence of the modern health care corporations if one considers that dollar-for-dollar the revenues of the worlds leading pharmaceutical companies exceed the government budgets of many of the world's nations (Fortune Magazine 500, 2009).

### 3 Moral Responsibilities for Health Care Corporations

Healthcare corporations are by their very nature subjected to a more complex and nuanced expectation in terms of their moral responsibilities. At a business level corporations may be guided by Milton Friedman's assertion that there is one and only one social responsibility of business - to use its resources and engage in activities designed to increase its profits so long as it stays within the rules of the game, which is to say, engages in open and free competition without deception or fraud. On the other hand various alternative paradigms have emphasised the importance of stakeholders (Evan and Freeman, 1993). While Goodpaster (1993) emphasised that managers have a special fiduciary relationship with their shareholders (owners), they also have broader moral responsibilities towards the other stakeholders of the corporation. According to Solomon (2000) the purpose of a corporation, after all, is to serve the public, both by way of providing desired and desirable products and services and by not harming the community and its citizens. Such arguments and issues, are central to the debate around moral responsibility in business, especially where corporations interface and operate in countries, regions characterised by substantive and systemic economic inequality, because the people living there, the stakeholders are often vulnerable and susceptible to exploitation. And even governments in the developed countries of the world with evolved and well-developed financial and corporate legislature are concerned about the activities of global corporate enterprises in their markets, and their candour when it comes to paying taxes, and their meaningful societal engagements.

The aforementioned tensions are evident in recent arguments between Eric Schmidt, Google's Chairman and representatives of the British Government. Schmidt defended what he construed to be the company's legitimate tax arrangements. "We pay lots of taxes; we pay them in the legally prescribed ways," he told Bloomberg (2012). "I am very proud of the structure that we set up. We did it based on the incentives that the governments offered us to operate." "It's called capitalism," he said. "We are proudly capitalistic. I'm not confused about this." However, the Business Secretary of the British Government Vince Cable was unimpressed by Mr. Schmidt's views and told *The Daily Telegraph* (2012): "It may well be [capitalism] but it's certainly not the job of governments to accommodate it." This spat

demonstrates the ongoing frictions between corporations and governments. With corporations, seeking ways and means to minimize tax, while governments seeks what they perceive reasonable fiscal redress for business operations within their countries. The conflict between Google and British Government centers on the issue of tax contributions. Overall, Google paid a rate of 3.2pc on its overseas earnings in 2012, despite generating most of its revenues in high-tax jurisdictions in Europe. George Osborne the Chancellor of the Exchequer said he was committed to “leading the international effort” to prevent international companies transferring profits away from major economies, including Britain, to tax havens. The present state of affairs perhaps illustrates why Stone (1975) was dismissive of Friedman’s confidence in the ability of government processes and its agencies to control the more cynical aspects of corporate behaviour. According to Stone the weakness of the regulatory agencies is a further argument that trust in our traditional legal machinery as a means of keeping corporations in bounds is misplaced. It may be reasonable to assert here that poor countries and communities who have less capacity to monitor and evaluate international business operations are even less likely to implement strategies, codes and legislature that would effectively restrain the potential exploitative inclinations of corporations.

Because of the sensitivities associated with health provision (whether it be business driven or public healthcare) one must also factor in what Kass (2004) describes as “bioethics” that are codes and frameworks of ethics that tend to give priority to individual autonomy on the one hand, and “public health ethics” that are grounded in what Beauchamp (1976) considered to be ethical issues emphasizing social justice and communitarian traditions. While health care organisations devise strategies for profit and sustainability, this determination is balanced with key requirements that business research is aligned with the principles and statutes of ‘bioethics’, and more broadly ‘public health ethics’, furthermore, the directors and managers of corporations are increasingly inclined, if not bound, to effect morally reasoned decisions that take into account the need to make profit, but that also adhere to fundamental bioethical and moral principles based on the Declaration of Human Rights, underpinned by a process of collective moral reasoning with the key stakeholders and the community (Davies, 2011).

If such conditions exist; are corporations and their agents able to recognise and respond to moral obligations and responsibilities that go beyond what law requires of them? This question has been asked previously, but it takes on a particularly nuanced importance when we consider health care corporations. Indeed, whilst their primary business prerogative is invariably centred on maximising profit, one also has to balance this with an understanding of

moral and ethical frameworks and obligations within which the industry operates.

In order to maintain market relevance and financial success, pharmaceutical companies need to develop new and better drugs, but the process of testing and efficacy review of these substances and treatments is meant to occur within a highly evolved bioethical framework, underpinned by the ‘four principles approach’ forwarded by Tom Beauchamp and Jim Childress in 1979, which includes the following principles: *autonomy* (respect for the person – a notion of human dignity); *beneficence* (benefit to the research participant); *non-maleficence* (absence of harm to the research participant); *justice* (notably distributive justice – equal distribution of risk and benefits between communities). These principles are also pre-eminent in various international policy documents guiding ethical research, namely the Belmont Report (1979); World Medical Association Declaration of Helsinki (2000); and the Nuremberg Code (1949) and along with the World Health Organisation (WHO) and Council for International Organisation of Medical Sciences (CIOMS).

The moral requirement for distributive justice forwarded by Beauchamp and Childress (1979) is particularly relevant for this paper, because this tenet links aspects of “bioethics” that prioritises concepts of autonomy and individuals’ right of refusal for persons in drug trials, with broader applications in “public health ethics” usually driven by resource allocation, and the fundamental issue of economic disparities in both local and global contexts.

The debate surrounding the moral responsibility of individuals and organisations in terms of economic disparities has typically been introspective within their communities and the boundaries of a country. In other words, a common sense view held by many of those in developed countries, is that the regions and countries where poverty is widespread have only their institutions and people to blame.

An intrinsic element of any interaction, bargaining and agreement with a business entity concerns a contract. In terms of morality and moral theory, Kymlicka (2000) believes that two questions must be answered: what are the demands that morality makes of us, and why should we feel obliged to obey those demands. John Rawls published *A Theory of Justice* in 1971 in which he asserts that we have a duty to promote just institutions, as a duty not derived from consent or mutual advantage, but simply owed to persons as such. His notion of justice, notably economic was predominantly nationally based, that is in within nationally and culturally defined communities. However, Rawls sought to revise some of his views on economic disparity in *The Law of Peoples* to accommodate the broader moral responsibilities we as individuals, and corporations have in a world increasingly characterised by globalisation. However, according to Singer (2002) the concept of justice he believes continues to be

generally focused within recognised societies, and the obligations of societies to each other (international) are seen as much more limited than the obligations of justice within society and/or country. Thus, there is a need to review and revise the causes and conditions that contribute to greater and deeper entrenchment of economic disparities based on the pervasive effects of corporate globalisation. And this entails a deeper interrogation of what has been termed and/or alluded as the 'social contract' between business and society.

Dahl (1975) has strong views regarding the social obligations of corporations. He believes that it is absurd to regard the corporation simply as an enterprise established for the sole purpose of allowing profit making. We the citizens give them special rights, powers, and privileges, protection, and benefits on the understanding that their activities will fulfil purposes. Corporations only exist as they continue to benefit us...every corporation should be thought of as a social enterprise whose existence and decisions can be justified only insofar as they serve public or social purposes. This perspective, according to Bowie (1978) is what can be described as a 'social contract'. Thus the morality of business or corporate responsibility is determined by the terms of the contract with society. Furthermore, because a corporate enterprise depends on for its survival on the integrity of contractual relations it becomes necessary for corporations to exercise social responsibility because it is in their self-interest to do so. As Donaldson (1982) noted, to achieve a complete moral picture of a corporations existence, we must consider not only its capacity to produce wealth, but the full range of its effects on society. In essence using the framework and understanding of the social contract Donaldson tries to determine the concept of justice, with reference to Plato, Aristotle and John Rawls and sets down that productive organisations avoid deception or fraud, that they show respect for workers as human beings, and that they avoid any practice that systematically worsens the situation of a given group in society.

Health care corporations are morally obligated and legally bound in many instances, especially when it comes to research and providing medicines and services. The question here is asked, is there not an equally profound obligation on such organisations to also be morally responsible for ending and/or mitigating economic disparities in the countries in which they operate, because poverty is a causative factor in poor health, resulting in harm, suffering and the effective disenfranchisement of autonomy and dignity. Furthermore, the perpetuation of economic disparities denies people the opportunity for economic independence and prosperity, and hence a better life.

The key theme of this essay is that in general, if one reviews health care corporations, there is a tacit recognition by these organisations of their moral responsibilities especially within a bioethical research framework. These moral responsibilities revolve around the principles of *autonomy*, *beneficence*, *non-*

*maleficence* and *justice*. However, it is the principle of justice, especially distributive justice that relates most crucially to the present paper. Can health care corporations simply delimit their moral responsibilities with respect to the principle of justice in terms of research? This treatise argues that the responsibility to conduct research in an ethically acceptable manner is not the starting and endpoint in terms of a corporation's moral obligation. If, for example due recognition is given to issues pertaining to distributive justice, then these deliberations ought not to be constrained to a narrow application that is simply within a drug efficacy trial. Furthermore, the complex nature of health care corporations means that such organisations need to be aware, and to act in a reasoned manner in order to reconcile their profit making prerogatives with bioethical obligations and moral responsibilities, notably those linked to distributive economic justice in a global context, which may be underpinned by a tacit and pragmatic adoption of the social contract, or perhaps more specifically a contract device. The attraction for modern theorists is that agreement is just a device for identifying the requirements of impartiality or mutual advantage, which are the real grounds of obligation (Kymlicka, 2000).

#### 4 Poverty and ill-Health

There is little doubt that countries characterised by extensive poverty, where malnutrition is the norm also suffer substantively from illness and disease. According to Pogge (2004) while many kinds of social institutions can substantially contribute to the incidence of medical conditions, of these, economic institutions (corporations)... have the greatest effect. Pogge goes onto to say that this impact is mediated, for the most part through poverty. By avoidably engendering severe poverty, economic institutions substantially contribute to the incidence of many medical conditions. And persons materially involved in upholding such economic institutions are then materially involved in the causation of such medical conditions. However, one ought to temper to some degree the viewpoint of Pogge, by referring to Risse (2005) who endorses some of his arguments, but makes the point that 'the way in which we find the global order does harm the poor is consistent with its deserving praise for having advanced the world above a historically predominant state of misery'. This comment in many ways exemplifies the juxtaposed nature of corporations, and notably health care corporations. Therefore on the one hand they often appear to be responsible for the perpetuation of poverty and economic disparities by their profit driven business operations, while on the hand they are seen to be developing drugs, vaccines and health services that alleviate harm and suffering in the developing world.

## 5 Conclusion

Singer (2002) forwards a conceptual notion of justice that offers a contemporary understanding that allows for reasoned action and solutions to the profound socio-economic disparities that characterise what some have described as the crisis of *liberal internationalism* (Hoffman, 1995). Singer believes that while it would be good for the richer countries to care about the world's poor out of compassion, it will be more strategic, politically, to argue for reducing global disparities based on self-interest. This would imply that corporations, particularly health care corporations are ill advised to follow a narrow and selfish profit making prerogative that culminates in the exploitation of communities and resources, because the long term repercussions in the form of social instability, industrial action and even terrorism will invariably and negatively affect the bottom line. These sentiments are recognised by Benatar (1998) where he believes that the threat to marginalised people can be addressed only through a long-term perspective acknowledging that the self-interest of wealthy and powerful nations will be optimised through the pursuit of policies that foster all human well-being. One must therefore recognise that uplifting and sustaining human development requires a much more sophisticated approach than can be achieved through paternalistic dispensation by well intentioned, but largely unaccountable aid agencies (Hancock, 1989).

Furthermore, it is impractical (and perhaps naïve) to assume that merely paying tax (and expecting government to utilise it for poverty alleviation; and/or charitable organisations to 'donate' funds for such purposes) will obviate the need for corporations to exercise broader moral obligations, notably to seek ways and means to redress these socio-economic inequities, and the negative consequences on their business operations.

It is the contention of this paper that the aforementioned moral arguments, notably that business has a social contract with society, compel health care companies to respond to economically premised issues of distributive justice; furthermore the recognition and fulfilment of such obligations are sensible and desirable, because they are more likely to endear the socio-economic conditions for sustainable 'profit' making success. The realisation that corporate self-interest and the inculcation of moral and social obligations are not mutually exclusive, demonstrates Richardson's pragmatist notion of practical intelligence, which informs us that we must remain open to revising our conception of what is good and what is right.

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