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*Mini Review*

# **Ethical Leadership in Health Sciences: A Short Review on Moral Theories Guiding Health Practitioners in South Africa**

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## **ABSTRACT**

Moral theories play an important role in the shape of healthcare institutions and health practitioners. Under the recently described VUCA world, the health science discipline has been confronted with ethical dilemmas and work burdens due to the socio-cultural politics globally, and this has been reported widely in South Africa due to the population and migration of foreign nationals. This commentary reviewed recent studies in ethical leadership, and moral theories, where deontology, consequentialism, and virtue ethics were used as lenses to trouble the current approaches to ethical leadership and moral theories in health science. In brief the study used contextual analysis, it was observed that the common setting, applying the interpretation and application of these theories ethically are essential for preserving patients' rights, ensuring equitable care, and maintaining professional integrity under any socio-cultural political stances of any country.

**Keywords:** *Moral theories, deontology, consequentialism, virtue ethics, South Africa*

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## **INTRODUCTION**

The higher education environment follows any high-performing organization structure with a clear mandate to empower students, and scholars to meaningful contributions towards the institutional value-based strategy and competency attributes in the ever-changing volatility, uncertainty, complexity, and ambiguity (VUCA) world (Korsakova, 2020). As with the World Health Organization (WHO), health practitioners in South Africa subscribe to the norms and standards encompassed in the Health Professions Council of South Africa (HPCSA) which is made of 12 subcommittees (Pilusa *et al.*, 2023). Al-Alawy and Moonesar (2023) reported that the notion of health care for all South Africa is clearly described. However, recently xenophobic trends have been observed, where international communities are classified, disrespected, and maltreated on social media by high-ranking health professionals and politicians; thus, calling for social justice for all. This commentary article seeks to reiterate the interpretation of the Act practitioners that there are guiding

frameworks driving the legislation of the Protection of Personal Information (POPIA) (Act 4 of 2013) which came into effect in South Africa on 1st of July 2021 (Stauton *et al.*, 2020; Bronstein and Nyachowe, 2023). In the context of decolonisation which aligns with Africanism and Ubuntu philosophy, the moral theories are deemed important to correlate with the health standards and code, where non-discriminatory health practices are always expected to be upheld (Nicolaidis, 2023; Pilusa *et al.*, 2023). As described in the Health Profession Act, 1974 (Act no. 56 of 1974), besides the interpretation, all health practitioners need to practice being reflexive practitioners; thereby comprehending the silent and unspecified values as described by the Africanism and Ubuntu philosophy in the health sciences discipline (Gray and Vawda 2016; Nicolaidis, 2023). Understanding these moral theories is important, this theory makes a claim as to what makes an action or a choice morally valuable in health sciences as prescribed by WHO and HPCSA, globally and in South Africa, respectively (Knox, 2023; Mills and Wilner,

2023; Stoeklé *et al.*, 2023). Moral theories are human invented based on the agreement from the concept of choice for ethical aspects (Guinebert 2020). The following theories were based on semantics, ontology, epistemology, and moral theories as described by Brenna (2007).

**Virtue ethics:** Virtue ethic theory explicitly describes the moral character a health practitioner should possess as innate before exposure to deontology or consequentialism theories (Crisp, 2000). As described by Pratt (2023), this theory signifies one's hopes, beliefs, and inclinations (Howell and Larsen., 2015); therefore, any health practitioner subscribed to this theory is seen to be making themselves a developed human being who espouses excellence in these clinical activities and relationships. As embedded within the 1996 South African constitution Bill of Rights - Chapter 2 number 7, every citizen and foreign national has a right to live, if this theory could be one of our life's cosmoses, then our view on others will change drastically (South African Government, 1996; Bhattay-Loonat *et al.* 2023). Health Professions Council of South Africa is clear on ethical behavior and nondiscrimination of patients on color, religion, ethnicity, beliefs, and health conditions (Adams *et al.*, 2023; Bhattay-Loonat *et al.* 2023). For this matter, this is the reason behind the South African government expanding the legislation coverage by introducing national health insurance (Tiwari *et al.*, 2023).

**Deontological ethics:** Deontological ethics theory emanates from the idea of law and describes that the morality of an action should be based on whether that action itself is right or wrong under a series of rules and principles, rather than based on the consequences of the action which allows any health practitioners to seek objectively and dispassionately promote morality rather than any individual interest or need (Guinebert, 2020). This moral ethic allows health practitioners to their professional conduct in a form of law that has no conflicts with personal benefits and inclinations (Gray and Vawda 2016; O'Neill., 2001). Additionally, this theory argues that the policy reviews in the health sector and engagements that are free from one's opinion and interest, and constantly seek to protect human-kind and preserve life in the context of translating reasons to law governing behaviors and ethical responses of individual health practitioners when vested with powers to do so.

**Contractualism:** Another moral ethic theory is contractualism. This moral ethic theory has become a norm and standard that all employees including health practitioners sign a contract or mutual agreement that outlines expected behavior, and the discourses by health practitioners (Guinebert., 2020). Levine *et al.* (2023) explicitly describes this as an important part of moral psychology; thereby forming a triple theory of moral cognition. In the health fraternity, such agreements even cut across to the health council that health practitioners are members of, for example, HPCSA in South Africa. In brief, Hodson (2023) describes this as a moral-philosophical tool as adopted from Rawlsian and Scanlonian contractualism. This theory guides and ensures that every practitioner, including politicians working in the health sector

environment, is amenable to the law and all are compelled to comply as such.

**Consequentialism:** In the global context, whether an act is morally good or acceptable depends on its consequences. For example, an act that maximises and protects the life and integrity of Ubuntu, that is, if and only if that overall amount of good is greater than the incompatible act available at that time (Sinnott-Armstrong., 2019). In South Africa, at least eight Batho Pele Principles seeks to address and clarify what should be considered a priority at health institutions (Mojapelo *et al.*, 2023). The Batho Pele principles empowers health practitioners with guidance to execute the decisive role of assumption about their entrusted role and the patient as the end users of our health institutions. The pandemic caused by COVID-19, as it brought the world to a halt, bringing forward discourses such as VUCA world has demonstrated that it does not suffice to concentrate on one's own virtue, but rather a collective concerted effort leading to actions that have a positive impact on the world made us surviving mass death by the virus (Găman, 2023). Contemporarily, what defines the consequences depends on the anthropological assumptions based on axiology.

**Conclusion:** In conclusion, the above-mentioned is not limited towards seeking to remind health practitioners about their role and expectations of considering global standards. These moral theories clearly indicate what ethical behavior is expected and be able to use combined strategies from the different moral theories if it provides what works. It is for the reason that not every strategy that works is necessarily good, one still needs to converge a few theories or strategies and apply the consequentialism approach to obtain best practice. Choosing moral theories should prioritise those that preserve the principles of Batho Pele. As South Africa is a democratic and a developing country, we need to engage in moral reasoning if humans are so multifaceted, living in poverty and undefined. Health practitioner's rights of freedom should be exercised with caution such that those rights are self limiting as they are equal to the patients' rights and at the time of patients needs rights to care supersede all and patient right should be uphold without dehumanizing anyone. Health practitioners should always engage with moral theories to keep and uphold the principles of Ubuntu and make South Africa a better place for all living in it.

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