

# Ethical challenges on health management. The culture of quality

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## Abstract

The article explores the ethical challenges in health management and their impact on the culture of quality within medical institutions. It emphasizes the need for ethical leadership in ensuring transparent decision-making and social accountability, particularly in the context of an increasingly complex healthcare system. The relationship between organizational culture and the quality of healthcare services is analyzed through the lens of ethical principles. The study highlights how ethical values and norms influence institutional performance and patient satisfaction, with relevant examples drawn from the public health sector. The research proposes a set of strategies for integrating ethics into health management, supporting the hypothesis that an ethical organizational culture reduces risks and enhances efficiency-findings derived from a questionnaire-based survey. The objectives of the study aim to outline a framework of best practices applicable to medical institutions.

**Keywords:** ethical management, organizational culture, healthcare service quality.

**JEL classification:** I18, M14, H83

## 1.Introduction

### *1.1. The importance of ethics in health management*

Ethics plays an essential role in health management, influencing the decisions and behaviors of professionals in the field. The implementation of ethical management in health organizations contributes to the improvement of decision-making processes and the creation of organizational structures that promote integrity and social responsibility.

According to Jeurissen [1], ethical management aims to improve decision-making processes, procedures and organizational structures, so that the organization's activities are as closely linked as possible to ethical principles [2].

### *1.2. The relationship between ethics, organizational culture and quality of medical services* [3], [4]

Organizational culture is a set of values, beliefs and norms that influence the behavior of the members of an organization. In healthcare, a solid organizational culture, a strong organizational culture based on ethical principles is essential for ensuring high-quality services. Educational institutions, for example, have a significant impact on human values and norms, and the organizational culture in these institutions influences the quality of education offered. Also, in the educational environment, it has been observed that a well-consolidated organizational culture has a positive impact on the quality of education offered

to students. These findings can also be extrapolated to healthcare, suggesting that an ethical organizational culture can improve the quality of healthcare services.

### ***1.3. Literature review***

"To follow the miracles of science, we need a strong moral compass" Paul Hudson, Sanofi Chief Executive Officer.

In this context, of the need for ethics and integrity in all areas of social life, the specialized literature highlighted the importance of imposing an analytical approach to the impact of ethics in health management and its impact on the culture of quality and in medical institutions. Recent studies emphasize that the integration of ethical principles in the management of healthcare organizations is essential for improving performance and patient satisfaction.

A central aspect of ethical health management is the ability of leaders to navigate the competing interests of various stakeholders, such as patients, healthcare staff, and the community. According to the analysis of Amalia Sterescu (2023), ethical leaders must balance these interests to ensure decision-making transparency and social responsibility [5].

Organizational culture plays a significant role in promoting ethics and quality in healthcare services. A notable example is that of the Sanofi company, which implemented a decision-making framework based on ethical principles and careful risk assessment to guide actions at all levels of the organization [6].

In the educational context, promoting values such as honor, trust, and responsibility is essential for developing an ethical organizational culture. The University of Bucharest emphasizes the importance of academic integrity in shaping correct behaviors, which will be adopted in later professional life [7].

Implementing a culture of quality in healthcare organizations requires managerial commitment, active employee involvement, and continuous adaptation to patient needs. Felder Gruppe Romania (2020) highlights seven essential aspects for developing such a culture, including employee empowerment and promoting teamwork [8].

Furthermore, ethical management and leadership in the public sector involve not only combating corruption, but also adopting preventive measures to ensure an ethical climate. The National Agency for Civil Servants (2021) emphasizes the importance of using a set of tools and policies to improve organizational performance and service quality [9].

In conclusion, we can say that the literature highlights a close connection between ethics, organizational culture and the quality of medical services. Integrating ethical principles into health management is essential to developing a culture of quality that effectively responds to patient needs and promotes excellence in healthcare.

#### ***1.4. Purpose, objectives and assumptions of the study***

This study aims to analyze the ethical challenges encountered in health management and how the quality culture can be influenced by ethical principles.

The specific objectives of the research include:

O.1. Assessing the impact of restructuring and downsizing on the quality of medical care.

O.2. Investigating the perception of medical staff on the effectiveness of the system for reporting unethical behaviors or decisions

Research hypotheses:

H1: The reduction of medical staff has a significant negative impact on the quality of services offered to patients.

H2: The current system for reporting unethical behaviors is perceived as effective and functional by the majority of physicians.

## **2. Theoretical foundation**

### ***2.1. Key concepts: health ethics, quality culture, ethical governance***

Ethics in health represents a set of moral principles that guide the behavior of professionals in the clinical and organizational decision-making process. It is based on the values of respect for human dignity, patient autonomy, equity and social justice [10].

Quality culture is defined as the totality of values, attitudes and behaviors promoted in an organization to support continuous improvement of services and satisfaction of the needs of beneficiaries [11]. This becomes an essential pillar in the provision of efficient, safe and patient-centered health services.

Ethical governance refers to the institutional mechanisms that ensure transparency, accountability and integrity in decision-making within healthcare organizations. It assumes the existence of normative frameworks, functional ethics committees and reporting policies that support collective moral behavior [12].

### ***2.2. Fundamental ethical principles in health management***

The ethical management of health institutions involves the systematic application of the following principles:

- Autonomy: respecting the patient's ability to make informed decisions
- Benefit: promoting the patient's well-being through all actions
- Non-Maleficence: Avoiding Patient Harm
- Justice: fair distribution of resources
- Fidelity and truthfulness: honesty and keeping promises [13]

The application of these principles ensures a solid ethical framework in the management of healthcare facilities and contributes to building a sustainable organizational culture.

### **3. Ethical challenges in health management**

#### ***3.1. Ethical dilemmas in resource allocation and accessibility of services***

Limited resources in the health system create difficult allocation situations, which generates ethical dilemmas. The choice of patients who benefit first from life-saving treatments or equipment is often influenced by unclear criteria or external pressures. The lack of transparent protocols leads to the feeling of inequity and a decrease in trust in the institution.

#### ***3.2. Conflicts of interest and decision-making transparency***

Conflicts of interest arise when medical decisions are influenced by economic or political factors, not by the patient's needs. The pressures exerted by the pharmaceutical industry or administrative management favor the lack of objectivity and corrode the ethical culture [14]. Decision-making transparency is essential to prevent these situations.

#### ***3.3. Social responsibility of medical institutions***

Public hospitals have a moral obligation to the community. This involves not only providing services, but also protecting the public interest, promoting fairness, and cultivating a relationship of trust with patients. Social responsibility includes transparency of decisions, involvement of staff in decision-making and ethical communication [15].

### **4. Quality culture in the health system**

#### ***4.1. Definition and importance of quality culture***

Quality culture represents the set of values, norms and behaviors that promote continuous improvement of medical services and patient outcomes. It is based on responsibility, transparency, interdisciplinary collaboration and patient orientation. In this sense, the definitions given in the specialized literature for quality culture reflect these dimensions.

Quality culture is an integrated set of values, attitudes and practices within an organization that consistently supports the improvement of processes and outcomes, emphasizing patient safety, organizational learning and collective responsibility [16].

Quality culture represents the internal environment in which individual and collective values and behaviors support commitment to excellence, continuous improvement, and satisfaction of beneficiary requirements [17].

A culture of quality in health implies a collective attitude that values professional responsibility, continuous improvement and transparency in the doctor-patient relationship and between levels of management [18].

#### ***4.2. Essential elements for developing a culture of quality***

In order to implement a functional quality culture, institutions must invest in:

- Ethical Leadership
- Active participation of staff
- Ethical feedback system (e.g. audits, 360° feedback)
- Continuous professional training
- Secure channels for reporting deviations [19]

#### ***4.3. Impact of ethics on patient performance and satisfaction***

A clinical environment guided by ethical principles directly contributes to increasing patient satisfaction, reducing errors and developing a climate of trust. Professional ethics is not only a moral condition, but also an operational one, correlated with the performance of the health system [18].

### **5. Case study / Empirical analysis**

#### ***5.1. Research methodology***

The present research is of an exploratory-descriptive type, with a quantitative approach and qualitative elements, focused on understanding the perception of medical staff on the institutional ethical culture and the factors that influence the quality of medical care. The aim is to identify vulnerable points regarding organizational ethics and the quality of services within a medical institution.

The purpose of the research is to analyze the perception of the medical staff on the ethical aspects of the hospital environment, to identify the critical areas regarding the quality culture, as well as to obtain suggestions for improving the institutional ethical climate.

Qualitative analysis was performed with ATLAS.ti, a software that helps with rapid content analysis and in-depth thematic explorations, namely coding, systematization, visualization and interpretation of textual data and questionnaire responses. Pursuing the achievement of the research objectives, the study proposes an analysis of the following variables:

- Equitable distribution of resources
- Ethics and confidentiality of patient data
- Economic pressure and external influences on medical decisions
- The role and vulnerability of middle managers
- The general ethical culture of the hospital
- Ethics training and reporting systems

For data collection, a self-administered questionnaire was used, structured in 10 multiple-choice questions and 5 open questions, to allow the nuanced expression of respondents' opinions.

The questionnaire was structured on the following variables:

- Resource distribution and equity (e.g., "How do you assess the current balance between resource allocation and patient needs?")
- Data ethics and digitalization (e.g., "Do you consider that patient data is managed appropriately in the context of digitalization?")
- External pressures and conflicts of interest (e.g., "Have you ever felt pressure from the pharmaceutical industry?")
- Leadership and the role of middle managers (e.g., "How do you perceive the position of middle managers in the hospital?")
- Decision-making ethics and organizational culture (e.g., "Do you consider that economic pressures influence medical decisions?")

- Professional training and ethics (e.g., "How often do you receive training in ethics?")
- Reporting systems and ethical auditing (e.g., "Is there a clear system for reporting unethical decisions?")

The research sample consisted of 27 active doctors in a public hospital unit, out of a total of 32. The total number of respondents is representative for the hospital unit where the questionnaire was applied, and although limited, the sample is sufficient to identify relevant trends and perceptions.

Table 1. Coding Examples

Code Category	Codes	Items	Relevant open-ended responses
1.Resources and restructuring	<ul style="list-style-type: none"> <li>- lack of medical staff</li> <li>- Restructuring impact</li> <li>- Insufficient resources</li> <li>- excessive personal load</li> <li>- Unfair prioritization</li> <li>- Unfair allocation of treatments</li> </ul>	Q3 – To what extent do the restructurings affect the quality of care?	"100% of doctors believe that restructuring profoundly affects the quality of care..." ,,... resources are insufficient. It was a painful and unfair choice..." (answer 1.c)
2.External and economic pressures	<ul style="list-style-type: none"> <li>- Decisions dictated by the budget</li> <li>- Poor quality medical materials</li> <li>- the impossibility of ethical choice</li> <li>- subordination of cost ethics</li> <li>- Financial management vs. the patient's well-being</li> </ul>	Q6 - Do you think that economic pressures influence medical decisions?	"100% believe that decisions are influenced by economic pressures..." "We were forced to use low-quality supplies..." (answer 2.d)
3. Institutional ethics	<ul style="list-style-type: none"> <li>- lack of ethical culture</li> <li>- Only formal ethics</li> <li>- institutional superficiality</li> <li>- the absence of moral values</li> <li>- Ethics not implemented</li> </ul>	Q8 – Is there a clear system of reporting? 4 Have you ever witnessed a decision that you thought was unethical?	"Only 22% believe that the reporting system is effective..." "I reported, but I was marginalized..." (answer 4.d)
4. Unethical behavior reporting system	<ul style="list-style-type: none"> <li>- Reporting inefficiency</li> <li>- Culture of silence</li> <li>- Fear of consequences</li> <li>- Cover-up</li> <li>- Reporting without consequences</li> </ul>	Q8 – Există în spitalul dumneavoastră un sistem clar de raportare a deciziilor sau acțiunilor considerate neetice? 4 Ați fost vreodată martor la o decizie pe care ați considerat-o neetică?	"Only 22% believe that the system is effective..." "I reported it to my superiors, but the case was covered up." "I ended up with a veiled reprimand and marginalization."
5. Training and ethical support	<ul style="list-style-type: none"> <li>- Rare or non-existent formation</li> <li>- need for applied training</li> <li>- Necessary ethical counseling</li> </ul>	Q7 – How often do you receive training or education in medical ethics?	"Only 7% benefit from periodic training in ethics..." (Q7) "I would like to have an

	- insufficient psychological support	5 What resources or types of support do you think would help you better deal with the ethical challenges in your work?	ethics counselor..." (answer 5.g)
6. Leadership and middle-management	<ul style="list-style-type: none"> <li>- Managerial vulnerability</li> <li>- lack of mediation</li> <li>- Communication breakdown</li> <li>- Ambiguous middle-manager role</li> <li>- Decision-making blockage</li> </ul>	Q5 How do you perceive the position of middle-managers in the hospital — as a balanced one between management and medical staff or rather vulnerable?	<p>"89% of doctors consider middle-managers to be vulnerable..."</p> <p>"No doctor perceives middle-managers as having a balanced position."</p>
7. Medical decisions under external influences	<ul style="list-style-type: none"> <li>- Pressure from the pharmaceutical industry</li> <li>- Conflicts of interest</li> <li>- Influenced prioritization</li> <li>- External interventions in the medical act</li> </ul>	Q4 – Have you ever felt pressure from the pharmaceutical industry that might create a conflict of interest?	<p>"93% of doctors have experienced such pressures..."</p> <p>"To assist in the prioritization of patients on unclear criteria..."</p> <p>"I had to respect a managerial decision..."</p>
8. Proposed mechanisms for improvement	<ul style="list-style-type: none"> <li>- Active Ethics Committee</li> <li>- 360° feedback</li> <li>- Ethical audit</li> <li>- Institutional transparency</li> <li>- sanctioning unethical decisions</li> <li>- Real support system</li> <li>- Access to counselling</li> </ul>	<p>Q9 – Do you think ethics audit or 360° feedback would help?</p> <p>3. What changes would you propose to improve the ethical culture of your hospital?</p>	<p>"67% believe that such a mechanism would improve..."</p> <p>"I would set up an active, consultative ethics committee..."</p> <p>"Let's stop pretending to have an ethical culture..."</p>
9. Perception of organizational culture	<ul style="list-style-type: none"> <li>- Poor ethical culture</li> <li>- the absence of integration of ethics</li> <li>- Professional burnout</li> <li>- decreased motivation</li> </ul>	<p>Q10 – How do you perceive the ethical culture at your hospital?</p> <p>Q7 – How often do you receive training or education in medical ethics and good practice?</p>	<p>"78% consider it to be deficient."</p> <p>"Ethics is treated superficially..."</p> <p>"Only 7% benefit from periodic training..."</p>

*Source: own computation*

To test the research **hypothesis H1**, items Q1-Q6 and questions 1, 2 were allocated. The analysis shows that restructuring deeply affects the quality of medical care.

All respondents (100%) reported a negative impact of staff reduction, confirming hypothesis H1. The lack of staff generates overload, exhaustion and a decrease in the quality of medical acts, which compromises the pillars of the quality culture.

Regarding clinical decisions, they are influenced by economic constraints, and financial pressures are unanimously perceived as disruptive factors of the medical decision-making process, undermining professional ethics. In the absence of protection of ethical values, decisions can be hijacked by budgetary logic.

The system for reporting unethical behavior is perceived as inefficient. Only 22% of respondents consider it functional, disproving hypothesis H2. Lack of a safe channel and protection for whistleblowers breeds a culture of silence and institutionalized fear.

Middle managers are perceived as vulnerable, without real decision-making power. 89% believe that they fail to mediate effectively between management and staff, which affects communication and the implementation of ethical culture and quality initiatives. The lack of an effective link between management and staff affects not only internal communication, but also the ability to react to deficiencies generated by staff reductions.

Indirect support for this hypothesis is also found in the perception of the balance between resource allocation and patients' needs (Q1). 63% of respondents believe that the balance is to the detriment of patients, and 0% believe that patient needs are prioritized. This result reflects a strained organizational culture in which budget pressures prevail over quality of care, a fact that accentuates the negative effects of downsizing.

Thus, regarding the perception of staff restructuring and reduction (Q3), the results are categorical: 100% of doctors consider that they negatively affect the quality of patient care. This unanimity is a strong indicator of a systemic crisis, in which the insufficiency of human resources not only undermines the quality of medical care, but also deeply demotivates staff, affecting the sustainability of the services provided and blocking continuous improvement initiatives.

Question Q6 deepens this perspective: all doctors (100%) agree that medical decisions are influenced by economic pressures, which seriously undermines professional ethics and directly affects the quality of clinical decisions. In addition, the testimonies in the open questions confirm concrete situations in which budgetary pressures have led to suboptimal or even unethical clinical decisions (e.g. choosing one patient over another based on non-clinical criteria).

Furthermore, the deficient training in the field of medical ethics (Q7), mentioned by 85% of respondents, amplifies the vulnerability of the system to restructuring. The lack of a coherent educational framework in this regard leads to the inability to adequately manage ethical dilemmas and contributes to the continuous degradation of the quality culture in hospitals.

Regarding the ethical challenges encountered (question 1), the most frequent dilemmas invoked are those generated by the lack of resources, such as the choice of the patient who will receive life-saving treatment first (variant c), or the borderline situations when prioritization according to objective criteria is necessary (variant e). These scenarios are becoming increasingly frequent in the context of staff reductions, which affect not only the response capacity, but also the time allocated to decisions, the quality of care and the mental overload of doctors.

Furthermore, question 2 emphasizes the budgetary pressure that leads to ethically compromised decisions. Options b and d reveal the feeling of helplessness and frustration



when inferior quality solutions have to be applied or when it is impossible to provide optimal care. This suggests that staff shortages, coupled with financial pressures, are forcing professionals to deviate from the ethical ideal of patient-centred care. Therefore, hypothesis H1 is confirmed by clearly identifying the negative impact of the shortage of human and financial resources on the medical act and on daily ethical decisions. In conclusion, the data highlight a direct and consistent relationship between staff reductions and the decrease in the quality of medical services. Hypothesis H1 is thus confirmed, supported both by quantitative data and relevant qualitative narratives.

To test the research **hypothesis H2**, items Q8-Q10 and questions 3, 4, 5 were assigned. The analysis shows that the system for reporting unethical behaviors is perceived as ineffective and non-functional.

This negative assessment highlights the absence of an institutionalized ethical culture, which makes the functioning of a real effective reporting system unlikely.

Similarly, when asked to propose solutions for improving the ethical culture, physicians emphasize the establishment of real, functioning ethics committees and the real protection of whistleblowers. These requirements reconfirm the fact that the current system is perceived as inefficient and dysfunctional.

Ethics training is sporadic and insufficient. Only 7% receive regular training, and the majority participate only occasionally. This lack of training affects the ability of medical professionals to handle ethical dilemmas professionally.

The overall perception of ethical culture is negative (Q10). 78% believe that ethics are not truly integrated into the institution. This indicates not only a lack of values, but also a systemic problem of governance and ethical leadership. Thus, to the question regarding the measures needed to improve the ethical culture (question 3), answers e, f and g reflect a deep distrust in the current system of reporting and sanctioning unethical behavior. Especially option e ("let's stop pretending to have an ethical culture") and g ("changes must start with real will from above") indicate the perception that institutional ethics is only a formal construct, devoid of practical applicability. Moreover, question 4 provides concrete evidence of the inefficiency of reporting mechanisms. Option a clearly expresses experiences of cover-up, and option d reflects subtle reprisals and marginalization following the reporting of abuses. Only a small number of respondents seem to have had positive experiences, as in option c, which shows the exceptional, not systemic, nature of correct ethical reactions.

Question 5 completes this picture by highlighting the lack of actual support resources. Option h, for example, calls for a legal framework that would protect doctors who refuse decisions imposed on ethical grounds, which suggests its current lack. Also, options d and e support the need for authentic, accessible ethical counseling, and secure reporting mechanisms, in contrast to the reality of the bureaucratic formalism invoked.

Therefore, the collected data strongly supports the rejection of hypothesis H2. The system for reporting unethical behaviors is not perceived as efficient and functional, but rather as non-existent in practice, dominated by institutional silence, fear and lack of support, which requires deep and sustained reform to create a genuine ethical climate.

## **6. Conclusions and recommendations**

### ***6.1. Synthesis of the main findings, based on the analysis in ATLAS.ti***

Following the analysis, it was found that the restructuring directly affects the quality of care and creates impossible ethical contexts, that there is a culture of silence and formalism around the reporting of unethical decisions, the medical staff feels the lack of a real ethical support framework: counseling, training, leadership. Another result indicated by the research results shows that ethics is practiced individually and not supported institutionally.

The analysis of the results of the questionnaire application revealed a major gap between declarative ethical norms and the practical reality in public hospitals. Especially:

- The ethical culture is fragile and inconsistent.
- Economic pressures and external influences are perceived as the dominant factors in decision making.
- Systems for reporting unethical behavior are ineffective and ethics training is rare.

We appreciate the need to strengthen the ethical culture through the establishment of functional ethical committees, the real protection of whistleblowers from integrity, periodic ethical audits, applied ethical education, not just theoretical.

The research carried out leads to the highlighting of some proposals for improving ethical management in health that reflect the need to establish a culture of quality through ethics. In this sense, we believe that the establishment of a clear, protected and accessible system for reporting ethical misconduct accompanied by legal guarantees and protection mechanisms for whistleblowers creates the necessary framework for creating a culture of ethically based quality in public health services. The introduction of mandatory periodic training in medical ethics is in the same direction. These programs should be applied interdisciplinary, focused on real case studies and specific dilemmas of the Romanian health system. An essential step in creating an institutional framework based on ethics and integrity is given by reforming the position of middle managers through training and clear delegation of authority, supporting them to become true agents of ethical culture in the organization, through ethical audits and 360° feedback, as continuous evaluation mechanisms that can contribute to decision-making accountability and increased transparency in medical and administrative acts.

In order to integrate ethics and ethical culture in health services in compliance with the principles and actions of public policy in the field, the proposals for systemic intervention aim at establishing a national council of clinical and managerial ethics. This would be an independent body that would provide standards, advice and intervention in cases of conflicts of interest and major ethical dilemmas at the hospital or system level, as well as

the development of a national code of quality culture in health that would include ethical standards, ethical performance indicators and guidelines for institutional integrity conduct.

### **6.2. Future research directions and research limitations**

Future research directions will include evaluating the effectiveness of alternative ethical reporting models in public hospitals by comparing traditional models with innovative mechanisms (e.g. anonymous digital reporting, independent platforms) and analyzing how they can increase the level of trust and safety of staff in the process of reporting misconduct. In the same framework, the impact of ethical leadership on the performance of medical teams in underfunded conditions is included by analyzing how ethical leadership styles can mitigate the effects of restructuring and economic pressures on team cohesion, professional morale and quality of care. Also, the relationship between the organizational ethical culture and the burnout rate among medical personnel would explore the direct link between the presence of a functional ethical culture and the level of professional burnout, using mixed methods (quantitative + qualitative) and validating predictive models useful in human resources policies.

Our research has limitations generated by the small sample that cannot produce nationally replicable results, responses based on perceptions rather than objective observations, and the lack of a comparison between multiple public health institutions.

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