Acta Bioethica 2025; 31(1): 125-136

THE IMPORTANCE OF OVERLAPPING BIOETHICS AND BUSINESS ETHICS IN MANAGED CARE: A SCOPING REVIEW

Raphael Antonio Ovidio[1], Erica Maria Marques Ovidio[2], Francisca Rego[3], Guilhermina Rego[3]

Abstract: Implementing diagnostic and therapeutic procedures that use advanced technologies in clinical practice has made medicine assume the responsibility of rationally using these modern and scarce resources. The development of managed health care has contributed to the emergence of ethical dilemmas that go beyond the ability of business ethics or bioethics alone to find answers.
This article examines the existing literature on the importance of overlapping bioethics and business ethics in crafting the moral foundations of managed care.
A scoping review was carried out with an analysis of articles published on the theme "Bioethics" and "Business Ethics" related to health organizations and health management.
The search identified 156 articles. After applying the eligibility criteria, 11 articles were selected.
The 11 articles highlighted the economics of health and health as a type of business. They presented the objective of demonstrating the importance of overlapping the disciplines of bioethics and business ethics in forming the ethos on which the health system will be based in this market economy context.
This scoping review reinforces the importance of the approach of bioethics and business ethics in health management.

Keywords: bioethics, business ethics, organizational ethics, health organizations, managed care.

La importancia de la superposición de la bioética y la ética empresarial en la atención gestionada: una revisión del alcance

Resumen: La implementación de procedimientos y diagnósticos terapéuticos que utilizan tecnología avanzada en la práctica clínica, ha hecho que la medicina asuma la responsabilidad de utilizar racionalmente estos escasos recursos. El desarrollo de la atención médica administrada ha contribuido al surgimiento de dilemas éticos que escapan de la ética empresarial o la bioética para encontrar respuestas.
Este artículo analiza la literatura existente sobre la intersección de la bioética y la ética empresarial en la construcción de los principios morales que sustentan la atención administrada.
Para ello, se realizó una revisión exploratoria mediante un análisis de artículos publicados sobre el tema: "Bioética" y "Ética empresarial", relacionados con las organizaciones de salud y la gestión de la salud. La búsqueda inicial identificó 156 artículos, de los cuales, y luego de aplicar los criterios de elegibilidad, se seleccionaron 11 para el análisis.
Los estudios revisados destacaron la importancia de la economía de la salud y la salud como un tipo de negocio y demostraron cómo la convergencia entre la bioética y la ética empresarial es clave para definir el ethos en el que se basará el sistema de salud en el contexto de economía de mercado. Esta revisión de alcance refuerza la importancia del enfoque de la bioética y la ética empresarial en la gestión de la salud.

Palabras clave: bioética, ética empresarial, ética organizacional, organizaciones de salud, atención médica administrada.

A importância da sobreposição da bioética e da ética empresarial no cuidado gerenciado: Uma revisão de propósitos

Resumo: A implementação de procedimentos diagnósticos e terapêuticos que utilizam tecnologias avançadas na prática clínica fez a medicina assumir a responsabilidade de usar racionalmente esses recursos modernos e escassos. O desenvolvimento do cuidado à saúde gerenciado contribuiu para o surgimento de dilemas éticos que vão além da capacidade da ética empresarial ou da bioética por si só encontrar respostas.
Objetivo. Esse artigo examina a literatura existente sobre a importância de sobrepor bioética e ética empresarial na elaboração dos fundamentos morais do cuidado gerenciado.
Desenho. Realizou-se uma revisão de propósitos com análise de artigos publicados sobre os temas "Bioética" e "Ética Empresarial" relacionados a organizações de saúde e gestão da saúde.
Resultados. O levantamento identificou 156 artigos. Depois de aplicar os critérios de elegibilidade, 11 artigos foram selecionados.
Os 11 artigos incluídos destacaram a economia da saúde e saúde como um tipo de negócio e apresentaram o objetivo de demonstrar a importância de sobrepor as disciplinas de bioética e ética empresarial na formação do ethos sobre o qual se baseará o sistema de saúde neste contexto de economia de mercado.
Conclusões. Essa revisão de propósitos reforça a importância da abordagem de bioética e ética empresarial na gestão de saúde.

Palavras chave: bioética, ética empresarial, ética organizacional, organizações de saúde, gerenciamento de cuidados

[1] PhD student in Bioethics in University of Porto, Portugal, raovidio@yahoo.com.br

[2] Pulmonologist at Federal University of Grande Dourados, Brazil.

[3] Professor at the Faculty of Medicine at the University of Porto, Portugal.

Highligths

- Managed care is a business model guided by business ethics.
- The business perspective contributes to the creation of cost-effective services.
- Consumers and patients are different and therefore business ethics are insufficient.
- The principles of bioethics contribute to maintaining the organization's focus on patient.
- The physician is also responsible for the fair distribution of resources.

Introduction

The enormous power of medicine conferred by the knowledge of life and death made it necessary to create a deontological code based on the physician's notion of responsibility for the well-being of his patient, being the basis of the physician's social responsibility*(1,2)*.

Technological advances have raised the cost of diagnostic and therapeutic methods, and as a result, medicine, which traditionally focused on the well-being of the individual patient, now has to rationally and effectively use these scarce and modern resources, establishing that certain limits were imposed on the accessibility of these tools*(1)*.

The claim that physicians should not weigh the costs of their clinical decisions has become an economic absurdity that would bankrupt any health-care system*(3)*.

In the health system, the well-being of a single patient becomes part of the complex strategy game that involves the need to respect the well-being of other patients, current and future. The scarcity of resources made it necessary to integrate the traditional concept of medical ethics with the principles of business health management that involve the efficient use of medical procedures. This has led health organizations to manage care through a variety of mechanisms, including financial incentives and regulation of use, and has redefined the concept of good quality in health services, introducing the concept of cost-effectiveness, and these organizational policies can have a powerful influence on the behaviors and experiences of physicians and patients as they interact*(1,4)*.

However, good quality and cost-effectiveness do not always go together in all cases, and some health care cannot be delivered cost-effectively*(1)*.

Market laws can make managed care perfectly efficient from an economic point of view but ethically unfair by failing to provide basic care to the worst off; for example, a certain diagnostic or therapeutic procedure may no longer be offered to patients because it is not cost-effective*(5)*.

Managed care, when defining its obligations unilaterally, with socioeconomic priorities, subordinating medical treatment to the effective management of all resources, can result in the objectification of the patient. The patient is treated as a recipient of algorithmic procedures or simply as a "consumer" of the health service. This can lead to a failure to consider the patient's vulnerability and the ethical difference between the patient and the consumer*(1,5)*.

Collective decision rules and processes are increasingly supplanting shared discussions and decision-making by the physician-patient dyad in managed care. The institution-patient relationship is increasingly eliminating the intermediary, that is, the physician*(6)*.

Suppose health care should not be considered a commodity and essentially represents a moral enterprise. In that case, it is necessary to evaluate the emergence of managed care with its care management processes from an ethical and not just an operational perspective. But when institutions, such as insurance companies and hospitals, take over the roles formerly performed by physicians, business ethics and economic theory, rather than medical ethics, provide the guidelines. However, business ethics do not seem to provide the necessary basis to protect patients or guide health*(4,7)*.

Although the principle of fairness is frequently referred to in the business ethics literature, there is little mention of the principles of autonomy and beneficence(8).

The ethical obligation to care first for the patient's well-being, which lies at the heart of medicine, can also be fruitful in an ethical approach to managed care. So patients can expect managed care to respect the ethical duties of autonomy, beneficence, non-maleficence, and justice*(5)*.

If managed care has a significant business component, it seems that the fields of bioethics and business ethics should overlap. Thus, there is good reason to work towards greater integration of these two distinct fields, at least in the area of overlap, and prepare ethics committees to say when cost factors outweigh other considerations and when they do not*(6,9)*.

Objective

This scoping review aims to examine the existing literature on bioethics and business ethics in healthcare organizations and managed healthcare delivery.

Method

The scoping review method was used. A scoping review is a form of knowledge synthesis that incorporates a range of study designs to comprehensively summarize and synthesize evidence, providing guidance for future research priorities*(10)*.

The aim was to map the key concepts that underpin an area of research, particularly useful for gathering literature in disciplines with emerging evidence, as they are well suited to address issues beyond those related to the effectiveness or experience of the intervention. The value of an evidence-based practice is examining a broader area to identify gaps in the research knowledge base, clarify key concepts, and report on the types of evidence that exist*(11)*.

Our protocol was prepared according to PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation*(12)*, the final protocol was registered with the Open Science Framework on May 1, 2023.

The preparation of this article followed a process consisting of five steps: a) Identification of research questions; b) Identify relevant studies valid for research; c) Selection of review studies; d) Mapping of data from studies included in the review; and e) Compare, summarize, and report the results*(10)*.

The guiding question of the research was: "What is the available evidence on the interconnection of bioethics and business ethics in health organizations and managed care?".

This review was carried out in the PubMed / MEDLINE, Web of Science, and Scopus databases. For this, the same descriptors were used for each review database. The controlled descriptors used were: "Bioethics" and "Business ethics", and the Boolean operators AND were used to combine the descriptors.

The inclusion criteria used were: articles whose objective is to demonstrate the importance and/or necessity of interconnecting the disciplines of bioethics and business ethics; be related to healthcare organizations and/or managed care.

Exclusion criteria were defined as articles that addressed the topics of bioethics and business ethics separately, that did not relate to healthcare organizations and/or Managed care, and that the topic of interconnecting bioethics and business ethics was not the main objective.

The typology and language of the article were not inclusion and/or exclusion criteria. The search for the survey took place on October 07, 2022.

After identification, the primary studies were selected according to the guiding question and the previously defined inclusion and exclusion criteria. This step was performed by two reviewers independently. The instrument developed to extract and analyze data from the included studies was composed of the following items: 1) article identification; and 2) object and/or question and/or objectives of the study. Study selection steps included identification, screening, eligibility, and inclusion.

Results

We found 156 articles: 36 in the Web of Science, 109 in PubMed/MEDLINE, and 11 in Scopus. After proceeding with the inclusion and exclusion criteria, two successive evaluations and disregarding duplicate articles, 11 publications*(1-9,13,14)*

were relevant for this review. These 11 studies met the study question and the criteria pre-established, as explained in the analysis flowchart*(15)* (Figure 1).

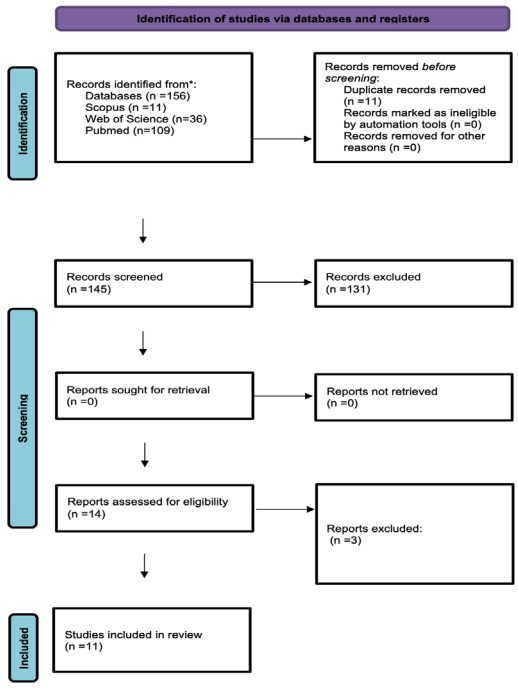


Figure 1 . Article analysis flowchart.

The articles were analyzed according to the guiding question of the study, and the selected articles are shown in the table below (Table 1).

The articles included were published between 1997 and 2021, with the majority (n = 8; 72.7%) having been published for more than 10 years. Most articles (n = 7; 63.3%) were written by American authors*(2-4,7,9,13,14)*, and other articles are from Australia (n = 1; 9.1%) (8), Belgium (n = 1; 9.1%) (5), Poland (n = 1; 9.1%) (1), and Canada (n = 1; 9.1%) (6) (Table 1).

The articles are mostly theoretical (n = 10; 90.9%). Regarding the focus of the journal where they were published, a portion of the articles (n = 3; 27.3%) were published in medical ethics journals(5,13,14); others in journals focused on business ethics (n = 2; 18.2%) (3,8) and in bioethics/philosophy journals (n = 2; 18.2%) (2,7)"mendeley":{"formattedCitation":"(2,7, and the remaining articles were published in journals of philosophy/medicine (n = 1; 9.1%) (1), health management (n = 1; 9.1%) (6), internal medicine (n = 1; 9.1%) (4), and health services (n = 1; 9.1%)(9).

All the articles highlighted the economic rationalization of health and health care as a type of business and had the objective of demonstrating the importance of overlapping the disciplines of bioethics and business ethics in the creation of the ethos on which the health system will be based in this market economy context. Based on the analysis carried out, central themes were observed, namely:

Contribution of bioethics to business ethics: Respect for the bioethical principles of beneficence, non-maleficence, autonomy, and justice by health organizations contributes to maintaining the organization's focus on the well-being of the patient*(4,5,8)*, helping to balance the mission to profit and deliver a quality service to society*(14)* and helping to analyze the moral consequences of adopting a market ethic in health care*(2)*.

Bioethics has demonstrated the diversity of patients' desires, and extending this logic of multiplicity of desires to shareholders will help managers to delimit the organization's ethical behavior*(3)*.

Organizational ethics is the discipline of study that can apply tools brought from bioethics to business ethics*(6)*, and ethics committees must be prepared to deal with organizational ethics*(9)* (Table 2).

Health as a market: There is a difference between consumers from other business areas and patients that can make it difficult to characterize health as a commodity, and this can reinforce the insufficiency of business ethics in being able to elaborate responses to all conflicts that may arise in the provision of managed care*(5)*, however. However, bringing a business perspective to the health system contributes to the creation of cost-effective services*(13)* (Table 2).

Contribution of the doctor and the institution to business ethics: The physician's responsibility is not limited to using the available means to perform the necessary therapy for the patient and extends to the fair distribution of scarce resources*(1)*.

Table 1 Categorization of articles

Author	Title	Journal	Year of publication	Article type	Author's country
Fisher J. (8)	Lessons for business ethics from bioethics.	Journal of Business Ethics.	2001	Theoretical article	Australia
Hardwig J. (3)	The Stockholder - A lesson for business Ethics from Bioethics?	Journal of Business Ethics.	2010	Theoretical article	USA
Werhane Patricia H. (13)	Review of The Business Ethics within Bioethics, by Leonard J. Weber.	The Hastings Center Report.	2002	Opinion article	USA
Van Campen LE, Poplazarova T, Therasse DG, Turik M, Biopharmaceutical Bioethics Working Group. (14)	Considerations for applying bioethics norms to a biopharmaceutical industry setting.	BMC Med Ethics.	2021	Theoretical article	USA
Raus K, mortier E, Eeckloo K. (5)	The patient perspective in health care networks.	BMC Med Ethics.	2018	Theoretical article	Belgium
Kwiatkowski W. (1)	Medicine and Technology. Remarks on the notion of responsibility in technology-assisted health care.	Med Health Care Philos.	2018	Theoretical article	Poland
Ells C, Macdonald C. (6)	Implications of organizational ethics to healthcare.	Health Manage Forum.	2002	Theoretical article	Canada
Pepin JF. (7)	Business ethics and health care: the re-emerging institution-patient relationship.	J Med Philos.	1999	Theoretical article	USA
Pellegrino ED. (2)	The commodification of medical and health care: the moral consequences of a paradigm shift from a professional to a market ethic.	J Med Philos.	1999	Theoretical article	USA
Eiser AR, Dorr Goold S, Suchman AL. (4)	The role of bioethics and business ethics.	J Gen Intern Med.	1999	Theoretical article	USA
Weber LJ. (9)	Talking on organizational ethics. To do so, ethics committees must first prepare themselves.	Health Prog.	1997	Theoretical article	USA

Table 2. Characterization of articles

Author	Title	Purpose of the article.
Fisher J. (8)	Lessons for business ethics from bioethics.	It emphasizes the possibility of applying the bioethical principles of beneficence, justice and autonomy to resolve conflicts and ethical dilemmas in other business areas.
Hardwig J. (3)	The Stockholder - A lesson for business Ethics from Bioethics?	It argues that bioethics can contribute to business ethics with the knowledge that people have a multiplicity of desires and objectives and that establishing that the sole or main objective of the shareholder is profit is a mistake because part of the shareholders could accept a reduction in profits in exchange of certain patterns of organizational behavior.
Raus K, mortier E, Eeckloo K. (5)	The patient perspective in health care networks.	It argues that it is not advisable to conceive of health organizations as businesses, given the vulnerability of the consumer/patient, and reinforces that one way to ensure organizations focus on patient well-being is to transfer to organizations the duty to meet the bioethical duties of beneficence, non-maleficence, autonomy and justice.
Ells C, Macdonald C. (6)	Implications of organizational ethics to healthcare.	It argues that organizational ethics, for an effective application to the healthcare environment, must pay attention to the special characteristics of organizations by combining tools borrowed from the fields of business ethics and bioethics.
Van Campen LE, Poplazarova T, Therasse DG, Turik M, Biopharmaceutical Bioethics Working Group. (14)	Considerations for applying bioethics norms to a biopharmaceutical industry setting.	It discusses the challenge for organizations to ethically manage the dual mission of profiting and contributing to the common good of society and that when the organization operates in the health sector, bioethical norms must also be applied to business conduct.
Pellegrino ED. (2)	The commodification of medical and health care: the moral consequences of a paradigm shift from a professional to a market ethic.	Highlights the moral consequence of adopting a market ethic in managed health care, emphasizing the difficulties and failures in characterizing health as a commodity.
Eiser AR, Dorr Goold S, Suchman AL (4)	The role of bioethics and business ethics.	It argues that health care is essentially a moral enterprise and that the emergence of health organizations and their care management processes must be evaluated from an ethical and not just an operational perspective.

Weber LJ. (9)	Talking on organizational ethics. To do so, ethics committees must first prepare themselves.	It exposes that ethics committees must be prepared to deal with organizational ethics.
Werhane Patricia H. (13)	Review of The Business Ethics within Bioethics, by Leonard J. Weber.	Conducts a critical analysis of the book "business ethics in healthcare" by author Leonardo Weber, highlighting the evaluation of healthcare from a business perspective and the importance of cost-effective healthcare services.
Kwiatkowski W. (1)	Medicine and Technology. Remarks on the notion of responsibility in technology-assisted health care.	It argues that the moral responsibility of medicine in managed health care is not limited to therapeutic responsibility, extending the responsibility for the fair distribution of health care, and reinforces that the regulation of health services must be influenced not only by technological, economic factors, social but also by philosophical-anthropological postulates.
Pepin JF. (7)	Business ethics and health care: the re-emerging institution-patient relationship.	It emphasizes that one of the main changes in managed health care has brought the resurgence of the patient-institution relationship, but with the loss of the religious foundation existing in Byzantine hospitals, care must be taken with the moral foundation that will serve as the basis for the patient-institution relationship.

Managed care places institutions in a prominent position in the health system, increasing the importance of the patient-institution relationship in the provision of health care and emphasizing the fiduciary responsibility of the institution towards the patient*(7)*.

The need to balance medical activity with the institutions' need for profit and patient autonomy is important in healthcare businesses, and ethics committees should also be prepared to say when healthcare costs outweigh other considerations in the therapeutic decision process*(9)* (Table 2).

The results found were diagrammed in the figure below (Figure 2).

Discussion

When resources are limited, choices must be made about priorities in resource allocation. A society needs a moral vision to guide how resources will be allocated*(16)*.

There are multiple strategies for cost containment and resource management. One strategy is to create a market economy in health care and let market forces develop, distribute, and manage health resources*(16)*.

Managed care represents the introduction of market forces capable of changing from a patient-centered model of medicine to a population-based model and establishing a new level of organization in the provision of health care*(4,16)*.

Managed care is the concept of management, with three distinct types of management being especially important: clinical management, resource management, and administrative management*(17,18)*.

Clinical management in managed care reallocates the concept of individual patient well-being by introducing a view of clinical management that cannot be confined to episodic relationships and supports the development of a more systematic approach to continuity of care*(17)*.

The resource management concept includes reference not only to the individual patient but also to other patients, the infrastructure of healthcare institutions, equipment, human resources, and supplies*(17)*.

Resource management, in addition to the concern with rationing, involves planning for future needs and opportunities, not only saving money but also creating opportunities to assist other patients*(17)*.

Regarding administrative management, two aspects are especially important in managed care: administrative functioning and leadership. Ad-

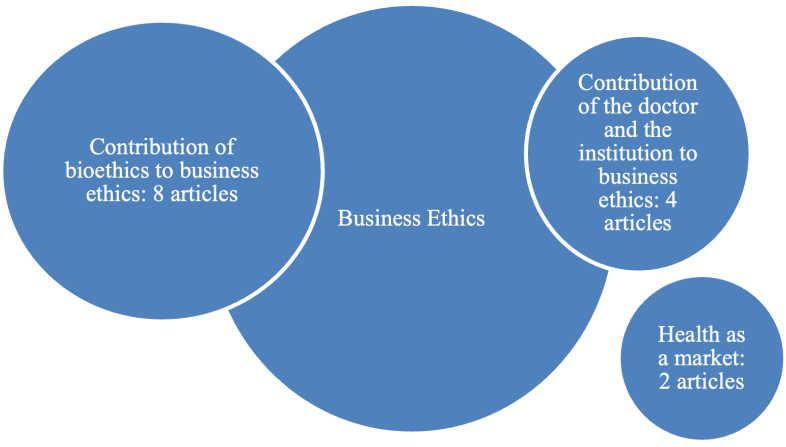


Figure 2. Results diagram

ministrative functions, among other strategies, have performance pay that can inevitably interfere with and promote good patient care*(17)*.

However, the bioethics literature has warned of a wide range of conflicts that managed care introduced into the practice of medicine. Conflicts of economic incentives, conflict with patient and physician autonomy, and conflicts with the fiduciary character of the physician-patient relationship are among the most relevant*(18)*.

Offering financial incentives to physicians to practice economic medicine is a strategy to encourage physicians to keep expenses to a minimum by making them aware of the costs of the services they provide or request from patients*(18)*.

However, if the incentives and use regulations are poorly designed, they can present the risk of profitability arising from abusive practices*(1)*.

Another robust critique of managed care refers to the limitation of medical autonomy, which, through guidelines, reduces the physician's ability to obtain the necessary clinical information, prohibiting procedures and negatively interfering with the physician's and patient's decision-making*(18)*.

These management practices alter the physician-patient relationship and can erode patients' trust in physicians and the healthcare system in general, preventing physicians from acting in the best interests of their patients*(18)*.

If the patient feels that economic rather than clinical criteria define the therapeutic decision, they may develop the feeling of a lost opportunity syndrome*(1)*.

Criticism of managed care triggered the questioning of whether the influence of market rationalities in the health sector is desirable since commercial interests can potentially conflict with other nationalities, for example, the issue of justice*(19)*.

There is a risk that organizations will select patients to maximize profits and close unprofitable services regardless of their social importance*(2)*.

This reflects a broader debate about the moral limits of markets and whether market mechanisms are a means of distributing every kind of product or service. The concern is that the market for some products, such as healthcare, could lead to unfair distribution or erode the product's value*(19)*.

The market logic presents as core values rationality, efficiency, responsiveness to needs and innovation, all to increase profit. Moral deliberation before the act of choosing is a private concern*(19)*.

From the market perspective, care is a negotiable, commodified product. The value of care is fully expressed in monetary terms, with no social significance. Furthermore, the logic of the market considers the provision of care as property*(19)*.

The engine behind the market logic is that organizations continually strive to maximize profit to the satisfaction of shareholders*(19)*.

In contrast, the logic of professionalism is based on the belief that only with training and experience can professionals carry out their specialized activities, and their work cannot be standardized, rationalized, or commodified. For the assistance to be effective and ideal, professionals need a space to control their work*(19)*.

The professional trusts all parties involved; their goal is to meet the patient's needs, not simply what the patient wants or can afford*(19)*.

From the perspective of the professional, health is a fundamental requirement for the fulfillment of human potential. To lack health and need treatment is to be in a diminished state of human existence, which makes the patient vulnerable*(2)*.

Current criticisms of managed care, whether appropriate or not, and the differences between the logic of the market and professionalism deserve an ethical analysis*(18)*.

Managed care is a complex arrangement composed of financial, institutional, and professional components that have been reorganized and redefined in response to historical circumstances. It is ethically important to see managed care in sociological terms. Like any organizational arrangement, one might ask whether the guiding objectives of managed care are ethically sound and

whether their organizational structure promotes defensible ethical goals*(18)*.

Within business ethics, the discipline of organizational ethics has been concerned with studying and directing the ethical behavior of healthcare organizations. Simply expressed, organizational ethics seeks to clarify and evaluate the values embedded in the organization's policies and practices, seeking mechanisms to morally establish practices based on acceptable values and policies*(6)*.

The real challenge is to combine business ethics and bioethics to provide credible, ethical guidance*(17)*.

The overlap of business ethics and bioethics is a strategy to balance conflicts of interest. Business ethics often addresses the principle of justice in the balance between individual interests and group interests. However, the focus of bioethics on the principle of beneficence and autonomy needs to be extrapolated from the doctor-patient relationship to also compose the institution-patient relationship. In managed care and health organizations, benevolence should not be limited to the actions of those who act on its behalf, as they are moral agents who have beneficent duties like any other citizen, but the institution itself should establish beneficence as a guiding principle of its organizational structure*(8)*.

Therefore, to achieve the objective of placing the patient at the center of attention in managed care, the regulation of resources must be influenced by economic and philosophical and anthropological factors*(1)*.

Managed care and healthcare organizations must be willing to reduce profit to ensure the protection of patient's health, physicians must accept to harmonize their professional conduct for the benefit of moderate profits and the financial sustainability of the system, and patients must give up some aspects of their autonomy that may burden the managed care. The overlap of the knowledge domains of business ethics and bioethics has the potential to build a code of conduct that helps in the search for this necessary balance for the survival and evolution of managed health care*(4)*.

The growing interest in overlapping these disciplines is evident from the observation that all articles selected for this scoping review found in the literature were published from 1997 onwards*(1-9,13,14)*.

Publications were made by journals of medical ethics, business ethics, bioethics and philosophy, internal medicine and business management, showing that the perception of the need for the intersection of bioethics and business ethics is being perceived by various sectors of society*(1-9,13,14)*.

An important aspect of the results found is that most of the authors are Americans, a fact explained by the health system model used by the United States of America, which may indicate that the authors perceive weaknesses and distortions in the health system model adopted*(2-4,7,9,13,14)*.

However, despite the literature reinforcing the importance of overlapping the disciplines of bioethics and business ethics in managed care, the articles do not explore how to achieve this objective; there is a predominance of theoretical articles.

The results achieved by this scoping review are limited by not presenting research articles capable of demonstrating the best ways to include bioethics in the agenda of managers of health organizations and by not dimensioning the positive and negative consequences of the overlap of the two disciplines. In addition, the results are limited because most authors are from the USA which can be considered a bias.

This evidence gap, demonstrated in this scoping review, should serve as a stimulus and guidance so that future research can prove the best mechanisms to effect the fusion of the principles of bioethics and business ethics and thus contribute to the consolidation of managed care of health.

Conclusion

In recent decades, the literature has produced knowledge about the insufficiency of business ethics in responding to patient's wishes and balancing this complex conflict of interest that arose from the health economy and its characterization as a commodity.

Despite the perception of several authors that business ethics and bioethics need to come together to find a solution to the dilemmas that affect managed care and organizations that act as health businesses, few articles delve into developing mechanisms to solve these ethical dilemmas.

This scoping review aims to examine the existing literature on the topic of business ethics and bioethics in healthcare organizations and managed care, and it is concluded that several authors see the overlapping of the knowledge of business ethics and bioethics as a strategy that can solve the dilemmas and conflicts existing in the health system.

Despite this, there are still few studies addressing the intersection of these two disciplines, which limits the conclusion of the best way to condense the knowledge of business ethics and bioethics in a way that can serve as an analytical framework capable of being widely used in organizations and managed health care.

This article demonstrates the importance of the moral and ethical aspects in managed care and health organizations and the need to advance in this line of research.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of data and materials

Not applicable.

Competing interests

The authors have no competing interests.

Funding

The authors have no relevant financial disclosure.

References

1. Kwiatkowski W. Medicine And technology. Remarks on the notion os responsability in the technology-assisted health care. *Med Heal Care Philos*. 2018; 21: 197–205.
2. Pellegrino E. The commodification of medical and health care: the moral consequences of a paradigm shift from a professional to a market ethic. *J Med Philos*. 1999; 24: 243-66.
3. Hardwig J. The Stockholder - A lesson for Business Ethics from Bioethics? *J Bus Ethics*. 2010; 91: 329-41.
4. Eiser AR, Goold SD, Suchman AL. The role of bioethics and business ethics. *J Gen Intern Med.* 1999; 14: S58-62.
5. Raus K, Mortier E, Eeckloo K. The patient perspective in health care networks. *BMC Med Ethics*. 2018; 19(1): 52.
6. Ells C, MacDonald C. Implications of organizational ethics to healthcare. *Healthc Manage Forum.* 2002;15(3): 32-8.
7. Peppin J. Business ethics and health care: the re-emerging institution-patient relationship. *J Med Philos*. 1999; 24: 535-50.
8. Fisher J. Lessons for Business Ethics from Bioethics. *J Bus Ethics.* 2001; 34: 15-24.
9. Weber L. Talking on organizational ethics. To do so, ethics committees must first prepare themselves. *Heal Prog*. 1997; 78: 20-3.
10. Colquhoun HL, Levac D, O'Brien KK, Straus S, Tricco AC, Perrier L. Scoping reviews: Time for clarity in definition, methods, and reporting. *J Clin epidemiol.* 2014; 67: 1291-4.
11. Peters MDJ, Godfrey CM, Khalil H, McInerney P, Parker D, Soares CB. Guidance for conducting systematic scoping reviews. *Int J Evid Based Heal.* 2015; 13: 141-6.
12. Tricco AC, Lillie E, Zarin W. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018; 69(7): 467-473.
13. Werhane PH. Review of The Business Ethics within Bioethics, By Leonard J. Weber. *Hastings Cent Rep.* 2002; 32: 41-41.
14. Van Campen LE, Poplazarova T, Therasse DG, Turik M, Group BBW. Considerations for applying bioethics norms to a biopharmaceutical industry setting. *BMC Med Ethics.* 2021; 22(1): 31.
15. Page M, Moher D, Bossuyt P, Boutron I, Hoffmann T, Mulrow C. PRISMA 2020 explanation and elaboration: updated guidance and exemplars for reporting systematic reviews. *BMJ.* 2021; 372: n160.
16. Kevin W, Wildes SJ. More Questions than Answers: The Commodification of Health Care. *J Med Philos*. 1999; 24: 307-11.
17. Agich GJ. The Importance of Management for Understanding Managed Care. *J Med Philos.* 1999; 24: 518-34.
18. Agich GJ, Forster H. Conflicts of Interest and Management in Managed Care. *Cambridge Q Healthc Ethics.* 2000; 9: 189-204.
19. Kruse FM, Ligtenberg WMR, Oerlemans AJM, Groenewoud S, Jeurissen PPT. How the logics of the market, bureaucracy, professionalism and care are reconciled in practice: an empirical ethics approach. *BMC Health Serv Res.* 2020; 20(1): 1024.

Received: March 9, 2024
Accepted: May 24, 2024