

## Leadership in the Health Sector: A Discourse of the Leadership Model of Utilitarianism

Dr. Christopher Alexander Udofia  
*University of Calabar, Nigeria, udofiachris@yahoo.com*

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# Leadership in the Health Sector: A Discourse of the Leadership Model of Utilitarianism

Christopher A. Udofia, PhD  
University of Calabar, Nigeria

## ABSTRACT

Leadership in the Health Sector: A Discourse of the Leadership Model of Utilitarianism is concerned with examining the appropriateness of Utilitarianism as a leadership model that may be employed and utilized by leaders in the public health industry. The research is predicated on the proposition that leadership is as much a problem in the health industry as it is for all humanity. Most leaderships fail due to the employment of inappropriate leadership theories. The appropriateness of any leadership model can only be determined after the model has been subjected to adequate critical analysis. Hence, this research adopts the philosophical methods of exposition and criticism in unravelling its subject matter. This research is significant in exposing a leadership model with an underlying ethical content which can serve as a paradigm for leadership and decision making in the health industry. The paper identifies the control and management of HIV/AIDS as well as the enhancement of National Health Insurance Scheme (NHIS) coverage in third world countries as critical health issues that can be strengthened through the adoption of the leadership paradigm of utilitarianism. The paper concludes that the utilitarian normative axiom of the greatest happiness for the greatest number will ultimately lead to the engendering of democratic culture in the policy and decision making processes bordering on health issues. However, the work cautions that the majority principle enshrined in axiom of utilitarianism is all too vulnerable to abuse by any leader with a totalitarian bent. Hence a leader who adopts utilitarianism as a normative principle is advised against allowing the good of the majority to always supersede and dominate that of the minority.

**Key Words:** Utilitarianism, Ethical Leadership, Nigeria, HIV/AIDSs, Ethics, Democracy

Christopher A. Udofia  
University of Calabar, Nigeria  
Email: udofiachris@yahoo.com

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Christopher A. Udofia, PhD  
University of Calabar, Nigeria

## Introduction

The Classical utilitarians, Bentham and Mill, among other advocates expounded and explored the philosophy of utilitarianism as a response to the teething problems of their socio-cultural milieu. They philosophized in England at a time when she was enmeshed in the harrowing problems of corrupt laws and dehumanizing social practices of inequality, discrimination etc. The classical utilitarians were motivated by the desire to reform the society by changing corrupt laws and social practices. Realizing this goal required that they evolved a normative ethical principle of action that would serve as a barometric paradigm for determining a morally good action or leadership policy and a bad one. This led to their proposition of the principles of utilitarianism which became the ideological foundation of the reform movement instituted by them, later christened as “philosophical radicalism” which had the aim of testing all institutions and policies by the principle of utility.

Literally, the term “utility” means “usefulness”. The utilitarian conceived utility to mean that which promotes the greatest balance of good over evil. Utilitarianism and hedonism are unanimous in defining *the good* as pleasure. To this end, utilitarianism as an ethical cum leadership theory becomes the doctrine which asserts that: we ought to act so as to promote the greatest balance of pleasure over pain.

Utilitarianism, though hedonistic in its association of the good with pleasure is different from other strands of hedonism, like Egoistic hedonism. The Egoistic hedonist is motivated out of self interest and aims at self-satisfaction, the utilitarian is motivated out of an interest for the greatest possible number of person and aims at their satisfaction. It is therefore a form of social hedonism which postulates that we ought to act so as to promote the greatest happiness for the greatest number. It affirms a teleological ethical tenet in that it judges the rightness or wrongness of an action by its consequences.

Utilitarianism conceived as a normative principle of leadership, is an effort to provide an answer to the practical question: “what ought a leader do?” The answer of utilitarianism to this inquiry is that he/she ought to act such that his/her action should produce the consequence of the greatest happiness for the greatest people. In other words, it answers that the leader ought to act so as to promote the greatest balance of pleasure over pain. Bentham implies this when he articulated the fundamental axiom that “it is the greatest happiness of the greatest number that is the measure of right or wrong” ([en.wikipedia.org/wiki/utilitarianism](http://en.wikipedia.org/wiki/utilitarianism)). Utilitarianism as a consequentialist leadership philosophy which focuses on the personal and general utility of the outcome of a leader’s action is in opposition to hedonistic egoism – the view that a person should pursue interest that yields pleasure to him at the expense of others, and to deontology – the view that the rightness or wrongness of an act is dependent on the motive of the agent. Utilitarians observe that it is possible for a right thing to be done from a bad motive.

The ethical cum leadership principle of utilitarianism can be deployed as a potent normative principle in the detection and management of Acquired Immune Deficiency Syndrome (AIDS) in third world countries. Some of the major hinderances militating against the global effort to

combat and control the spread of the dreaded disease have been the non-availability of diagnosing kits and the scarcity of antiretroviral drugs in the rural areas of most third world countries. These challenges could be addressed if health policy makers employ and operate with the principle of utilitarianism which will demand that test kits, drugs and personnel for the management of the ravaging disease are provided and made accessible to the majority of the people.

### **The Quantitative and the Qualitative Principles of Utilitarianism**

Bentham's work; *An Introduction to the Principles of Morals and Legislation*, opens with a crucial statement expository of the nature and situation of mankind and elucidatory of his principle of utility;

Nature has placed mankind under the governance of two sovereign masters, pain and pleasure. It is for them alone to point out what we ought to do.... By the principle of utility is meant that principle which approves or disapproves of every action whatsoever according to the tendency it appears to augment or diminish the happiness of the party whose interest is in question or what is the same thing in other words to promote or to oppose that happiness. (1970)

Bentham, who was the founder of modern utilitarianism, conceived of pleasure in a quantitative sense. He stresses the quantity over the quality of happiness or pleasure and believes that the greatest pleasure means the most pleasure to the greatest number. Underscored in this idea is the benevolence principle of utilitarianism which avers that happiness is to be distributed to the greatest number. The problematic that Bentham had to resolve was how to measure pleasure so as to distinguish the most from the least pleasure. To overcome this challenge, he devised an algorithm or measuring method called the hedonistic calculus with which one can weigh pleasure so as to determine the most pleasurable. He says pleasure could be measured according to seven criteria:

**Intensity:** how strong it is.

**Duration:** how long it will last.

**Certainty:** how likely it is to occur.

**Proximity (propinquity):** how near it is.

**Fecundity:** Its ability to produce more pleasure.

**Purity:** its freedom from ensuing pain.

**Extent:** the number of people affected by it.

Bentham evolved the following prod as an aid in memorizing and internalizing the calculus :

Intense, long, certain, speedy, fruitful, pure  
such marks in pleasures and in pains endure.

Such pleasures seek, if private be thy end.

If it be public, wide let them extend

such pains avoid, whichever be thy view.

If pains must come, let them extend to a few. (1970)

It is here evident that Bentham was concerned with the quantity of pleasure or pain an action accords as the determinant of the goodness or badness of that action. Thus if the sum of pleasure a leader's action accords outweighs the sum of pain, that action is ipso facto good, but if the sum of pain outweighs the sum of pleasure, the action is a fortiori bad.

Also, Bentham contrived the doctrine of the "four sanctions" to portray the fact that failure to do what one ought to do attracts punishments or sanctions from nature (physical sanction), law (political sanction), opinion (ethical sanction) or God (religious sanction).

John Stuart Mill, the son of James Mill; Bentham's friend, was the successor of Bentham and another profound advocate of utilitarianism who, unlike Bentham, avers that the determinant of the goodness or badness of an action should not be the quantity of pleasure such an action accords but the quality of pleasure derivable from such action. He urges that pleasures differ from each other in kind; quantity and quality and thus it will be absurd to understand pleasure, as Bentham did, in the sense of quantity alone. He reasons that if pleasure is understood in the sense of quantity alone then the pleasures appropriate to swine could be said to be appropriate to humans. To drive home the point of the qualitative difference of pleasures, he utters the question: "wouldn't you rather be a dissatisfied human being rather than a satisfied pig or a dissatisfied Socrates than a satisfied fool?" (Mill 1957). Consequently, the basic similarity and difference between Bentham and Mill is that both similarly define utility as that which offers greatest happiness for the greatest number, but for Bentham, the greatest happiness is identical with "quantity" whereas for Mill, it is identical with quality.

The test grounds for the application of this principle of utilitarianism in the health sector are in the detection, treatment and control of AIDS as well as the management of the National Health Insurance Scheme in third world countries. It is estimated that over 70% of the world's 40 million people living with the scourge of HIV/AIDS are in Africa (Simon Dixon et al, 2002). Some of the reasons that the global effort in the curbing of AIDS has not culminated in the drastic reduction of the rate of the disease in third world countries is largely because access to information and facilities for the treatment and control of the scourge is concentrated on the urban areas while the materially deprived people who live in the hinterland are hardly educated nor provided with the facilities for the detection and management of the disease. Corroborating this position, Noel Dzimmenani Mbirimtengerenji says that the poorest constitute the most infected by the HIV/AIDS in Africa (2007). The poorest constitute the majority of the population of the third world countries. This being the case, the principle of utilitarianism when applied in respect of AIDS pandemic will imply that the provision of all the AIDS related management and control paraphernalia to the majority of the people of the third world countries becomes one of the core mandates of government.

Another critical health issue which will be greatly strengthened through the operationalizing of the leadership principle of utilitarianism is the National Health Insurance Scheme. The scheme was introduced to address the problem of inequity in access to health services. Currently, many third world countries like Nigeria and Ghana are utilizing the scheme to increase access to

healthcare in their countries. Regrettably, after twelve years of existence and operation of NHIS in Nigeria, the Executive Secretary of the body, Prof. Yusuf Usman, laments during the House of Representatives investigative panel session on the 23<sup>rd</sup> of June 2017 that 1.5% of Nigeria's 250 million population has been covered by NHIS ( "NHIS: Federal Government Wants HMOs scrapped over Mismanagement of N351bn." *Medical World Nigeria*). Evidently, low coverage of the population stands out as one of the most daunting challenges of the scheme. Corroborating this position, Osuchukwu Nelson et al aver report the prime challenges besetting the scheme in Nigeria to include, inadequate coverage, low quality of health services, high cost of premium services charges by enrollees, inadequate publicity of the scheme and lack of health facilities for the operation of the scheme (Osuchukwu Nelson C. et al. "Evaluating the Impact of National Health Insurance Scheme on Health Care Consumers in Calabar Metropolis, Southern Nigeria.") The utilization of the utilitarian axiom of the greatest happiness for the greatest number in respect of the low coverage of the population by NHIS will ensure that government and government policy makers map out practical modalities on how to enhance the unmitigated coverage of the greatest number that constitute the general population. Evidently, the poor constitutes the greatest number of the population in most third world countries. Thus the design health and implementation of health policies according to the utilitarian blueprint in third world countries will be most beneficial to the poor.

### **Critical Submissions**

1. The utilitarian idea that the morality of an act is to be assessed by its utility in promoting the greatest happiness of the majority as well as the personal pleasure of the individual actor appears to be a readily conducive principle that is appealed to in the popular conception of democracy as the government of the people, by the people and for the people. This principle, however, is all too vulnerable to abuse and may lead to tyrannical majoritarianism where the interest of the majority is always voted as superior to that of the minority.
2. The utilitarian fundamental axiom of greatest happiness for the greatest number as the measure of right and wrong implies that an individual should exercise a kind of sacrificial unselfishness/altruism in the event of a conflict between personal and public ends. Though this will promote altruism in leadership but it may also result in the despotic imposition of public policies against the right to conscientious objection of an individual/leader.
3. The hedonistic calculus if considered as an empirical inductive criterion whereby every leadership policy is to be empirically verified or tested before it is adopted may lead to unwarranted human suffering and pain before the percentage difference and value of each of the elements of the calculus constituting the policy is determined by the leader. This is so because there is no *a priori* approach of testing the magnitude of pleasure an act is capable of yielding except through experience. This is obvious in the case of the majority testing an action to ascertain its utility, if the pain resulting from this test is exterminatory, the majority class will consequently be annihilated as a consequence of this test.

### **Conclusion**

Leadership in the public health sector has so much to do with designing and implementing health policies that have far reaching implications on the masses. Utilitarianism as a normative principle of leadership avers that a leader ought to act such that his/her actions produce the greatest good for the greatest number. Since good is synonymous with happiness in the utilitarian framework, then the utilitarian normative leadership axiom, when applied in the public health sector, will hold that the greatest happiness of the greatest number is the measure of right and wrong as well as the criterion for determining the morality of any public health policy. This research has identified the control and management of HIV/AIDS as well as the enhancement of the population coverage of NHIS as two critical public health issues that will maximally be strengthened by the adoption of utilitarianism by government and health sector policy makers. Ultimately, abidance to the principle of utilitarianism in health care provision will have immense positive impact on the poor who constitute the majority of the population in third world countries. Though this principle may appear so congenial to the health sector, policy makers should note that the benevolent and democratic posture of utilitarianism can be too easily abused by leaders with totalitarian tendencies which will lead to the noxious dictatorship of the majority over the minority.

#### Footnotes:

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