

Is naming hospitals a matter for nursing ethics?

The case of San Francisco General Hospital and Mark Zuckerberg.

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Background

Public hospital in San Francisco, California.

The majority of patients (94%) at ZSFG are covered by Medicare, Medi-Cal or are uninsured [source](#)

Funded by \$887.4 million public bond, with 84% vote in favour [source](#)

Additional 75 million donation for equipment from Priscilla Chan and Mark Zuckerberg [source](#)

Hospital named for Chan and Zuckerberg for 50 years (\$1.5million per year)

Naming in respect of donations common in USA/SFGH [source](#)

Other examples, \$200m, Mark Benioff children's hospitals

Gift or Investment?



For comparison: SF 49ers baseball stadium naming rights
for \$220.3 million plus option \$75m for five years
(\$11.8 per year)

Stadium and hospital roughly equivalent in costs at \$1
billion

Two questions intertwined

1. Should the donation have been refused?
2. Should the donation have been accepted?
 - a) Anonymously
 - b) With disclosure but without hospital naming

Long history of refusing donations from certain sources

Risks involved with connection between funders and public bodies (universities, hospitals, arts)

- Ethical risks (Is there a 'good' aim for SM)
- Reputational risks
- Governance risks (will information be safe? [source](#))
- Relationship risks

Adams (2007)

Adams, P. J. (2007). Assessing whether to receive funding support from tobacco, alcohol, gambling and other dangerous consumption industries. *Addiction*, 102(7), 1027-1033.

Anonymity?

- Lack of transparency in accounts

Funders are unlikely to contribute anonymously because for them the point of the exercise is often to form a visible association with public good activities for the purpose of positive branding

Disclosure but not hospital naming rights

- Preferred option for many – including some SF supervisor ([source](#))
- Preserves gift, reduces sense of investment
- Not sure of Zuckerberg response.

But what's wrong with Zuckerberg?

- Individual almost synonymous with Social media empire – Facebook, Instagram, WhatsApp
- Some benefits of SM use in healthcare education and practice
- BUT concerns include
 - Addiction of users
 - Privacy concerns (Cambridge analytica)
 - Access for Terrorists and inadequate response
 - Cyber bullying and mental health concerns
 - Low tax bill (UK), high level of profits (\$20billion)
 - And unethical research

Experimental evidence of massive-scale emotional contagion through social networks

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Emotional states can be transferred to others via emotional contagion, leading people to experience the same emotions without their awareness. Emotional contagion is well established in laboratory experiments, with people transferring positive and

demonstrated that (i) emotional contagion occurs via text-based computer-mediated communication (7); (ii) contagion of psychological and physiological qualities has been suggested based on correlational data for social networks generally (7, 8); and

Large experiment with 700,00 users who had their feeds manipulated. No consent, no follow up, no apology

Political activism as professionally allowed?

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ANA Code of ethics

Provision 3: The nurse promotes, advocates for and protects the rights, health and safety of the patient

Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and intergrade principles of social justice into nursing and health policy

Academic analysis versus political activism?

- Larger question concerning upcoming challenges relating to health and care in all systems
- Are nurses (organisations, individuals) required or simply allowed to campaign for social justice (conceived how?)
 - And note: NMC (UK) - make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way ([Code](#))

