Vivian Weil's Commentary on "Blowing the Whistle on a Therapeutic Experiment"

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Blowing the Whistle on a Therapeutic Experiment

Roger Boisjoly, who is well known as the whistleblower on the Challenger disaster, often mentions Albert Hirschman's book, *Exit, Voice, and Loyalty*. He looks back on his own experience from the perspective of those choices. In light of the way Jan's case history is written, it may be useful to frame the analysis in terms of those broad options. At choice points in the story, the leading question would be, "Given her perceptions of her situation in the research facility, should Jan leave, should she exercise voice, or should she remain?" If the answer is "Remain," then the further question is, "Whom should she consult about her concerns?"

Some revision in the telling of the story is still needed to create some distance between the author of the case study and Jan. These are Jan's perceptions of the situation as it evolved; they cannot be the author's. So, for example, the last sentence of the first paragraph of "Situation" might read, "As she understood it, the basic premise of the therapy was that psychiatric illness. . . ."

The first choice point should come when Jan begins to suspect that patients are being mistreated. The first question might then be, "What options does Jan have for dealing with her concerns about the treatment of patients?" The list of options should include as A. Discuss her perceptions with other nurses and the nurses association, and as F. Quit her job. A. would be a good response if she does not choose to exit from working in a situation in which she thinks she observes the systematic mistreatment of patients. Discussing the situation with other nurses might give her an opportunity to check her perceptions, to determine whether others are reacting similarly, and to note whether there is any possibility of joint action. Talking to people in the nurses association might give her an overview of her work situation, with information about the employer's almost unlimited right to fire.

She might learn how to proceed responsibly with least damage to herself in this situation of perceived mistreatment of patients. As the situation evolves, Jan seems dangerously isolated, without peers to give her a "reality check" or any form of support.

Segment 2 of the case history is puzzling. It is hard to understand how a professional who had heard such a response from the orthomolecular physician and witnessed the incidents described could remain on the job for another six months. In light of her perceptions of the experimental program, she had reason to consult the hospital administrator at a much earlier point. Once she had consulted the administrator and gathered more evidence of what seemed to her to be failure to comply with federal regulations, she was at a choice point, facing the options of exit, voice or loyalty. (Unfortunately, the narrative includes no discussion of how she assessed her options at this or any other choice point.)

If Jan's description of the situation is accurate, at this juncture, the situation is not rectifiable internally. Jan has all the evidence she needs to conclude that she is in a thoroughly corrupt operation. Remaining in the situation as she perceived it would mean not only acting unprofessionally but might even mean becoming implicated in the mistreatment of patients. The most likely outcome of exercising voice in some way before resigning (perhaps even whistleblowing) would would be that she would be forced to resign. Unless she has some reason not hinted at in the case for preferring that choice, her best option is to exit. She cannot make a difference or get satisfaction from her work. Given her perceptions and account of the operation of the program, she has no reason to trust the administrator's offer of a better job in a new facility.

Assuming that Jan decides to exit, we should ask whether she has a duty to do anything more about the mistreatment of the patients. Response A. in Part 3 would be responsible professional conduct. Her own circumstances might make it too costly for her to report the situation promptly since she needs to find a job to support her family. But she should eventually transmit a report to any agency with oversight responsibility for this facility and to her local nursing professional association.

According to the narrative, Jan remained in the situation for a considerable time and eventually came into conflict with her employer. By that time, her employment situation had deteriorated beyond the point when the intervention of the state

nurses association could help. From a practical point of view, Jan should have contacted the nurses association at a much earlier point (see above). We reasonably expect professional associations to supply the information practitioners need to make decisions that do not expose them to undue risk when they find themselves in what appear to be corrupt organizations.

I suggest that after the meeting with the hospital administrator, the narrative should not be interrupted with questions about what Jan should do. It is the story of Jan's perception of the deterioration of her work situation and ends with the observation that Jan received no damage award. The story does post questions about where professionals can turn for good information about how to deal with work situations that seem to be corrupt and what information professional associations should be expected to make available to professionals for their self-protection in dealing with employers.