



# PROFESSIONAL VIRTUES AS ENABLERS OF INSTITUTIONAL INJUSTICE

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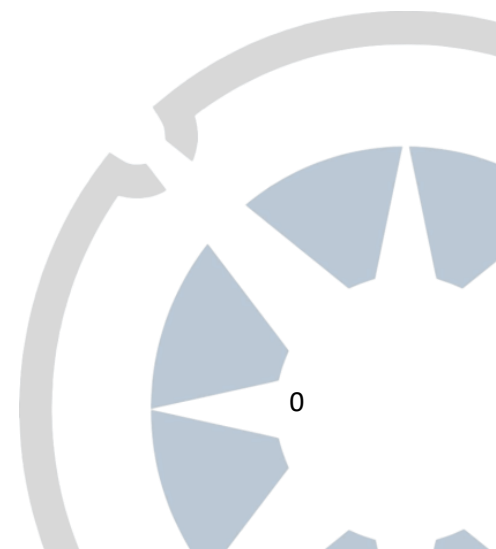
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*“A person’s virtues are called ‘good’ not with regard to the effects they produce for himself, but with regard to the effects we suppose they will produce for us and for society...For otherwise it must have been seen that virtues...are mostly injurious to their possessors...If you possess a virtue...you are its victim!” – Nietzsche, The Gay Science, 21*

## INTRODUCTION

The usual understanding of professional virtue<sup>i</sup> implicitly takes the paradigm professional relationship to be between the professional and the client. However, few professionals strive to achieve the goals of their profession as isolated individuals. Instead, most professionals work within institutions. Teachers work within schools, lawyers within law firms or companies or government agencies, doctors within medical groups, nurses within hospitals or other treatment facilities, social workers within government agencies or NGO’s, police within police departments, and so on.<sup>ii</sup> Institutions are not bare places of work, or even mere support structures for professional activity. Institutions have their own goals and agendas (mission statements); and make their own choices about achieving goals (strategic plans). The institution is a ghostly presence with great influence inside of the classroom, court room, board room, examining room, etc. Therefore, ethicists must look beyond the professional – client relationship to the institution – professional – client relationship.

Even this is a gross oversimplification. Institutions are related to each other in various ways. They contain, and are contained within other institutions. They compete and cooperate with other institutions. They buy from, and sell to other institutions. They regulate, and are regulated by other institutions. Therefore, professionals and clients operate within multiple institutions. Moreover, professionals typically work on projects in teams or loosely connected clusters which extend across professional and institutional boundaries. Multiple doctors, nurses, and social workers in different hospitals, medical groups, and agencies may collaborate in the treatment of a single patient. Multiple teachers, social workers, and clergy in different schools, agencies, and churches may collaborate in the education of a single student. Of course, clients are not isolated, bare individuals. They are situated within societies, neighborhoods, churches, etc. They are gendered members of races, nationalities, socio-economic classes, etc. They have families, friends, enemies, co-workers, etc. Additionally, professionals, institutions, and clients are all engaged in numerous, highly structured practices (e.g. the practice of medicine, the practice of education, the practice of law) which have their own histories, rituals, etc. So professional relationships are not merely three-way; they are constellations of multiple interrelated practices, clients, professionals, and institutions.

Encompassing all of this complexity within a single conference is impossible, but ignoring all of it is inadvisable. Since the relationship between individual professional and

client has been much-discussed, I shall turn to a different portion of this complexity: the relationship between *embedded professionals* (professionals working within, or employed by institutions) and their *home institutions* (the institutions within which they are primarily embedded or employed). More specifically, this paper will describe some ways in which professional virtues enable institutions to modify their relationships with their embedded professionals.

*Qua* professional, professionals within institutions seek to serve their clients. Indeed, institutions are created by professionals in order to serve clients more effectively. However, once founded, institutions tend to take on lives of their own. They come to aim at new goals which are often at odds with those of their founders, and with the goals of their embedded professionals. In particular, institutions generally seek to survive and grow (i.e. to increase in size, wealth, influence, prestige, etc.), and the pursuit of growth often directly degrades the service to clients. Some mechanisms are stranger than others. I shall describe three ways in which the institutional goal of growth leads institutions to use certain role virtues possessed by embedded professionals to exploit, corrupt, and distract these professionals from their goal of service. I shall end the paper by offering the beginnings of a remedy consisting of additions to the usual set of professional virtues.<sup>iii</sup>

### **PROBLEM #1: EXPLOITATION**

Efficiency is a virtue of institutions, a feature of institutions that forwards the institutional goal of growth. Institutions generally strive to minimize their expenditure of resources per client without compromising other institutional goals. As part of their quest for efficiency, home institutions push their embedded professionals to expend as few resources per client as possible.<sup>iv</sup>

Virtuous professionals have internalized the goals of their professions. *Qua* professional, they aim to serve their clients. The primary virtue motivating and shaping this service is a role virtue version of the virtue of care. Call it *professional care*. *Qua* professional, professionals don't care about their clients' overall flourishing, but they do care that the client flourish within the sphere governed by the profession. Teachers care that their students learn; doctors care that their patients are healthy; police care that the members of their community are safe; and so on.<sup>v</sup>

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Institutions know that the virtue of professional care enjoins professionals to go the extra mile on behalf of their clients, to make personal sacrifices for the sake of their clients. In particular, virtuous professionals are disposed to insulate their clients from harm that might be caused by insufficient resources. Relying on this disposition possessed by their embedded professionals, institutions feel free to cut resources below necessary levels.<sup>vi</sup> The institutions count on their embedded professionals to make personal sacrifices in order keep serving the clients adequately while the institution reduces the available resources per client. That is, one way for institutions to increase efficiency is to exploit professionals, and what enables institutions to get away with this is the professional virtue of care. Functionally, the virtue of professional care acts as an enabler for the exploitation of the professionals.<sup>vii</sup>

A recently publicized example is this. School administrators are aware that teachers care for their students. They are dedicated to the education of their students. Administrators know that teachers who care will make sacrifices for the sake of their students' education. The administrators conclude that they can get away with not providing classroom supplies to the teachers, because the teachers will dip into their own pockets to purchase these supplies,

themselves.<sup>viii</sup> Similarly, schools can get away with underpaying and overworking teachers: allowing class sizes to increase while offering raises below the inflation rate, for example.<sup>ix</sup>

Similarly, role-virtuous health care workers put in unreimbursed overtime and endure other forms of wage theft to ensure that their clients do not fall through the cracks of the social safety net.<sup>x</sup> Role-virtuous nurses work double shifts and endure physical and psychological suffering in order to make sure that the hospital is not left dangerously understaffed.<sup>xi</sup> Public sector lawyers work long, uncompensated hours to ensure that their clients are adequately defended, or perpetrators adequately prosecuted. And so on. In each of these cases, the institution can get away with pushing the professionals past the point of self-exploitation because of the role virtue of professional care.

Lacking an obvious stopping point, institutions may eventually go too far. As institutions chip away at allocated resources per client, shifting more and more burdens onto the professionals, the professionals become increasingly unable to fill the gaps, and the process begins to negatively impact the clients. Balls are dropped; corners are cut; mistakes are made, stopgaps prove to be suboptimal; professionals burn out and depart; competent replacements are hard to attract; and so on.

Ironically, the prevalence of professional virtues enables institutions to adopt exploitive policies which, in the long run, undermine the institutions, themselves. This further frustrates the objectives of the professionals who founded the institutions and the professionals who work within them.

Why is this phenomenon seldom noticed? Institutions don't generally fail to fulfill their founders' goal of serving clients by collapsing in some sudden, spectacular fashion. They don't go nova, or sink into the ground, or even close their doors. Instead, the failure of an institution typically takes the form of gradually worsening service to clients. Eventually, the institution slips without fanfare beneath the threshold of acceptability and continues to decline.

As the burdens pile up, some professionals succumb to cynicism, and become indifferent to their professional responsibilities. They violate important policies, disregard safety guidelines, embezzle from their institutions, etc., all of which further harms clients. By shifting overwhelming burdens onto their embedded professionals, institutions not only harm, but also corrupt some of their embedded professionals.

The misbehavior of these professionals generates calls for codes of conduct, professional ethics statements, regulations, assessments, etc.<sup>xii</sup> It also generates calls for compiling lists of professional virtues, and strategies to inculcate them. Is this the right VE response? The more thoroughly the usual set of professional virtues are inculcated, the more the institutions can squeeze their embedded professionals. Therefore, inculcating the usual professional virtues only worsens the problem. It further enables the exploitation and corruption of professionals, and further undermines their ability to serve their clients.

## **PROBLEM #2: DISCRIMINATION**

Serving privileged clients pays off for institutions in various ways. By contrast, serving the disadvantaged is minimally beneficial.<sup>xiii</sup> Indeed, it often hinders institutional goals. Thus, institutions typically have strong incentives to cater to the privileged while shirking service to the disadvantaged.<sup>xiv</sup>

First, the privileged are less needy than the disadvantaged, so serving them is easier and cheaper. For example, disadvantaged kids are in need of more enrichment, more remedial education, more extra-pedagogical services, etc. than privileged kids. Health care providers must spend more time and do more paperwork to find economical therapies and social services for

disadvantaged patients. Blighted neighborhoods are riskier for police to patrol. Pro bono cases are, of course, pursued by lawyers without payment. Overall, serving the disadvantaged requires more time and resources per capita than serving the privileged.

Second, the privileged can benefit institutions to a greater degree, and in many ways that the disadvantaged cannot. Obviously, privileged clients can afford to pay more, so per capita reimbursement for service is higher. But serving the privileged provides other significant benefits, too. For example, privileged parents have more free time (or more flexible time) so they can help in classrooms, bake sales, field trips, etc. Privileged clients can refer their privileged friends to the professionals who serve them. The privileged earn more, so as alumni, they can make higher donations to the schools they attended, or to the hospital that saved their lives. The privileged have a useful network of contacts; they can pull strings to help the institutions that serve them.

Third, the disadvantaged are not well-positioned to take advantage of the services of professionals. Disadvantages produce high-drama lives. For example, the disadvantaged have unreliable transportation, housing insecurity, job instability, healthcare setbacks, limited backup and support systems, educational shortcomings, relatives and friends in desperate need who demand their attention, etc.<sup>xv</sup> Thus, spending time, money, and other resources on the disadvantaged is often somewhat less productive. Sometimes it is even futile. By contrast, the privileged gain more from the services of the professional because they have more human, social, and economic capital.<sup>xvi</sup> Consequentially, catering to the privileged makes the institution look more effective. For example, privileged kids arrive at school without having to deal with homelessness, hunger, insufficient healthcare, or high blood levels of lead. Their parents have the time and resources to help with their homework, provide tutoring and educationally supportive and enriching experiences, model good learning practices, and generally prepare them to absorb what is being taught in schools. Because privileged kids have less stress, and their parents have more resources, teaching privileged kids yields better educational outcomes.<sup>xvii</sup> For similar reasons, treating privileged patients yields better medical outcomes. The impact of social determinants of health is huge; the privileged live longer and are significantly healthier than the disadvantaged.<sup>xviii</sup> Individual therapy programs have higher success rates among the privileged because they are able to be more reliable in adhering to medication regimens,<sup>xix</sup> showing up for return appointments, doing physical therapy,<sup>xx</sup> eating better, etc. Similarly, lawyering for privileged clients yields higher legal success rates. Policing affluent neighborhoods yields better law enforcement outcomes. And so on.

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Overall, it is to the advantage of institutions to steer professionals toward serving the privileged and away from serving the disadvantaged. The professionals' role virtues make this easier. Institutions hijack at least two virtues of their embedded professionals in order to preferentially serve the privileged.<sup>xxi</sup>

First, institutions rely on the *conscientiousness* of professionals by adopting policy that put privileged clients rather than disadvantaged clients into their offices or classrooms. Virtuous professionals are committed to serving their clients, so when their institutions selectively funnel privileged clients to them, virtuous professionals take it from there without balking. They form fiduciary relationships with whichever clients are before them. Thus, many hospitals and medical practices turn away people without health insurance. Many private schools accept only (or predominately) students whose parents can pay. Law firms actively recruit higher income clients and limit their pro-bono work. Health care institutions that are theoretically open to all erect barriers to

healthcare which are easy for the privileged to surmount, but difficult for the disadvantaged. And so on.

Even when they do not try to recruit privileged and discourage disadvantaged clients, institutions adopt policies favoring the privileged among the clients they have. Again, they can get away with this because embedded professionals conscientiously serve whatever clients the institution assigns to them. For example, public schools don't have the luxury of refusing the disadvantaged, but they arrange for privileged students to be assigned to smaller classes with better-credentialed teachers.<sup>xxii</sup> Law firms channel the affluent clients to the more experienced, more resourced lawyers. Healthcare institutions offer higher tiers of service to those who pay more.

Second, resources (e.g. time, energy, money) are always limited. Thus, a disposition to determine what works well and what works badly, and to act on this knowledge by focusing one's efforts where they will do the most good is a professional virtue. Call this component of practical wisdom *resource-allocation judgment*. The more severe the resource limitations, the more professionals with this virtue engage in triage. They direct their attention to the clients who their professional services can help, and avoid expending resources in futile attempts to help those who cannot be helped. More precisely, they focus on clients who are likely to be helped rather than expending their effort on long shots. Even among those who are likely to be helped, professionals with resource-allocation judgment focus on clients who will benefit a great deal from those efforts rather than those who will derive minimal benefit.

Which clients will probably derive great benefit? Which will derive little or no benefit? As mentioned above, the privileged utilize the professionals' services more effectively, so they end up with better results than the disadvantaged. Thus, professionals with the virtue of resource-allocation judgment focus on the privileged, especially when their home institutions constrain their resources. For example, teachers forced to teach large classes tend to teach to the students who learn well. They give up on (or just go through the motions for) students who derive little benefit from teaching. But privileged kids tend to learn more smoothly than disadvantaged kids. They cause fewer problems, throw up fewer barriers, etc. They learn faster, score higher on tests, win more awards, etc. They are generally easier to teach, and the educational payoff is larger. More learning bang for less teaching buck.<sup>xxiii</sup> Thus, teachers tend to teach to the privileged.<sup>xxiv</sup> Physicians do not similarly focus on privileged patients and give up on the disadvantaged, but they end up favoring the privileged via a different mechanism. Physicians with resource-allocation judgment tailor their prescriptions to the means of their patients. If patients can't afford the best therapy for their medical problems, or can't carry through with the best therapy because the necessary resources (e.g. transportation, housing, nutrition) are unavailable to them, then their physicians will prescribe a lesser, but typically cheaper therapy. Thus, physicians with resource-allocation judgment end up short-shrifting the disadvantaged because the disadvantaged cannot benefit from the top-tier therapies.

To summarize, professionals' own virtues aid their home institutions in slighting the disadvantaged and favoring the privileged. First, institutions preferentially recruit privileged clients, and rely on the conscientiousness of their embedded professionals to serve these clients once recruited. Second, institutions rely on the resource-allocation judgment of their embedded professionals to favor the relatively privileged over the relatively disadvantaged among whatever clients they have.

### PROBLEM #3: DISTRACTION

A disposition to improve one's professional performance is a professional virtue. Institutions tend to hijack this virtue of *professional self-improvement* by both requiring improvement exercises and by rewarding improvement in ways that forward institutional goals and impede professional goals. Supposedly, service is improved by requiring professionals to view informational videos, participate in in-service trainings, attend staff development retreats, etc. The stated aim is to ensure that embedded professionals meet some minimum standard of performance. Supposedly, serving clients well is rewarded by advancement, honors, bonuses, and raises. The stated aims are to incentivize, and thus generate improvement in service. However, the instruction required by institutions turns out to be counterproductive. The incentives provided by institutions turn out to be perverse incentives. By requiring the wrong sorts of improvement efforts and rewarding practices which are not improvements, institutions worsen service. They do this by misdirecting and corrupting the professional virtue of self-improvement.

There are many reasons for the fact that the mandated mechanisms of continuing education are often minimally effective, or even completely ineffective.<sup>xxv</sup> One thread that runs through lots of cases is that effective improvement mechanisms would be very expensive, so they are not attempted. Instead, cheaper but ineffective mechanisms are substituted. Why do institutions bother with such methods? The point of requiring professionals to complete these ineffective training mechanisms is not actually to improve service, but rather to insulate institutions against complaints and lawsuits, to satisfy monitoring agencies, to reassure the public, etc. Requiring these ineffective training mechanisms is a waste of time and resources as well as a distraction for the embedded professionals trying to improve. They are not aids to professional self-improvement. Ironically, if such requirements have any effect on performance at all, they worsen it by siphoning time, energy, and other resources away from client service.

Advancement tends to move professionals into administration positions, and thus out of the profession. More precisely, administrative positions and professional positions are on a continuum. Low level administrators combine direct supervision of professionals with their own professional work. As professionals move along that continuum to higher and higher levels of administration, they move further and further away from direct contact with clients.<sup>xxvi</sup> Teachers become department chairs with reduced teaching loads, and then deans who don't teach at all. Floor nurses become supervisory nurses who spend more time filling out paperwork and less time attending to patients. Ironically, rewarding improvement by advancement makes the improvement inapplicable by gradually culling improved professionals from the profession.

Institutions encourage their embedded professionals to strive for honors for several reasons. First, some mistakenly believe that it will improve service. Second, honors are cheap ways of instilling gratitude and loyalty to the institution. Third, when professionals gain honors, their institutions gain bragging rights which lead to other, more tangible benefits. A sprinkling of awards makes institutions attractive to potential clients, oversight boards, donors, etc. Thus, it is in the interest of institutions to encourage their embedded professionals to strive for honors.<sup>xxvii</sup>

Sadly, evaluative performance measures that effectively measure performance are costly. Since meaningful measurements would be expensive for institutions, they do not use them. Instead, institutions set up the application procedures for honors in ways which require professionals to do something other than doing a great job. Professionals must parade meaningless quality measures before supervisors, colleagues, or awards committees. Because awards are not based on meaningful measures, they are a waste of time, energy, and other resources rather than helpful in the

improvement process. For example, teaching awards are not based on frequent classroom visits by trained observers, plus rigorous pre- and post-testing with validated survey instruments. This would yield accurate rankings, but it would be quite expensive. Instead, teaching awards are based on student evaluations, plus candidates' statements about their own teaching – an extremely flawed ranking method.<sup>xxviii</sup> Doctors receive awards based upon patient satisfaction, or upon the opinion of colleagues even though patients are ill equipped to form judgments of medical expertise, and doctors are generally unfamiliar with the details of how other members of their group-practice practice medicine.

Worse, the application process encourages practices which harm the clients (or benefit them less than otherwise). For example, applying for teaching awards includes not only statements and student evaluations, but also political maneuvering, trolling for high course evaluations by inflating grades, teaching enjoyable but ineffective courses, employing the latest cool pedagogical fad whether or not it is sound, and fits the needs of the students and the skill sets of the teachers, etc. Similarly, lawyers may prosecute easily winnable, but less important cases to improve their conviction record, or pursue politically, but not actually important cases, etc. Awards are ostensibly given for best practices, but in practice they often incentivize worse practices.<sup>xxix</sup> They are not incentives to professional self-improvement.

Like awards, raises and bonuses are distributed in ways that are unrelated, or only marginally related to good service.<sup>xxx</sup> They incentivize different, but no less counterproductive practices. When the professionals' clients become means to money, the service provided is often distorted. Troublesome students are placated (rather than disciplined); failing students are promoted; low grades are inflated; all to avoid complaints or missed targets which might reduce raises and bonuses. To maintain physician income in the face of declining reimbursements for service, patients are squeezed into impossibly short visit times, and increasingly transferred to physician extenders (e.g. physician assistants, nurse practitioners, medical technicians). Nursing care is similarly shunted to nurse's aides, medical assistants, etc. Legal cases are treated as opportunities to inflate one's numbers, or as steppingstones in career advancement.

Moreover, incentives lure some professionals into unethical behavior. In some studies,<sup>xxxi</sup> “the frequency of cheating on standardized tests by teachers or administrators was particularly strong when incentives were involved.”<sup>xxxii</sup> Doctors selectively admit healthier patients when offered bonuses for better patient outcomes.<sup>xxxiii</sup>

The problematic nature of these incentives would not matter to ideal professionals. Ideal professionals would be sufficiently self-motivated to improve and would view these incentives with indifference. However in the real world, professionals find such indifference difficult, especially when the risks to client services are not apparent. Many professionals – even virtuous professionals – still need a nudge to supplement their virtue of professional self-improvement, and they allow themselves to be nudged by whatever incentives are provided by their home institutions. Thus, they become distracted and corrupted by the pursuit of perverse incentives.

<b>Types of Institutional Injustice</b>	<b>Enabling Virtues</b>
Exploitation of professionals	Professional care
Discrimination against the disadvantaged	Conscientiousness Resource-allocation judgment
Distraction and distortion of service	Professional self-improvement



## SOLUTION: THE VIRTUES OF RESISTANCE

In theory, VE could address the institutional injustice problems of exploitation of professionals, discrimination against the disadvantaged, and distraction and distortion of service at both the institutional level and at the level of the individual professional.

At the institutional level, VE might describe the character traits of an institution that would enable it to effectively escape or minimize these problems within itself, or keep another institution in line. However, in order to get this line of thought off of the ground, one must assume or show that institutions have agency, and can have virtues. That seems to be a heavy lift, so I shall not attempt it in this paper.<sup>xxxiv</sup>

Describing the complete suite of character traits that professionals need in order to respond well to institutional injustice would also be too much, but I can start that project. Whatever these traits are, professionals possessing them strive to prevent institutional injustice from taking root within their institutions, and to uproot institutional injustice if it is already present. Call the suite of character traits that disposes professionals to respond in these ways the *virtues of resistance to institutional injustice*. Whatever these traits are, they should be listed among the role virtues of professionals. Good professionals struggle against exploitation, attempt to avoid discriminating against the disadvantaged, and strive to resist the allure of counterproductive rewards.

What are these virtues? The character traits one needs in order to oppose institutional injustice depend upon the size and nature of the institutions. In small institutions, what is required is the perception to spot institutional injustice, the courage to stand against it, and the practical wisdom to find effective strategies to defeat it. In a small law firm, or school, or medical group, a well-timed, well-framed objection to a proposal may suffice. However, I suggest that at present, lone individuals are unable to address institutional injustice in large institutions in an effective manner. Lone individuals cannot effectively oppose the policies of large institutions because large institutions are too powerful and have too much social inertia. It will not be sufficient for a single professional, or even a few professionals to object to, and refuse to cooperate with institutional policies. Only a large number of individuals acting in concert could do it. It takes a village to raise a child, and an institution to persuade (or force) another institution to behave justly.

I take Aristotle's observation that people are political animals to mean that people achieve their goals through a combination of specialization, collaboration, institutionalization, and delegation. People possess different sorts of expertise. They combine into institutions so as to make their several areas of expertise available to each other in synergetic combinations and easily accessible ways. Others support these institutions and utilize them when necessary to accomplish virtuous goals. For example, generous people help others. Sometimes they do so directly, but often they donate to charitable agencies made up of people with expertise in helping others. Temperate people eat healthy food. Sometimes they make their own investigations into what foods are healthy, but often make use of research done by others to inform them about the healthiness of products and restaurants.

Similarly, to effectively counter institutional injustice, professionals form, participate in, and delegate to institutions. Such counter-institutions might include unions, professional organizations, governments, accrediting agencies, and protest groups. The virtues of resistance are the character traits enabling and motivating the creation and use of these counter-institutions. Therefore, the virtues of resistance turn out to be the role virtues of certain sorts of activists.<sup>xxxv xxxvi</sup>

## ENDNOTES

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- <sup>i</sup> Role virtues are character traits conducive to achieving the goals of the role. Professional virtues are character traits conducive to achieving the goals of the profession.
- <sup>ii</sup> Of course, there are exceptions – solo practitioners or professionals working in clusters of two or three. But I’ll ignore these in order to focus on the majority of professionals who work within institutions.
- <sup>iii</sup> This paper will have something of a “The Emperor Has No Clothes” feel to it. I shall be unveiling, reframing, and combining several well-known phenomena rather than offering completely new and unexpected discoveries. Another contribution of my paper will be to frame these phenomena in VE terms.
- <sup>iv</sup> There are plenty of exceptions. For example, some institutions spend extravagantly on clients in order to position themselves up-market, for poshness attracts the privileged. Some institutions splurge on their home professionals in order to improve their performance or to keep them from quitting. Some institutions spend lavishly in order to be needy, and thus attract more funding at the end of a budgeting cycle.
- <sup>v</sup> Perhaps they shouldn’t. I argue elsewhere that health care professionals should perform caring actions, but avoid caring passions. See Howard Curzer, “Is Care a Virtue for Health Care Professionals?” *Journal of Medicine and Philosophy*, 18 (1993), 51-69.
- <sup>vi</sup> Often expenditures are cyclic. Institutions gradually become lax, and expenditures creep upward. Then something happens, and resources are reduced or threatened. Then resources become tight, and institutions cut back.
- <sup>vii</sup> Professions are compartmentalizable to different degrees. There is spillover from work into professionals’ private lives which leads professional goals to compete with various other goals of the professionals *qua* persons.
- <sup>viii</sup> “Public School Teacher Spending on Classroom Supplies,” National Center for Education Statistics at IES (NCES 2018-097rev) <https://nces.ed.gov/pubs2018/2018097rev.pdf>
- <sup>ix</sup> To be clear, I am not accusing school administrators of being unsympathetic to teachers and/or students. It is rather that as administrators, they are agents of their institutions. Their professional duties are to forward the goals of their home institutions.
- <sup>x</sup> Nicole Hallett, “The Problem of Wage Theft,” *37 Yale Law and Policy Review*, 93 (2018-2019).
- <sup>xi</sup> Ronald J. Burke, “Length of Shift, Work Outcomes, and Psychological Well-Being of Nursing Staff,” *International Journal of Public Administration*, 26:14 (2003), 1637-1646, DOI: 10.1081/PAD-120024415
- <sup>xii</sup> Arguably, this is an indirect sort of victim-blaming.
- <sup>xiii</sup> Of course, there are many different, intersecting and overlapping sorts of privilege and disadvantage. My examples concern economic privilege and disadvantage. I suspect that similar lines of thought apply to racial, religious, ethnic, and gendered privilege and disadvantage, but such an investigation lies beyond the scope of this paper.
- <sup>xiv</sup> Some institutions exist only to serve the disadvantaged. Yet discrimination is a problem, even for such institutions. All disadvantaged people are not equally disadvantaged; some are more disadvantaged than others. The less disadvantaged are more lucrative as clients. Thus, even institutions that exist only to serve the disadvantaged cater to the comparatively better off among the disadvantaged.
- <sup>xv</sup> To be clear, the disadvantaged do not become disadvantaged by choosing to lead lives of high-drama. Instead, the disadvantaged lead lives of high-drama because of disadvantages which have been imposed upon them.
- <sup>xvi</sup> Because they are professionals themselves, or are family or friends of professionals, the privileged have a better understanding of what the professionals are doing, and are, therefore, more likely to buy into, and cooperate with the strategies used by the professionals to serve them.
- <sup>xvii</sup> Leila Morsy and Richard Rothstein, “Five Social Disadvantages That Depress Student Performance: Why Schools Alone Can’t Close Achievement Gaps,” *Economic Policy Institute*, 6/10/2015. <https://www.epi.org/publication/five-social-disadvantages-that-depress-student-performance-why-schools-alone-cant-close-achievement-gaps/>
- <sup>xviii</sup> Sanne Magnan, “Social Determinants of Health 101 for Health Care: Five Plus Five,” *NAM Perspectives Discussion Paper 2017*, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201710c>; Gregory, C. A. and Coleman-Jensen, A. “Food insecurity, chronic disease, and health among working-age adults” <http://www.ers.usda.gov/publications/pub-details/?pubid=84466>
- <sup>xix</sup> Wilder ME, Kulie P, Jensen C, Levett P, Blanchard J, Dominguez LW, Portela M, Srivastava A, Li Y, McCarthy ML. “The Impact of Social Determinants of Health on Medication Adherence: a Systematic Review and Meta-analysis,” *Journal of General Internal Medicine*, 36(5), (2021):1359-1370. doi: 10.1007/s11606-020-06447-0.

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<sup>xx</sup> Braaten AD, Hanebuth C, McPherson H, Smallwood D, Kaplan S, Basirico D, Clewley D, Rethorn Z. “Social determinants of health are associated with physical therapy use: a systematic review.” *British Journal of Sports Medicine*, 55(22), (2021):1293-1300. doi: 10.1136/bjsports-2020-103475.

<sup>xxi</sup> Is catering to the privileged a problem? Suppose that one’s institution does selectively recruit the privileged. What is wrong with focusing on one’s clients, whether they are privileged or disadvantaged? I suggest that the professionals’ obligations are not just to the clients who appear in their consulting rooms, classrooms, or hospital rooms. Professionals also have obligations to the general public, including the disadvantaged. The duties of professionals include working to improve the fairness of the institutions and practice of their professions.

<sup>xxii</sup> This preferential treatment is accomplished through various mechanisms. For example, public schools concentrate the privileged into AP classes, enrichment classes, and extracurricular classes. School districts allocate more per capita funding to schools in more affluent neighborhoods.

<sup>xxiii</sup> Teachers favor privileged pupils for other reasons, too. For example, the privileged are better able to show appreciation for their teachers. Sometimes they offer gifts, but mainly they offer smiles and eagerness which come harder to students weighed down by the stresses and burdens of disadvantage.

<sup>xxiv</sup> I am not suggesting that they favor privileged pupils *qua* privileged, but rather *qua* better learners.

<sup>xxv</sup> Arguably, Continuing Medical Education (CME) is among the best of the continuing education programs. Nevertheless, a gigantic meta-analysis of studies (commissioned and funded by the Accreditation Council for Continuing Medical Education!) found rather little evidence of CME effectiveness. Ronald M. Cervero and Julie K. Gaines, “Effectiveness of Continuing Medical Education: Updated Syntheses of Systematic Reviews,” (2014) ACCME.

[https://www.accme.org/sites/default/files/652\\_20141104\\_Effectiveness\\_of\\_Continuing\\_Medical\\_Education\\_Cervero\\_and\\_Gaines.pdf](https://www.accme.org/sites/default/files/652_20141104_Effectiveness_of_Continuing_Medical_Education_Cervero_and_Gaines.pdf)

<sup>xxvi</sup> I am not suggesting that promoted professionals do unimportant work. My point is that as they take on more and more administrative work, they move away from the work for which they are promoted.

<sup>xxvii</sup> Although teaching awards have been extensively studied, there is little or no evidence that they improve teaching or learning. Kathryn N. Huggett, Ruth B. Greenberg, Deepa Rao, Boyd Richards, Sheila W. Chauvin, Tracy B. Fulton, Summers Kalishman, John Littlefield, Linda Perkowski, Lynne Robins and Deborah Simpson, “The design and utility of institutional teaching awards: A literature review,” *Medical Teacher*, 34 (2012), 907-919. doi: 10.3109/0142159X.2012.731102.

<sup>xxviii</sup> Justin Esarey and Natalie Valdes, “Unbiased, reliable, and valid student evaluations can still be unfair,” *Assessment & Evaluation in Higher Education*, 45 (2020):1-15. DOI: 10.1080/02602938.2020.1724875

<sup>xxix</sup> Note that many apply even though few are chosen. The problem is not limited to winners.

<sup>xxx</sup> Rosenthal, M. B., & Frank, R. G. “What is the empirical basis for paying for quality in health care,” *Medical Care Research and Review*, 63 (2006), 135–157.

<sup>xxxi</sup> Jacob, B. A., & Levitt, S. D. “Rotten apples: An investigation of the prevalence and predictors of teacher cheating,” *Quarterly Journal of Economics*, 118 (2003), 843–877.

<sup>xxxii</sup> Tae-Youn Park, Sanghee Park, and Bruce Barry, “Incentive Effects on Ethics,” *Academy of Management Annals*, 16 (2022), 297–333, <https://doi.org/10.5465/annals.2020.0251>

<sup>xxxiii</sup> Alexander, D., “How do doctors respond to incentives? Unintended consequences of paying doctors to reduce costs,” *Journal of Political Economy*, 128 (2020), 4046–4096.

<sup>xxxiv</sup> I hope to pursue this project in a later paper.

<sup>xxxv</sup> I sketch the virtues of activists elsewhere (*Virtue Ethics, Society, and the Disadvantaged*, under review).

<sup>xxxvi</sup> Many thanks to Anne Epstein for helping me think through several issues addressed by this paper.