

**BIOETHICAL REASONING AND CORPORATE SOCIAL RESPONSIBILITY
ORIENTATION: A COMPARATIVE STUDY OF THE BUSINESS ADMINISTRATION
AND HEALTH PROFESSIONS STUDENTS IN PUERTO RICO**

Formación Ética y Responsabilidad Social

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SUMMARY

Throughout history, mankind has faced the challenge of distributing fairly the scarce resources available. Both, the resources and the needs of the population have changed over time. As civilization has advanced, health, with its multiple definitions has developed not only into individual, but also into a social good, as a prerequisite for the development of society. On the one hand, scientific advances provide new and better life expectancy, but on the other, they raise new and complex ethical conflicts in the application of that knowledge and its benefits. These developments have increased the costs of health services to alarming levels making increasingly difficult to achieve a proper balance between efficiency and justice. Therefore, health cannot be seen as a strictly medical phenomenon, but as a social, political, economic and ethical issue that concerns every individual and organizations within the society. Thus it becomes necessary to develop a social perspective in the health professionals, administrators and entrepreneurs, in such manner that health is viewed as a social and ethical obligation beyond the provision of health services but as an economic and managerial component.

The main objective of this study is to compare the perceptions of students of business and those of various health professions regarding the usefulness of their bioethical reasoning and corporate social responsibility orientation to resolve ethical conflicts in the workplace. The study uses the multidimensional enterprise model proposed by Carroll (1979) and the bioethical principles proposed by Beauchamp and Childress (1979), as a conceptual framework. It also uses the quantitative scale developed by López - Palau and Cruz Rivera (2010) as a measurement instrument. The results obtained reveal that medical science students are more corporate social responsibility-oriented and make more use of bioethical reasoning to evaluate business function than business students. Such results suggest that bioethics can be a useful tool to strengthen the social and ethical training of future managers and entrepreneurs.

Key Words:: Bioethics, Corporate Social Responsibility, Gender

INTRODUCTION

Life is a natural right given by the mere existence of human beings. Its inherent high value requires the interplay of many societal actors including businesses and governments. The right to life is an incontrovertible right recognized as such by all democratic constitutions around the world. More than 60 years ago the Universal Declaration of Human Rights was signed. It provides the foundation for the international code of human rights. The right to life was the premise for human rights. The Code stated that Governments must commit themselves to promote health as an indispensable requirement to respect the right to life. Although it is impossible to ensure that a person may be healthy forever, the right to health was defined as the right for everyone to enjoy the highest attainable standard of physical and mental health (UN, 1966).

This implies that even accepting that access to the best care might not be equal to everyone, at least everyone must have equal access to a level of appropriate health care.

On the one hand, scientific progress has achieved new and better therapies, drugs, procedures and instruments to diagnose, treat and cure diseases. On the other global health conditions are terribly unequal due primarily to poverty and lack of access to health care services. Although this situation is worse in developing countries, it is also true in developed countries. For example, in the United States, which has one of the most sophisticated and advanced scientific health systems, and also the most expensive in the world, 16% of the population has no medical coverage. Each year, around a million people lose their medical coverage and 60 million people find their medical coverage inadequate when faced with catastrophic medical situations that later result in financial ruin (Shaw et al., 2010). The provision of health care services is very complex. Its multidisciplinary nature requires the harmonization of many different aspects and disciplines beyond medicine.

The greatest obstacle to improve the health levels is the scarcity of resources for health care services. Costs have increased remarkably during the last few years, thus reducing opportunities for many patients to receive the treatment they need (2010 UNESCO). The problem is compounded by the improper use of medical treatments. The lack of adequate detection and treatment of preventable conditions such as high blood pressure, depression, or failure in prenatal care, throughout much of the world's population have a great effect. In

contrast, there are patients that undergo expensive treatments just because the technology is available and not necessarily because it is indicated, thus overusing resources (UNESCO, 2010).

Medicine has evolved from an empathic touch to a scientific paradigm and most recently a value added care paradigm (Anderson & Funnell, 2005; Gadow, 1984). Along the way, medicine has become a commercial endeavor, where the efficient use of resources is the greatest challenge for the whole system including governments.. In 1983, Medicare (social security in the United States, that pays for health services provided to those people over 65 who qualify) established a new system of payment to hospitals, known as the Prospective Payment System. Under this new system, to address the misuse of resources, the Government pays an established fee for the health services to be offered by suppliers, according to the classification of the patient in the related diagnostic system (Diagnostic Related Groups), instead of reimbursing costs after services are rendered (Thibadoux and others, 2007). This system placed the risk of overuse of resources onto the provider, making it responsible for the costs of tests and procedures. In addition, forced hospitals to monitor and somehow control practices of physicians in order to maintain their financial soundness. These policies affected the behavior of non-hospital providers as the system was adopted by other organizations engaged in medical services. Simultaneously, the traditional model of doctors exercising their practice in offices has been declining in the United States. Less than half of 40 year-old doctors were self-employed in 2004 (Kane, 2004).

This trend implies that health care is evermore the responsibility of organizations with complex systems that require the management of resources, operations, human resources and other corporate-like aspects. The doctor/employee trend poses a different set of issues that include their performance evaluation, comparable to performance evaluation systems in other industries. This ever increasing type of working relationship in the health care system give rise to particularly difficult ethical challenges (Labig, 2009). Hospitals face enormous challenges to improve customer satisfaction and the quality of services, while maintaining an adequate profit margin. The call to efficiency could be interpreted as a need to invest in health resources that can provide the highest return. Such view can lead to the refusal of services to vulnerable groups such as the elderly or the chronically ill, creating an unfair practice. Therefore, it is important to harmonize the tension between the efficiency of health care and justice (2010 UNESCO).

Medical decisions must meet the needs of patients at the time they are aligned to the financial and operational objectives of the organizations within which these medical decisions are made.

Today's complex health system, with a network of for profit and not for profit organizations, provides the context for the generation of important ethical conflicts. Therefore the multiplicity of ethical conflicts that stem from this complex system must be addressed by the diverse stakeholders that can provide an interdisciplinary perspective to generate a possible solution. To that end, Article 14 of the Universal Declaration on Bioethics and Human Rights (UNESCO, 2005) introduces the principle of social responsibility and health in the field of bioethics affirming the need to put bioethics and scientific progress within the political and social world context, beyond medical ethics. Similarly, the role of medical administrators (Chief Medical Officer) is no longer that of a diplomatic liaison between the medical and the administrative staff. They are now responsible for customer satisfaction, financial performance and clinical results (Safeek 2008). Administrators on the other hand, are required to design monitoring and costs control systems, as well as evaluate clinical decisions made by the doctors. The performance evaluation of medical staff by non-medical personnel, has created various ethical conflicts like the use of unreliable measures, organizational goals in conflict with the goals of patient's health goals and the use of clinical information for organizational purposes, among others (Labig 2009).

Although in practice, actors in health enterprises are integrating more and more ethical, administrative, financial and medical concepts in their daily work, there is little academic research in this regard. López Palau and Rivera-Cruz (2010) identified a common theoretical space between corporate social responsibility and bioethics. This suggests that the inclusion of bioethics could enrich the curriculum of business schools by adding an additional tool to develop the corporate social responsibility orientation among student and bring in the understanding and resolution of many ethical conflicts in the area of business. However, there are no studies on the orientation towards corporate social responsibility of future health professionals. It is therefore important to explore the perceptions of students in the health professions with that of business students in relation to business and its obligations. Such study can provide data to strengthen academic programs in each of these fields and face the challenges implicit in a fair and efficient health system.

This study aims to explore the perceptions of students from the health professions regarding the relationship between corporate social responsibility and the bioethical reasoning. It also seeks to compare the perceptions of business administration students and health professions students regarding both aspects. The specific objectives are to:

1. Determine the importance of the bioethical principles in the definition of a business.
2. Calculate indexes to measure the corporate social responsibility-orientation and each of its four theoretical dimensions.
3. Calculate indices for bioethical reasoning and determine its effect on the indices of the four dimensions of an enterprise.
4. Determine the business characteristics that businesses must have to be considered successful, socially responsible or a health provider organization and its effects on the bioethical principles needed to achieve such status.
5. Compare responses from students of the health professions with the responses of business students in López Palau - Rivera Cruz (2010).

IMPORTANCE OF THE STUDY

This study contributes to the research in ethics in several ways. It is the first study to produce an index for the corporate social responsibility orientation and its four theoretical dimensions, in students of the health professions, identifying the factors that explain such orientation are also explained. This study is also the first to measure the bioethical reasoning of students of the health professions and the way it affects their social responsibility orientation. It also provides important information about how students of the health professions conceive the function and characteristics that business in the health industry must have. Lastly, this study contributes new evidence concerning the differences in the ethical reasoning given the academic discipline of the students.

This study identifies the desirability to include the bioethical reasoning as an effective tool to develop the social responsibility and strengthen the teaching and integration of ethics in the business school curriculum.

LITERATURE REVIEW

Bioethics

Van Rensselaer Potter, oncologist first used the term in 1970. Since then, many scholars have contributed new concepts, methods, and justifications in the development of the field (Santos and Vargas, 2006). There is no consensus on the appropriate domain for the application of ethics in biological themes. Some authors limit it to medical treatment and related technological developments, while others provide a broader span to include everything related to organisms. The fundamental ethical criterion in this discipline is respect for human beings and their dignity.

The discovery of the Nazi medical experimentation with prisoners in concentration camps and other ethically doubtful research procedures, as the Jewish Hospital for chronic diseases (Brooklyn, 1963) or the Willowbrook School (New York, 1963) and the Syphilis Study at the University of Tuskegee (1972) brought up the need for regulation, or in some cases a declaration in favor of the victims of these experiments. The first bioethics declarations arise from efforts to regulate research and medical experiments such as the Nuremberg Code (1947), the Declaration of Helsinki (1964), and the Belmont report (1979).

In 1979, bioethicists T. L. Beauchamp and J.F. Childress, in their book *Principles of Bioethical Ethics*, defined the four principles of bioethics as: autonomy, do no harm, beneficence and justice. In their book, Beauchamp (2007), argues that this conceptual framework provides a general guide to resolve ethical conflicts arising in the field of medicine. However, it does not imply that they are absolute. General principles have exceptions. The moral conclusions arising from, as well as the principles themselves are always subject to changes and reformulation. It is through this process that principles acquire practical value.

The author argues that autonomy is when you have a proper understanding of an issue that allows you to make judgments and arrive at decisions freely, without it being the result of coercion, external constraints or personal limitations. Autonomy allows you to act according to the personal plan you choose. This principle implies that autonomous individuals have the right to make their own decisions without restrictions, while at the same time, others are obligated to promote and facilitate that individuals can make their own decisions. Beneficence is acting for the benefit of others, promoting their legitimate interests and eliminating damages. This principle requires the maximization of the benefits and minimization of potential damages. The do-no-harm principle refers to refraining from actions that might harm a person. The analysis of this

principle is closely related to beneficence, which must prevail over injury. The principle of Justice states that each person must be treated in a way that avoids reduces inequality (ideological, social, cultural, economic, and so on). It can be divided into two: a formal principle (treat those in the same situation equally and those in uneven situations unequally) and a material principle (to determine the relevant characteristics for the re-distribution of resources and responsibilities).

Corporate social responsibility

Eventhough the corporate social responsibility has generated an extensive bibliography in the business and academic circles in recent years, there is still much conceptual and terminological confusion. CSR has become a kind of giant umbrella with a multiplicity of concepts and strategies. However, beyond the terminology issue and the various theories associated to the CSR, many agree that it is a new paradigm of behavior for large corporations, resulting from the business adaptation to the social changes stemming from the context of economic globalization (Ramiro and Pulido, 2009).

This new perspective aims at changing the traditional business model from one centered in the shareholder profit maximization to a model, to a model that considers other individuals and aspects of society (stakeholders). The shareholders-centric vision of the role of business is limited to provide goods and services to maximize short-term benefits and does not recognize as legitimate any social responsibility beyond the obligation to maximize value to the shareholder (Friedman, 1970; Heath and Norman, 2004). In contrast, the stakeholders theory poses that businesses cannot ignore the context in which they operate. It states that businesses are connected to a network of relationships with a large number of individuals and institutions denominated by interest groups or individual stakeholders (Freeman, 1984; Donaldson and Preston, 1995; Clarkson, 1995). The theory rejects the idea that a corporation is only responsible to their shareholders arguing that the interests of other groups are also valid and deserve to be considered.

Freeman (1984) defines the stakeholders as any group or individual that may affect or be affected by the activities of businesses. Research into the stakeholders concept is still ongoing, advancing their identification and examining the relationships among them. Researchers have devoted considerable effort to determine advantages for businesses adopting CSR. For example,

Post, Preston and Sachs (2002) claim that the ability of a company to generate sustainable wealth, and, therefore, long-term, value is determined by its relationships with key stakeholders. According to Freeman and Velamuri (2006), survival and long-term corporate profitability depend on the maintenance of effective and mutually beneficial relationships with continuous stakeholder cooperation.

In the late 1970s, Carroll (1979) defined corporate social responsibility as the economic, legal, ethical and discretionary expectations of society on the Organization, which implicitly includes responsibility for companies to various social actors, akin to the theory of interest groups. Economic responsibilities relate to the obligation of businesses to be productive and profitable for the consumption demands of society. The economic obligations include that economic responsibilities must be met within the existing legal framework. Ethical responsibilities relate to those standards, codes and unwritten rules that every organization must abide to. The discretionary dimension refers to those obligations, particularly philanthropic, which businesses perform voluntarily. Carroll (1991) argued that these four components serve the full spectrum of obligations that businesses have with society. This model focuses on the type of obligations that enterprises gain as opposed to the theory of lobbyists that focuses on identifying the needs and demands of the groups concerned.

RELATIONSHIP BETWEEN BIOETHICS AND THE CORPORATE SOCIAL RESPONSIBILITY

Bioethics began studying the moral and social implications of technologies that were the result of advances in life sciences. Business ethics has directed its efforts to examine the principles and ethical issues that arise in the business world including the conduct of individuals and businesses. Corporate social responsibility is a model of corporate governance that incorporates economic, social and environmental dimensions into their operations, acting for the benefit of the different groups with which it relates, as well as the care and preservation of the environment, through their legal and ethical obligations. Although, initially, topics of interest in these three areas of knowledge appeared unrelated, today's ethical conflicts seem to be an invitation to examine it holistically, thus requiring its integration.

An example is Article 14 of the Universal Declaration on Bioethics, which introduces the principle of social responsibility and health in the field of bioethics. It affirms the need to place

bioethics and scientific progress within the global political and social context, thus it can contribute to justice, equity, and to the interest of humanity (UNESCO, 2005). Moreover, the International Bioethics Committee of the Organization reflected and debated article 14 for four years because of its importance and complexity. The process was reflected in Social Responsibility and Health report published in 2010. The document aims to address issues of public policy on health from a bioethical point of view in order to enrich the debate on social responsibility and health (2010 UNESCO). An important aspect of the abovementioned statement is that it extends the concept of social responsibility to apply not only to the private sector, but also to the public. The Declaration argues that obligations extend from individuals into groups and communities as well as from the private to the public domain covering the potential to benefit or harm individuals or groups and the environment. Institutions and corporations have legal personality as moral (2010 UNESCO) entities.

Some authors have attempted to demonstrate the usefulness of the bioethical principles (autonomy, beneficence, do-no-harm and justice) in the analysis of business situations (Wicks, 1995; Okada et al., 2008 and Fisher 2001). Others have developed instruments to measure the perception of students, and administrators about the link between corporate social responsibility and the effectiveness of business (Sleeper and others, 2006; Singhapakdi and others, 1996; Aupperle et al., 1985). Most of the studies are based on the model proposed by Carroll (1979) establishing that companies operate in four dimensions (economic, legal, ethical, and discretionary).

López Palau and Rivera Cruz (2010) developed a tool based on Aupperle and others (1985), using a different methodology. This instrument was able to measure not only the orientation towards corporate social responsibility but the bioethical reasoning and its potential link to corporate social responsibility. The results have partially validated the four dimensions proposed by Carroll (1979), with some theoretical differences. In all dimensions, except in the economic, the bioethical reasoning and ethical considerations were present. Participants seemed to define the success of the companies in economic terms primarily as opposed to the ethical and social sensitivity with which they seem to define the socially responsible companies.

METHODOLOGY

An adapted version of the instrument developed by Lopez Palau and Rivera Cruz (2010) was used for students in the health professions. The results of that study were used to compare students from business and the health professions. An index for the CSR orientation and the bioethical reasoning was computed following the same methodology. It was calculated by averaging the responses to the first question and the premises specific to the bioethical principles. Orientation indexes towards each of the examined theoretical dimensions were identified. Comparing average responses by testing paired t-test to identify significant differences and Chronbach Alpha coefficients were calculated to determine the reliability of the instrument. In addition, Whitney U tests were conducted to identify significant differences in the responses among both groups of participants.

RESULTS

Sample Composition

The total sample consisted of 45 students from health related professions. Almost two-thirds (61%) were women, of which over half (56%) are between the ages of 25 and 40. Over a third (38%) is less than 25 years. More than two fifths (44%) studied medicine, and a similar number (40%) is studying pharmacy, while the remaining fifth is studying other health related professions. The majority (82%) has taken at least one course in ethics, little more than half (56%) has taken bioethics, little more than a third (38%) has taken a legal course and a little more than a fourth has taken a course in (27%) management. Only 9% has taken at least one course in accounting and only one student has taken a course in corporate social responsibility.

The sample of the business students in the previous study consisted of 175 participants. Little more than a third (38%) are men, mostly (77%) undergraduates and less than 25 years old (82%). More than half are studying accounting (34%), finance (20%) or marketing (10%). More than half (61%) have taken a course in business ethics (30%) or is taking it concurrently (31%).

Corporate Social Responsibility Orientation Index

Table 1 – Theoretical business Dimensions

Statement	Percentage	Standard Deviation	Chronbach's Alpha Coefficient
Financial dimension	88.22	17.59	.79

To operate Efficiently	96.89	9.65	
To be Competitive	93.23	18.65	
To Produce Wealth	89.25	20.58	
To Maximize shareholder profit	82.70	31.36	
To be profitable	79.07	31.65	
Legal Dimension	95.39	12.15	.89
To comply with contract terms following the law	98.16	7.85	
To produce goods and services following legal standards	96.91	11.11	
To contract and reward personnel lawfully	96.23	12.01	
To pay taxes as established by law	95.55	14.02	
To comply with environmental laws	94.30	19.66	
To comply with the laws regulating the free market	91.23	21.48	
Éthical Dimension	92.78	13.93	.79
To be recognized as an ethical concern	95.14	11.06	
To promote ethical behavior among its stakeholders	94.75	17.08	
To act in agreement with society's ethical principles	94.07	19.56	
To operate ethically without compromising financial goals	91.20	19.97	
To operate ethically regardless of financial goals	88.73	23.94	
Discretionary Dimension	87.06	17.79	.84
To be recognized as a socially responsible business	95.43	12.61	
To improve society's quality of life	89.07	17.97	
To improve the immediate community quality of life	84.50	25.23	
To help solve social problems	83.39	25.50	
To distribute some of the profits to charity	82.93	25.74	
General Bioethical Reasoning Index	89.72	17.23	.77
To act fairly in its operations and activities	93.84	16.73	
To avoid harm stemming from operations	91.80	24.39	
To establish relationships based in mutual respect	91.00	17.69	
To benefit different groups through operations and activities	82.25	28.36	
CSR orientation average index	90.86	11.14	.90

Table 1 presents the average obtained on the premises that were used to define the business dimensions, according Carroll's (1979) model and the bioethical reasoning. The Cronbach Alpha coefficients for each of theoretical dimensions are also presented. The resulting coefficients fell between .77 and .89. All exceeded the generally accepted limit of .70 defended by Nunally and Bernstein (1994) for an exploratory study, reflecting the instrument's reliability.

Participants assigned more importance to compliance with the law and ethical standards followed by the bioethics, economic, and social dimensions in that order. However, it is important to note that the averages of all dimensions exceed 85% of importance. This is

indicative that participants understand that businesses are organizations with multiple functions, all important. They are not just a mere financial entity.

Executive's functions

Table 2 presents the average obtained from the statements relating to managerial functions. All presented functions obtained averages over 80%, except 'ensure the improvement of groups outside the company'. Four of the six bioethical statements received a percentage of agreements greater than 90%.

Table 2 – Executive's Functions

Statement	Average	Deviation
To make fair decisions	98.71	4.50
To operate ethically	98.31	7.68
To comply with all the laws and norms	97.89	8.43
To avoid harming others with actions or omissions	96.56	11.07
To Procure the stakeholder improvement	95.56	15.57
To achieve the business financial goals	94.73	11.56
To respect the right of different groups to choose and defend their interests	90.07	20.34
To defend the business right to choose and pursue their own interests.	86.00	24.23
To solve social problems	81.24	26.15
To procure the improvement of groups outside the business	78.11	32.86
Chronbach's Alpha Coefficient		.75

It is remarkable that the participants consider that the functions of managers in defending the right of the company to choose and pursue their own interests, contribute to solve social problems and seek to improve stakeholder situations is less important. In contrast, the response to the statement 'respecting the right of various groups to ensure their interests' received a percentage in terms of importance of 90% instead of the 78% obtained pursuant the improvement of those groups, It shows a contemplative rather than proactive attitude. It would seem that participants view businesses and their officials as operating in a vacuum, where the external to the organization is not very important. This result is consistent with the responses to the previous question in which the social dimension business was the least-favored.

Orientation indices for each business dimension

Economic Orientation index

Table 3 shows the results stemming from the economic dimension question. Participants were asked to express their agreement in percentage terms with the premise: the economic goals of the company must be achieved, subject to 13 conditions such as complying with the law,

respecting the rights of others, and so on. An orientation index was calculated by adding the responses to negative conditions and subtracting those of positive conditions, and converting it to a percentage scale. The higher the index, the stronger the orientation toward achieving the financial goals of the business. An index of 49% indicates that participants are oriented to achieving economic goals, but are rather indifferent if for that it is necessary to violate the rights of others, commit injustices or unethical acts, etc., although they are slightly inclined not to do so.

Table 3 – Financial orientation index

Statement	Average	Standard Desviation	Chronbach's Alpha Coefficient
Being fair	97.27	15.02	
Operating ethically	95.18	20.91	
Without harming others	95.18	17.09	
Respecting the rights of others	95.13	20.94	
Doing good in society	86.67	27.78	
Complying with all applicable laws	82.89	36.30	
Regardless of the means to achieve it	31.71	42.21	
Even harming some	17.71	31.80	
Even if no social good is done	12.44	24.09	
Even if it implies unethical behavior	7.24	21.35	
Even if some laws are violated	6.96	18.81	
Even if there is injustice	6.44	18.70	
Even if the rights of some are breached	2.60	14.96	
Average financial index	49.03	13.41	.79
Bioethical-financial average index	89.04	12.89	.76

A bioethical index was also calculated in this dimension resulting in a high index. This indicates that respecting the rights of others, being fair, do no harm and doing social good mediate the orientation to economic goals. This provides evidence that participants apply bioethical principles to judge the economic role of corporations.

Legal Dimension

Table 4 shows the results obtained in the specific question of the legal dimension. The participants expressed their agreement with the premise in percentage terms: companies must comply with all laws, subject to 13 conditions such as always, to avoid penalties, to be a good citizen, etc. The index legal orientation, which was relatively high and definitely higher than the financial orientation index that was previously calculated. The premise that generated the highest

level of agreement was the one stating that ‘you must comply with the law, always’. All the premises obtained a percentage of agreement higher than 90%.

Table 5 – Legal orientation index

Statement	Average	Standard Desviation	Chronbach's Alpha Coefficient
Always	98.09	5.86	
To avoid harming others	95.56	13.02	
To defend the corporation's rights	95.44	11.72	
To respect the rights of others	95.38	17.47	
To avoid penalties	95.11	17.92	
Because is fair	93.64	21.64	
To be a good citizen	93.36	19.10	
Because is ethical	93.16	21.60	
Regardless of financial goals	92.24	16.61	
To do good to others	90.67	23.37	
To self impose higher standards	87.49	25.95	
Complying is financially advantageous	63.69	41.77	
If financial goals are not affected	53.67	44.19	
Average legal index	88.27	12.54	.78
Bioethico-legal average index	94.14	13.92	.83

It was interesting that the premise about complying with the laws- even at the expense of not fulfilling the financial goals- received a moderately high agreement, but the statement about obeying the laws if the financial goals are not affected received a very weak level of disagreement. This reflects doubts among participants and a certain propensity to violate the law when a profit consideration is at risk. However, to comply with laws because it is financially smarter than not complying with them, received a weaker level of agreement, suggesting that compliance with the law is more important than economic considerations. These results suggest that particular laws associated with high financial costs might induce participants to violate the law.

Both the bioethical index and all the bioethical premises in this dimension obtained an agreement percentage greater than 90%. This result suggests that participants are using the bioethical reasoning as the foundation for legal compliance in business. Particularly important were the premises about avoiding damaging others, to uphold the rights of the company and to respect the rights of others, which are related to the do-no-harm and autonomy principles.

Ethical Dimension

Table 5 – Ethical Orientation Index

Statement	Average	Standard Desviation	Chronbach's Alpha Coefficient
Always	96.64	15.66	
To avoid harming others	95.27	17.07	
To respect other's autonomy and dignity	92.82	21.46	
Because is fair	92.33	22.25	
To defend the business autonomy	91.96	19.39	
To do good to others	91.02	24.84	
Even if it means more restrictions than before	89.60	25.69	
Regardless of financial goals	88.22	23.70	
To improve the business image	84.98	27.85	
Because it is a way to improve profits	67.33	41.36	
Not beyond what's required by law	53.18	44.33	
If financial goals are not affected	46.04	45.51	
Average ethical index	82.45	18.33	.86
Bioethico-ethical average index	92.68	18.63	.93

Table 5 shows the results obtained in the specific question of the ethical dimension. Participants were asked to express their agreement in percentage terms with the premise: 'companies must act in an ethical manner', subject to 12 conditions such as always, because it is just to improve the image of the company, etc. Five of the seven bioethical principles contained in this section were favored with over a 90%. All the statements scored 50% or higher, except the statement related to the effect on the financial goals, which obtained a 46%. This shows a weak disagreement that verges on indifference, which denotes some inclination to act contrary to ethics for economic reasons, contradicting in this way the need to always act ethically.

Results reflect confusion among participants concerning ethics and legality. On the one hand, they show a high level of agreement with the statement 'to act ethically even if it involves higher restrictions than those laid down by law', and on the other hand, they show a weak (almost indifference) agreement with the statement 'to act ethically, but doing no more than what's required by law'.

The ethical orientation index was moderately high, but the second lowest of the four dimensions. As to compliance with laws, ethical behavior seems to be perceived as a way to avoid causing damage. The bioethical index calculated in this dimension was also high suggesting that participants are using the bioethical reasoning as a complement to ethical reasoning.

Discretionary Dimension – (Social)

Table 6 shows the results from the discretionary or social dimension. The participants were asked to express their agreement in percentage terms with the statement: ‘companies must be socially responsible’, subject to 13 conditions such as always, because it is just to obtain higher profits, etc. All the premises obtained a 50% agreement or higher, and the majority obtained over 85% agreement.

Table 6 – Discretionary index - Social

Statement	Average	Standard Desviation	Chronbach's Alpha Coeficient
Always	96.67	15.52	
To avoid harming others	96.31	15.53	
To do good to others	95.22	17.51	
To respect the rights of others	94.09	19.36	
Because is fair	93.22	22.84	
Because is ethical	92.42	23.07	
To be a good citizen	92.09	23.89	
Because it is part of its functions	89.82	26.80	
To improve its image	89.62	26.02	
To improve the rights of the business	88.84	24.15	
Regardless of financial goals	87.40	30.48	
To obtain higher profits	71.87	39.75	
If financial goals are not affected	56.58	44.34	
Social Orientation average index	88.01	17.44	.89
Bioetichal average index	93.54	17.50	.92

The statement about image improvement obtained the highest agreement score, the one about obtaining the greatest profits, obtained a moderate agreement score and the one about qualifying the involvement of economic goals, obtained a very weak agreement score. The statement ‘even affecting the financial goals’ received a relatively high agreement score. Taken together, these results suggest that participants understand that companies must be socially responsible based primarily on the bioethical and ethical reasoning. However, the economic aspect could be an important factor in retracting from that goal or complying for the wrong reasons.

The social orientation index was calculated, resulting in a moderately high score. The statement with the highest agreement score was that companies must ‘be socially responsible always’ followed by the statement of ‘to prevent harm to others’. The calculated bioethical dimension index also obtained a high score. This result suggests that participants used bioethical

reasoning as a justification for companies to be socially responsible. It is based first on the principle of do-no-harm, followed by the beneficence, autonomy and justice principles.

Comparison of Successful and Socially Responsible Businesses

Table 7 – Characteristics of Successful and Socially Responsible Businesses

Statements	Successful Business		Socially Responsible Business		Difference	Significance
	Average	Standard Desviation	Average	Standard Desviation		
Produces wealth	89.75	23.27	64.36	35.92	25.39	0.000
Improvement of external groups	85.98	27.25	98.61	6.32	-12.64	0.001
Is lucrative	84.05	30.81	66.73	38.95	17.32	0.002
Operates Ethically	91.30	19.88	98.95	4.25	-7.66	0.008
Complies with the law	90.93	20.23	98.39	4.79	-7.45	0.009
maximizes the profit for shareholders	92.02	21.62	78.07	34.31	13.95	0.013
Does not cause harm to others	90.36	21.34	96.80	13.93	-6.43	0.031
Ethical standards beyond the law	86.16	29.07	92.82	17.83	-6.66	0.055
Is competitive	95.43	17.31	89.89	25.44	5.55	0.119
Excellence beyond the law	87.30	26.40	91.64	19.81	-4.34	0.162
Improvement for internal stakeholders	92.43	18.02	95.55	12.99	-3.11	0.236
Is fair in its operations	92.50	19.06	95.34	13.70	-2.84	0.342
Is efficient	96.34	12.21	94.98	15.01	1.36	0.486
Respects the rights of external stakeholders	90.02	20.39	92.11	21.98	-2.09	0.608
Respects the rights of internal stakeholders	92.48	18.22	93.09	21.65	-0.61	0.879
	Average	Standard Desviation	Reliability	Average	Standard Desviation	Reliability
All Statements	90.47	14.10	.90	89.82	10.61	.77
Bioethical Statements	90.63	18.08	.93	95.25	9.62	.65

Participants were asked to indicate in percentage terms, which of the 15 characteristics were necessary to rate a health related business as a success, or socially responsible. Table 7 presents a comparison between a successful business and a socially responsible one, including the difference in the averages and their significance level.

Seven of the 15 premises resulted in statistically significant differences. This suggests that in the eyes of the participants, the characteristics required to rate a business as a success or socially responsible, reflecting that they could be targets mutually exclusive. Participants identify successful businesses, as those that produce wealth, which are profitable and maximize the profit for shareholders, rather than the socially responsible business. Participants define success primarily in economic terms. On the other hand, they view as socially responsible business those

that seek the improvement of external groups, operate ethically, comply with laws, cause no harm to others, based on bioethical, ethical and legal principles.

Table 8 – Characteristics of successful businesses and health related businesses

Statements	Successful Business		Health related business		Difference	Significance
	Average	Standard Desviation	Average	Standard Desviation		
Is profitable	84.05	30.81	57.95	36.78	25.72	0.000
Maximizes shareholder profits	92.02	21.62	65.14	38.53	26.70	0.000
Produces wealth	89.75	23.27	63.21	35.54	26.30	0.000
Improvement of internal stakeholders	85.98	27.25	96.98	11.81	-11.33	0.003
Excellence beyond the law	87.30	26.40	95.44	11.78	-8.44	0.010
Causes no harm to others	90.36	21.34	98.49	5.18	-8.35	0.012
Complies with the law	90.93	20.23	97.79	6.01	-7.07	0.013
Operates ethically	91.30	19.88	98.26	7.23	-7.16	0.013
Ethical standards beyond the law	86.16	29.07	92.65	19.15	-6.81	0.017
Is competitive	95.43	17.31	88.84	23.09	6.49	0.039
It is fair in its operations	92.50	19.06	96.28	9.95	-3.95	0.088
Is efficient	96.34	12.21	95.44	15.46	0.81	0.484
Respects the right of others	90.02	20.39	87.44	26.91	2.35	0.614
Improves external stakeholders	92.43	18.02	93.05	14.32	-0.79	0.673
Respects the rights of internal stakeholders	92.48	18.22	93.67	19.02	-1.37	0.677
	Average	Standard Deviation	Reliability	Average	Standard Deviation	Reliability
All Statements	90.47	14.10	.90	88.04	9.69	.72
Bioethical Statements	90.63	18.08	.93	94.32	9.82	.66

Table 8 compares the characteristics of successful businesses and those in the health area. This time two-thirds of the statements resulted in significant differences. Again, participants define successful businesses in financial terms, and add competitiveness as a necessary element in the health related businesses. These organizations are viewed by the participants as requiring features from socially responsible business and at the same time must maintain higher ethical and excellence than those required by law, unlike other business ventures.

Table 9 compares the characteristics of socially responsible companies and those in the area of health. This time only two premises resulted in significant differences. Participants distinguished socially responsible businesses from those that are profitable and maximize shareholder wealth. This emphasizes that in the view of the participants, health related businesses are not characterized by their economic performance.

Table 9 – Characteristics of Socially responsible businesses and health related businesses

Statements	Socially responsible Business		Health related Business		Difference	Significance
	Average	Standard Deviation	Average	Standard Deviation		
Maximizes shareholder profits	78.07	34.31	65.14	38.53	12.42	0.031
Is lucrative	66.73	38.95	57.95	36.78	8.00	0.040
Excellence beyond the law	91.64	19.81	95.44	11.78	-4.00	0.071
Improving external groups	98.61	6.32	96.98	11.81	1.60	0.100
Respect the rights of external stakeholders	92.11	21.98	87.44	26.91	4.49	0.100
Operates in an ethical manner	98.95	4.25	98.26	7.23	0.67	0.175
Improving internal stakeholders	95.55	12.99	93.05	14.32	2.40	0.262
Complies with all the laws	98.39	4.79	97.79	6.01	0.56	0.379
Dont do harm to others	96.80	13.93	98.49	5.18	-1.77	0.417
Is fair in its operations	95.34	13.70	96.28	9.95	-1.05	0.602
REspects the rights of internal stakeholders	93.09	21.65	93.67	19.02	-0.74	0.769
Is competitive	89.89	25.44	88.84	23.09	0.81	0.800
Is efficient	94.98	15.01	95.44	15.46	-0.58	0.802
Produces wealth	64.36	35.92	63.21	35.54	0.33	0.935
Ethical standards beyond the law	92.82	17.83	92.65	19.15	0.00	1.000
	Average	Standard Deviation	Reliability	Average	Standard Deviation	Reliability
All Statements	89.82	10.61	.77	88.04	9.69	.72
Bioethical Statements	95.25	9.62	.65	94.32	9.82	.66

When comparing the averages obtained for all the statements the bioethical reasoning statements were perceived as more necessary for socially responsible businesses than for health related or successful businesses. A clear link between bioethics and corporate social responsibility emerges.

Comparisons by academic discipline

Table 10 – Differences attributed to Academic Discipline

Statement	Health related	Businesses	Difference	Significance
Business goals				
To operate ethically regardless of financial goals	88.73	82.30	6.43	.000
Destine a portion of profits to charitable activities	82.93	72.83	10.1	.001
Produce wealth	89.25	82.19	7.06	.002
To maximaze shareholder wealth	82.70	78.61	4.09	.003
To act in agreement of society's ethical standards	94.07	92.00	2.07	.006
To produce godos and services lawfully	96.91	93.64	3.27	.006
To be competitive	93.23	89.10	4.13	.008
To comply with the free market laws	91.23	87.80	3.43	.016
EStablish relationships based on mutual respect	91.00	86.98	4.02	.025

To comply with lawful contracts	98.16	95.44	2.72	.039
Executive's Functions				
To promote the improvement of internal stakeholders	95.56	89.89	5.67	.001
To make fair decisions	98.71	94.63	4.08	.021
To avoid harm by action or inaction	96.56	93.89	2.67	.035
Financial goals must be achieved				
Regardless of benefit to society	12.44	27.92	-15.48	.000
Operating Ethically	95.18	94.42	0.76	.009
Even with injustice	6.44	12.49	-6.05	.009
Even if somebody's rights are trampled	2.60	6.78	-4.18	.010
Even if it implies unethical acts	7.24	14.93	-7.69	.015
Being fair	97.27	94.87	2.4	.020
Doing good to society	86.67	84.41	2.26	.034
Even when some are harmed	17.71	24.26	-6.55	.040
Respecting others rights	95.13	95.09	0.04	.043
Must comply with all the laws				
Even when financial goals are affected	92.24	80.66	11.58	.002
To be a good citizen	93.36	87.94	5.42	.016
Because it is fair	93.64	90.17	3.47	.017
Because it is ethical	93.16	88.88	4.28	.025
To avoid penalties	95.11	93.58	1.53	.038
To respect the rights of others	95.38	93.66	1.72	.050
Businesses must act ethically				
Even if financial goals are affected	88.22	78.44	9.78	.002
To respect autonomy and dignity of others	92.82	87.91	4.91	.008
To avoid causing harm to others	95.27	92.39	2.88	.023
To do good to others	91.02	87.03	3.99	.036
Always	96.64	92.70	3.94	.038
Even if it implies more restrictions	89.60	85.26	4.34	.044
Must be socially responsible				
Even if financial goals are affected	87.40	74.67	12.73	.000
Because it is part of their operation	89.82	81.91	7.91	.001
Always	96.67	91.11	5.56	.005
To do good to others	95.22	88.91	6.31	.010
Because it is fair	93.22	90.06	3.16	.012
To be a good citizen	92.09	88.80	3.29	.018
To avoid causing harm to others	96.31	92.67	3.64	.037
Successful Businesses				
Do not cause harm to others	90.36	82.42	7.94	.003
Respects the rights of others	90.02	83.03	6.99	.003
Self imposes ethical standards beyond the law	86.16	78.09	8.07	.003
Respects the rights of its external stakeholders	92.48	87.34	5.14	.005

Contributes to improve the internal stakeholders	85.98	79.64	6.34	.006
Its fair in its operations and activities	92.50	87.63	4.87	.007
Operates ethically	91.30	85.49	5.81	.012
Contributes to the improvement of external stakeholders	92.43	90.50	1.93	.038
Socially responsible business				
Is competitive	89.89	75.63	14.26	.000
Is efficient	94.98	84.06	10.92	.000
Contributes to improve the internal stakeholders	95.55	85.53	10.02	.001
Maximizes shareholder wealth	78.07	63.42	14.65	.001
Contributes to the improvement of external stakeholders	98.61	94.55	4.06	.029
Indexes				
Bioethical – Financial	89.04	92.16	-3.12	.002
Bioethical- Ethica	92.68	70.17	22.51	.004
Social	88.01	73.38	14.63	.010
Social Responsibility	90.86	88.66	2.2	.016
Bioethical	89.72	88.50	1.22	.050

The tests to determine differences between the two groups, students of health related professions and business administration students, resulted in significant differences in more than half of the statements. In all cases the average of students in health professions was greater than that of students in business administration. There were few exceptions, because of the way in which the premise was drafted, suggesting that the health professions students considered ethics, bioethical principles, philanthropy, legality and the traditional financial aspects as the most important, than what the business students believe. Results are presented in the table.

Among the differences, it was found that the health profession students give more importance than business students to concepts such as maximizing profits for shareholders and the production of wealth to define the purpose of business. Students of health professions place greater importance to comply with the laws, act ethically and being socially responsible, even at the expense of economic goals, showing a less materialistic orientation than their counterparts in business administration. It promises that conflicts between managers and health professionals in relation to health services and its costs will not go away any time soon. The potential inclination of business students to commit questionable acts because of financial reasons is very worrisome.

Another result that deserves to be highlighted is that many statements of bioethical reasoning and the general bioethical index resulted in higher averages among health professions students, possibly due to their formal training in the area. Beyond their bioethical reasoning, health professions students have a stronger social orientation and agree more that companies should be socially responsible always, than business administration students, who have possibly experienced the social responsibility topic more often. This provides overwhelming evidence of the utility that the bioethical reasoning has for business administration. It has the potential to develop the social responsibility of students and enrich their capacity to reflect and solve ethical conflicts arising in business.

RESULTS ANALYSIS

Results reveal health professions as well as business administration students recognize the various dimensions of business, beyond its traditional financial function. They use bioethical principles for its justification. Both ascribed more emphasis on ethics and the legal function and less importance to the social dimension. This reflects a vision of business as legal entities required to comply with a series of regulations, primarily. Then ascribe a moral obligation to fulfill a social function. Health professions students place the bioethics dimension at a third level and the financial dimension at a fourth level, while business students rate it opposite. This reflects a greater commitment of health professions students with bioethical principles and greater commitment of business students with the financial role of business. These results can explain the conflicts created when an attempt is made to align the goals of patients' health to the financial goals of health related businesses.

It is not surprising that health professions students give more importance to bioethical considerations than do business students, their formal education supports it. Interestingly they place greater importance to the do-no-harm principle over the beneficence principle, which implies a passive attitude. To avoid using knowledge to cause harm is a minimal aspiration in any organization or society, but the achievement of higher goals is only reached when knowledge is used to do good. It is not enough to avoid harm, to do good respecting people's autonomy and using justice as a guide is a higher order value.

It is not surprising that the health professions students perceive businesses dedicated to these purposes as different from other businesses. However, it was revealing that they conceive business success in the traditional financial terms while socially responsible businesses are

differentiated by their ethical, legal and stakeholder-centered operation. Health related businesses are perceived as more socially responsible than 'successful'. Therefore the social role of businesses is perceived as separated from success instead of an improvement in business practices and philosophy.

The differences found between health professions students and business administration students are as interesting as provocative. Even when health professions students perceive business success in the traditional financial more than business student, they seem less inclined to engage in questionable practices for the sake of financial considerations than business students. Health professions students have a stronger social responsibility orientation than the business students. In opposition to the health professions students, these results raise some questions about the education of business students who are not committed to the traditional financial approach to business, but at the same time do not perceive their field as having a worthy social function. On the other hand, it highlights the usefulness of bioethical principles to develop the social responsibility paradigm in health professions students, which might be equally effective in developing csr in business students.

Taken altogether, the results suggest that ethical conflicts arising from financial and efficiency focused organizations in the health related industry are still to be resolved. The perceptual differences that health professions students and business administration students, found in this study is an invitation for research. It is also useful for the development of changes in the curriculum in business schools. A better equilibrium model must be found to harmonize the optimal use of resources and beneficence. It requires a more multidisciplinary view of business education in business schools to not only study moral thought but experiences that can help them internalize and experience the various ethical undercurrents that arise from the nature of the different industries. It has been shown that the inclusion of the study of bioethics could enrich the curriculum of business schools, adding an additional tool to develop corporate social responsibility.

CONCLUSIONS

This study achieved five objectives. First, the importance of bioethical principles in defining what constitutes a business, was determined. The results showed that all bioethical principles were relevant and important. Second we calculated indices to measure the corporate social responsibility orientation and each of the four theoretical dimensions, achieving all high

levels of reliability. Third, we calculated indices of bioethical reasoning with a high degree of reliability. We identified the characteristics that businesses should have to be considered successful, socially responsible or from the health area and the effect of bioethical principles to achieve them. Fourth, we found that the business success is defined mainly by financial variables and socially responsible by social and ethical sensitivity variables. Health related businesses are perceived as socially responsible and are further distinguished by high ethical standards and excellence. Bioethical principles were more important to define the socially responsible or health related businesses that to define successful businesses. Fifth, we identified 59 significant differences due to the area of study, health professions students showed greater social awareness and bioethical reasoning in all instances.

Every study faces certain limitations that must be reported. The sample was not selected randomly and the sample of health professions students is relatively small. Therefore, results cannot, and have not been, generalized to the population. As in all self administered questionnaires it is possible that the answers given by the participants do not necessarily reflect accurately what they think. Furthermore, since this study is based on the reality of Puerto Rico, which is a reflection of the United States, a logical extension is its replication in other Latin American countries to examine its validity in other contexts.

The right to life and the inherent right to adequate health care services continues to be among the most discussed and complex issues today. All sectors in society including government, businesses, Universities and those who provide the services, must each understand the issues from a variety of perspectives in order to provide the best possible alternatives for the best care. Understanding the provision of health care services today requires a systems perspective in which for and not-for profit organizations coexist. Universities must educate their students in the health professions and business administration in such a way that they each can understand the other's perspective and help develop successful organizations that provide health care. There is still a great deal of unanswered questions concerning CSR, thus, multi-disciplinary and quantitative research must continue to provide new and varied insights. The results can improve the training of future managers and entrepreneurs as well as health care professionals. Only that way knowledge on social responsibility, justice, benevolence, etc will be created and transmitted. This study seeks to be a small step in this direction.

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