Ethics and the Healthcare Professional

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Purpose

The purpose of Ethics and the Healthcare Professional is to provide healthcare professionals with information about ethics, ethical principles, and Codes of Ethics, and to explore the ethical aspects of situations that healthcare professionals commonly encounter in practice.
Learning Objectives

After completing this course, you will be able to:

1. Identify and give examples of the four classic ethical principles: autonomy, beneficence, nonmaleficence, and justice.
2. Explain and give examples of the doctrine of double effect.
3. State concepts common to the Codes of Ethics for selected healthcare professionals.
4. Explain models of ethical decision making such as the Four Component Model (Rest, 1986 and Robichaux, 2012) and the 4 A’s (AACN, n.d.).
6. Explore ethical issues that commonly arise in the practice of healthcare professionals, such as:
   - Futility of continued treatment and end-of-life care
   - Staffing issues
   - Addiction and substance/abuse among healthcare professionals
   - Incompetent practice
   - Non-judgmental interactions with patients and others
   - Protection of personal health information
   - Personal integrity, professional boundaries, and work ethic
   - Documentation
   - Conflicts with reimbursement and research interests
Ethical Challenges

Nurses face ethical dilemmas on a daily basis, regardless of where they practice (Fant, 2012). The American Nurses Association (ANA) has developed a Code of Ethics for Nurses, which serves as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession (ANA, 2012).

Yet, ethical considerations are impacted by so many factors, such as culture, religion, upbringing, individual values and beliefs. These factors shape our ethical views and impact ethical decisions that affect nurses and their patients.

There are many ethical issues nurses can encounter in the workplace. These include quality versus quantity of life, pro-choice versus pro-life, freedom versus control, truth telling versus deception, distribution of resources, and empirical knowledge versus personal beliefs (Fant, 2012).

Quantity may address how long a person lives or perhaps how many people will be affected by the decision. Quality pertains to how well an individual lives life, and this varies upon the definition of quality of life. So how does the nurse support a patient deciding between a therapy that will prolong life but compromise the quality of life?
Definitions of Ethics

The word ethics has Greek roots:
• *Ta ethika*, referring to philosophical inquiry into good and evil
• *Ethos*, meaning personal character

(Burns, 2012)

A Code of Ethics is an attempt to define basic rules, or principles for determining what constitutes "good" or "right" behavior. In other words, to determine what we *ought* to do next. Ethics is:
• The discipline of dealing with what is good and bad, and with moral duty and obligation
• A set of moral principles or values
• The principles of conduct governing an individual or group

(Burns, 2012)

Ethics is:
“Our concern for good behavior. We feel an obligation to consider not only our own personal well-being, but also that of other human being.” (Albert Schweitzer in Certo & Certo, 2009)

Ethical Behavior

“Ethical behavior is not the display of one’s moral rectitude in times of crisis. It is the day-to-day expression of one’s commitment to other persons and the ways in which human beings relate to one another in their daily interactions" (Levine 1977, p. 845).
Code of Ethics for Nurses

The history of the Code of Ethics for Nurses dates back to the Nightingale Pledge written in 1893.

The 2010 American Nurses Association publication, Guide to the Code of Ethics for Nurses: Interpretation and Application traces the development of the Code of Ethics to the present day.

“Despite the changes over time in the Code’s expression, interpretation, and application, the central ethical values, duties and commitments of nursing have remained stable” (Fowler, 2010, p. xiii). The 2010 publication provides discussion of the code which was last revised in 2001.

(ANA, 2010)
Provisions of the Code of Ethics for Nurses

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.
5. The nurse owes the same duty to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

(ANA, 2010)
Think About It: Ethical Challenges

As a nurse, you may be caring for a patient with a terminal disease whose current plan of care seems futile; with endless painful treatments and procedures. The patient’s provider may view following the plan as an ethical responsibility to employ every technique that may possibly cure the patient’s problem. The provider may have a research interest in the treatment plan, or a professional interest in the outcome of prolonging life. The patient’s family may feel a responsibility to prolong the patient’s life. The most important perspective, the PATIENT’s, may be drowned out by all these conflicting perspectives.

In some situations, the healthcare professional’s ethical responsibility is clear. The healthcare professional is obliged to advocate for the patient. Yet:

• What if the patient is unsure about what he wants?
• What if the patient is misinformed – can you educate the patient without persuading to your point of view or disrespecting his cultural values?
• What are the consequences for you if you advocate for the patient in opposition with the views of the provider and the patient’s family?

“Think About It” situations may not have one complete right answer that applies to every situation. Your professional role is to face, and not ignore, ethical challenges, to raise questions, and to identify resources that can facilitate ethical outcomes.

In some situations there may be more than one ethical course of action. However, the patient’s rights to choice, dignity, privacy, and safe care ALWAYS take priority.
Debriefing Sessions

Healthcare organizations establish formal ethics committees to provide consultation on situations in which ethical issues have arisen.

At the unit level, some clinicians have found it helpful to convene their own unit-based debriefing sessions in which staff members discuss specific patient situations. In one intensive care setting, clinicians implemented monthly debriefing meetings. Sessions include bioethicists, social workers, and chaplains, in addition to clinical personnel (Santiago & Abdool, 2011).

Purpose of Debriefing Sessions

Known causes of moral distress for intensive care unit clinicians include the failure to respect a patient’s known prior expressed capable wishes, failure to protect patients from harm, the treatment of patients as objects, and the prolongation of the dying process. Conflict between patient and family wishes often occurs.

The debriefing sessions have helped clinicians experience and express their concerns, develop consensus plans of care, and create educational programs on ethical topics.

Note! • There are not a lot of good deaths in the ICU. (Santiago & Abdool, 2011, p. 26)
Contrasting Ethical Theories

In nursing, there are many theories of ethics than can be applied to different clinical situations to inform our thinking and support decision making. Sometimes, these theories may seem to be incongruous. Two such theories are Utilitarianism and Deontology.

Utilitarianism, also known as consequentialism, is doing the greatest good for the greatest number of people. This theory uses the consequences of an action to determine whether the action was good or evil.

Deontology asserts that ethical decisions are made based on a set of rules or principles regardless of what the consequences are. These ethical rules cannot be broken. The motive for doing what is “right” is more important than what the outcome may be (Towsley & Cunningham, 1994 in Reed, 2011).

Ethical Principles

Four basic principles form the basis of moral thought in healthcare:

- **Autonomy**
  - Respect the uniqueness and dignity of each person, self, and others.
- **Nonmaleficence**
  - Prevent harm and removal of harmful conditions.
- **Beneficence**
  - Act to remove harm or promote benefit.
- **Justice**
  - Treat individuals equally.

A code of ethics identifies what colleagues should expect of each other within a profession and what the public should expect from the professional.

A code of ethics is hallmark of a profession.

Scott, 2008
Think About It: Ethics and Staffing

I’m an ICU nurse; I hate being floated to PCU! It’s just wrong!

Sometimes ethical challenges arise in staffing situations. It is unethical, and also against the organization’s policy, to accept an assignment that requires competencies you have not developed or places patients at risk because of the number of patients assigned to you. In those situations, you must express your concerns to your direct supervisor and if necessary appeal to the chain-of-command.

But what about this ICU RN who hates being floated to PCU and thinks it’s wrong? The nurse certainly has the competencies, although the patient assignment may be larger than the typical ICU assignment. If the supervisor is carrying out the floating policy correctly, there is a greater need for this nurse in PCU than in ICU at this particular time.

Professional codes of ethics clearly indicate that the healthcare professional’s primary responsibility is to the patient. Most healthcare professionals prefer to work in their accustomed settings with peers they know. But in order to fulfill the ethical responsibility to the patient, the healthcare professional may need to venture outside the comfort zone.

For further information and suggestions about floating situations, see the RN.com course, *Critical Thinking: Mastering the Art of Floating.*
Ethical Behavior

Values, duties, and commitments comprise personal and professional ethics.

In many professional situations it may be very clear how to take the action related to each basic ethical principle stated in the previous section. A few examples include:

• Respect the uniqueness and dignity of each person, self and others
  – Protect patient privacy
  – Treat all you encounter with respect – patients, their family members and significant others, co-workers
  – Preserve your own self-respect and dignity

• Prevent harm and removal of harmful conditions
  – Intervene whenever a patient’s safety is at risk
  – Promote a safe environment, both physically and psychologically
  – Monitor the environment for safety hazards

• Act to remove harm or promote benefit
  – Improve unsafe conditions
  – Confront and report unsafe practices and errors
  – Promote benefit by encouraging and assisting measures that promote healing such as post-surgical ambulation and deep breathing, and measures that prevent harm such as regular repositioning of patients at risk for pressure sores. These measures may be specifically ordered to be performed at specific intervals, or it may be the healthcare professional’s responsibility to recognize the importance of these measures and carry them out.

• Treat individuals equally
  – Extend equal respect and courtesy to all individuals you encounter. Even when treated discourteously, respond in a manner that effectively addresses the behavior without disrespecting the other person.
Think About It: Impaired Practice

Have you ever suspected or known that a colleague was practicing under the influence of drugs or alcohol while on the job? Have you ever suspected or known that a colleague was diverting medications?

What did you do about it?

The ethical obligation is clear:
“When fellow professionals act in ways that endanger patients, as well as themselves or others, then the obligations to the patient, the profession, and the employing institution supercede loyalty to a peer” (Twomey, in Fowler, 2010, p. 37).

Yet, studies have estimated that only 37% of nurses who knowingly work with a nurse-colleague suspected to be impaired will report and those nurses who believed that punitive, as opposed to rehabilitative, consequences would result were less likely to report (Kunyk & Austin, 2011, p. 383).

Learn about your state’s alternative disciplinary process for professionals who have substance abuse problems or mental illness. These programs are voluntary, confidential, rehabilitation programs for healthcare professionals whose practice may be impaired due to chemical dependency or mental illness. The programs aim to protect the public by early identification of impaired professionals and by providing those individuals access to appropriate intervention programs and treatment services. Public safety is protected by suspension of practice, when needed, and by careful monitoring of the healthcare professional. In addition, employee assistance programs, and peer assistance organizations will refer individuals and their families to appropriate counseling and treatment services (U.S. Department of Justice, Office of Diversion Control, n.d.).

Fundamental Values

“When we do not use our nursing expertise or enact our discipline’s fundamental values and respond ethically to nurse-colleagues who are suffering with an addiction, we fail them as well as ourselves” (Kunyk & Austin, 2011, p. 387).
Asking Ethical Questions

Although the ethical course of action is often clear, in many situations there is more than one choice to make.

If you observe another team member doing something that places patient safety at risk, the clear ethical choice is to intervene to protect the patient. What next?

It is also clear that ethics requires that you address the team member who was performing unsafely. But how?

Certainly share your perception with the team member. “I saw you doing... Did you realize that you were placing the patient in danger of...?” The team member will respond in some fashion. “You’re right, I was in a hurry and got careless,” or “Thanks, I really didn’t know that,” or “Thanks for helping me out,” or “I had everything under control. Mind your own business.” Does the response influence your next steps?

In the interest of patient safety and placing the patient first, as all healthcare professional codes of ethics declare, you have a duty to report what you observed. To whom? Will you report to the manager and tell the team member that you will do so? Will you make a confidential report to a compliance hotline?
Think About It: Observations of a Colleague’s Practice

All healthcare professionals observe their peers in action in the practice setting. Occasionally you have probably observed lapses in standards of care and practice, or worse outright illegal behavior such as diverting narcotics.

You may have observed a colleague performing a sterile procedure without sterile gloves or breaking technique in some other way. You may have observed a colleague handling a patient roughly. All healthcare professionals find these situations difficult. For temporary staff members, the situation becomes even more complex.

What have you done in such situations? Have you wished that you had acted differently?

Conflict arises because of your needs to protect patients, maintain good rapport with colleagues, and keep your job.

If it is possible to intervene and prevent harm or potential harm, that is the ethical priority. Ethical practice also directs that you confront your colleague “not necessarily in a confrontational style, but to let that person know what you observed.”
**Ethics Begins Where Policy Leaves Off**

Policies and procedures (P&P) may state quite specifically how to report lapses in competent practice. You are legally bound to follow P&P. Know and comply with your organization’s policies and procedures regarding all aspects of practice and especially those sensitive, ethical areas involved in reporting incompetent practice, addressing end-of-life issues, and other situations.

You may find yourself in situations that require immediate action or responses to others and may not have time to consult policy at that moment.

When P&P is ambiguous, your ethical decision making kicks in.

- What does the Code of Ethics say about situations like the one you’re in? Some codes of ethics specifically state the professional’s responsibility to report incompetent practice.
- How do you apply principles of autonomy, nonmaleficence, beneficence, and justice in the situation?
- Where can you go for help? The ethics committee, your manager, a trusted mentor or colleague?

**Ethical Dilemmas**

Ethical dilemmas arise when more than one, sometimes opposite, actions arise because those involved in the situation have different perspectives. And because the ethical principles may suggest different courses of action.

Ethical dilemmas frequently arise in end-of-life situations.

Often the patient is ready to cease aggressive treatment and elect palliative approaches. So it seems that the principle of autonomy directs us to advocate and arrange for hospice care.
Conflicting Ethics

However, perhaps the oncologist believes that just maybe the patient will respond well to one more round of chemotherapy. The oncologist may experience a conflict between the principles of beneficence (seeking a beneficial outcome from more chemo) and maleficence (recognizing the adverse effects of chemo and weighing length of life against quality of life).

The American Medical Association (AMA) code of ethics makes clear the obligation to show compassion and respect for human dignity and rights and to regard the responsibility to the patient as paramount. And yet, the code also obliges the physician to continue to study, apply, and advance scientific knowledge, and to share information with the patient. Ethically, the oncologist must share information fully, correctly, and honestly without trying to persuade the patient and family.

The Family’s Perspective

The family may be insisting that all possible be done to continue to fight. Some might believe that “giving up” conflicts with autonomy. Or, the family may wish to support the patient’s choice, but feel guilty – especially if financial considerations such as the cost of continued treatment or potential inheritance enters in.
The Doctrine of Double Effect

The doctrine of double effect describes a situation in which an action has more than one effect, one of which is harmful. The harmful effect may be unanticipated, or may be known in advance. Examples include (BBC, n.d.):

<table>
<thead>
<tr>
<th>Situation</th>
<th>Beneficial Effect</th>
<th>Harmful Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-dose opioids administered to terminally ill patients</td>
<td>Relief of pain, relief of dyspnea</td>
<td>Likelihood of hastening death</td>
</tr>
<tr>
<td>Saving the life of pregnant woman when fetal death will result</td>
<td>Saving woman’s life</td>
<td>Sacrificing fetus</td>
</tr>
<tr>
<td>Collateral damage in warfare</td>
<td>Presumably enemy is defeated and military/moral objectives are achieved</td>
<td>Noncombatants suffer death, injury, disease related to warfare</td>
</tr>
<tr>
<td>Removing life support</td>
<td>Relief of suffering or poor quality of life</td>
<td>Death</td>
</tr>
</tbody>
</table>
Think About It: The Doctrine of Double Effect

Some believe that the intention of the person taking action determines whether the action is an ethical one. Legal systems certainly consider intention when judging the seriousness of a crime. Others believe that one is morally responsible for all consequences of his action – predicted and unpredicted, intended, and unintended (BBC, n.d.).

Have you been in situations to which the doctrine of double effect applies, such as the patient choosing between further chemo and hospice care?

In that situation the choice may not be mutually exclusive because chemo and radiation may proceed in hospice care if the intent is palliative and not curative. For example, if reducing the size of a tumor will relieve symptoms. Nevertheless, whatever the intent, the adverse effects of chemo are well-known.

How do you act on your obligation to place the patient first, honor the patient’s dignity and right to choose, and at the same time provide necessary information for informed decisions without persuading to your own point of view or disrespecting the patient’s cultural values?

What resources have helped you in these situations? What resources does your organization have in place to assist healthcare professionals in these situations? What resources might your organization create or formalize to assist?
Code of Ethics for Healthcare Professionals: Common Threads

A sampling of nine codes of ethics* reveals common threads. All of these Codes, though in somewhat different words, identify the responsibility of practitioners to:

- Place the patient’s interests first, promoting patients’ health, safety, and rights
- Protect the autonomy and dignity of the patient
- Maintain confidentiality
- Practice with honesty and integrity
- Maintain competence
- Respect others, including colleagues, and other professionals
- Practice in a non-discriminatory fashion

* Dental Hygienists, Medical Doctors, Pharmacists, Pharmacy Technicians, Physical Therapists, Radiologic Technologists, Registered Nurses (USA and international), Respiratory Therapists

Code of Ethics for Healthcare Professionals: Some Specifics

Some codes (Medical Doctors and Respiratory Therapists) specifically identify the responsibility to report colleagues who practice incompetently, illegally, or fraudulently. In others that expectation is implied in statements about protecting health and safety.

Some codes make specific mention of avoiding conflict of interest and of behaving ethically in research.

Some professional organizations, such as the American Society of Radiologic Technologists (ASRT), design a curriculum to serve as a blueprint for educational programs that prepare entry level practitioners. ASRT’s Radiography Curriculum highlights ethics, including professional conduct, ethical issues in health care, and the expectations, rights and responsibilities in the patient care partnership (ASRT, 2012).

The Registered Nurses’ code specifically mentions safe delegation and the responsibility to promote nursing’s values in organizational and social policy.
A Sampling of Codes of Ethics for Healthcare Professionals

American Association for Respiratory Care, for Respiratory Therapists
  •  http://www.aarc.org

American Dental Hygienists Association, for Dental Hygienists
  •  http://www.adha.org

American Physical Therapy Association, for Physical Therapy
  •  http://www.apta.org

American Society of Radiologic Technologists, for Radiologic Technologists
  •  http://www.asrt.org

iPharmD, for Pharmacy Technicians
  •  http://www.ipharmd.com
  •  http://ezinearticles.com/?The-Code-of-Conduct-For-Pharmacy-Technicians&id=2646417

International Council of Nurses, for Registered Nurses (in 12 languages)
  •  http://www.icn.ch

The American Medical Association, for Medical Doctors
  •  http://www.ama-assn.org

The American Nurses Association, for Registered Nurses
  •  http://nursingworld.org

US Pharm D, for Pharmacists
  •  http://www.uspharmd.com/pharmacist/pharmacist_oath_and_code_of_ethics/ (Career Tab on uspharmd.com home page)
Oath of a Pharmacist

The American Association of Colleges of Pharmacy (2007) established the Oath of a Pharmacist.

At this time, I vow to devote my professional life to the service of all humankind through the profession of pharmacy.
I will consider the welfare of humanity and relief of human suffering my primary concerns.
I will apply my knowledge, experience, and skills to the best of my ability to assure optimal drug therapy outcomes for the patients I serve.
I will keep abreast of developments and maintain professional competency in my profession of pharmacy.
I will maintain the highest principles of moral, ethical and legal conduct.
I will embrace and advocate change in the profession of pharmacy that improves patient care.
I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.

Code of Ethics for Pharmacists

The American Pharmaceutical Association established a Code of Ethics for Pharmacists which is endorsed by the American Society of Health-System Pharmacists.

I. A pharmacist respects the covenantal relationship between the patient and pharmacist.
II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.
III. A pharmacist respects the autonomy and dignity of each patient.
IV. A pharmacist acts with honesty and integrity in professional relationships.
V. A pharmacist maintains professional competence.
VI. A pharmacist respects the values and abilities of colleagues and other health professionals.
VII. A pharmacist serves individual, community, and societal needs.
VIII. A pharmacist seeks justice in the distribution of health resources.

Click here to view interpretive statements associated with each item
http://www.uspharmd.com/pharmacist/pharmacist_oath_and_code_of_ethics/ (Career tab on uspharmd.com home page)
The ICN Code for Nurses

The International Council of Nurses created a code with four elements:
1. Nurses and people
2. Nurses and practice
3. Nurses and the profession
4. Nurses and co-workers

The Code discusses each element in terms of expectations of nurses with respect to three groups:
- Practitioners and managers
- Educators and researchers
- National nurses associations

For example, in the element, nurses and people, one expectation stated for practitioners and managers is to:
- “Provide care that respects human rights and is sensitive to the values, customs, and beliefs of all people.”

(ICN, 2006)
Think About It: Non-Judgmental Attitude

Codes of ethics stress the obligation of “compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems” (ANA, 2010, Provision 1).

How do you maintain a professional, non-judgmental approach? How do you assist your colleagues to refrain from judgmental words or actions?

Sometimes healthcare professionals struggle to maintain a non-judgmental attitude when they encounter patients whose health problems result from their own actions, such as:

- The new mother whose infant is experiencing alcohol or drug withdrawal.
- Patients whose injuries resulted during illegal activities such as robbery, confrontation with law enforcement officers, high speed chases, and other activities.
- The patient who has cardiac, orthopedic, and other problems related to excessive weight.
- Patients whose illnesses or injuries resulted from high risk activities including IV drug use and risky sexual practices.

What situations do you find most challenging in this regard?

Healthcare professionals certainly are entitled to their own beliefs and opinions. In fact, recognizing one’s own biases is an important step toward maintaining a non-judgmental approach to all patients.
Think About It: Social Media

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects patient privacy. HIPAA requires a patient’s permission for release of information and imposes significant fines for violations of its provisions. Organizational P&P addresses patient privacy and confidentiality. P&P may explicitly forbid sharing patient information outside of those with a care-related need to know, regardless of patient permission.

Suppose that your patient has been recovering from injuries sustained in a devastating accident and has progressed with intense physical therapy to be able to walk unassisted for the first time in months. You feel tempted to take a photo and video with your Smartphone. You ask the patient for permission. The patient says “OK.” You are both caught up in the joy of the moment. You take some photos and video.

Leaving work that day, you’re still exuberant about the achievements of the patient and the healthcare team. You want to show your social media contacts what your professional life is all about.

Ethically, can you post your photos or videos in social media? Or post the video on YouTube?

Even before the ethical question comes the question of P&P. Do you know your organization’s policy in this situation? If the policy is a bit ambiguous an ethical question arises.

The patient did give permission, but probably not in writing. And, permission for what? Probably not to have his image made public. And in the joy of the moment, was permission granted in a thoughtful, informed fashion?

Professional ethics direct that you not take the photos or video in the first place. What if the patient asked you to take photos or video to show to his family? Ethically, you would direct him to another resource for a photo.
One Woman’s Story

A 49-year-old business woman, well-known in the community, was hospitalized and in a coma as a result of closed head trauma. Her family set up a journal on the hospital's sponsored website, similar to carepages.com, caringbridge.org, or mylifeline.org. Posts, including posts by celebrities, flooded the journal. The patient’s sister gave a nurse permission to share information about the patient’s status in the journal.

The nurse shared specific details about the patient’s status, identified herself as the patient’s nurse, and invited questions about the patient and her condition. Some of the information the nurse revealed led to an investor withdrawing from a business venture because of uncertainty about the patient’s prognosis. Though the patient later recovered fully and resumed her career, the information that the nurse shared had an adverse effect on a significant business opportunity.

Some questions to consider in light of ethical principles:

- **Autonomy:** Did the sister’s permission respect the patient’s autonomy? Would the patient have wished this information to be shared if she were able to speak for herself?
- **Nonmalificence and Beneficence:** Though the many postings to the website may have provided comfort and support to the patient’s family, does that balance her business loss and compromised privacy?
- **Justice:** How did the patient’s prominence in the community influence the sharing of information? Might a lesser known individual have received greater protection of privacy?
Think About It: Personal Health Information

Certainly your organization has P&P concerning patients’ personal health information (PHI). And, in compliance with HIPAA, only healthcare personnel who have a need for PHI because of their roles in the patient’s care can legally access PHI.

But the law itself and organizational policy may not be crystal clear about what constitutes a role in a patient’s care. Unfortunately, some healthcare personnel have invented rationalizations for looking at PHI without having a role in direct patient care. Some healthcare personnel have been unable to resist the temptation to read the PHI of persons receiving care in their organizations who are friends, relatives, celebrities, or persons who provoke curiosity because of their lifestyles or circumstances.

Stay out of murky zones! There is little doubt about whether you are assigned to care for a patient, might have to cover a portion of the patient’s care, or might participate in a team which is caring for the patient. And, not every possible role in care requires comprehensive knowledge of everything that is in the patient’s record.

Both law and ethics are clear on this point – the patient’s right to privacy rules!

Ethics in the Law

State laws that govern the practice of healthcare professionals may make specific reference to ethical behavior. For example The California Nursing Practice Act (California Code of Regulations, 2011) states,

*The nurse* acts as the client’s advocate, as circumstance require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided (Title 16, Article 4, Section 1443.5, 6.).
Nurses’ Ethics-Related Activities

Researchers (Pavlish, et al, 2011) studied nurses’ reports of ethics-related activities in their practice. In the majority of cases, nurses gave priority to patient autonomy and quality of life.

In a number of cases, nurses chose not to pursue their concerns beyond providing standard care.

Several nurses expressed significant regret at their failure to act more assertively on behalf of their patients. Most regretted unnecessary pain and suffering, and some claimed they did not do enough for the patient, especially at life beginnings and endings, when patients are least able to advocate for themselves.

Nurses identified issues related to communication, family conflict, and futility of treatment issues as the issues most frequently referred to the ethics committee.

Nurses’ Priorities in Ethical Situations

Researchers (Pavlish, et al, 2011) documented nurses’ priorities in ethical situations, listed in descending order from the most frequently expressed priority.

1. Preserve the patient’s quality of life, with the obligation to alleviate suffering.
2. Protect the patient’s autonomy, especially when family members or healthcare team members favor a course of action different from the patient’s wishes.
3. Address substandard healthcare, such as failure to comply with standards, failure to address code status, or family members limiting staff ability to assess and give care.
4. Provide honest diagnostic and prognostic information.
5. Address family’s unrealistic treatment expectations.
6. Correct health system failure, such as communication breakdown or poor management.
7. Support nurses who report ethical concerns.
9. Make treatment decisions for vulnerable patients whose families are absent.
Nurses’ Regrets in Ethical Situations

Nurses described to researchers (Pavlish, et al, 2011) their regrets in ethical situations. Almost 90% of the regrets expressed occurred in end-of-life situations.

The most frequently expressed regret was taking an active role in initiating or continuing futile treatments at the request of family members. Nurses believed that patients suffered unnecessarily. Some nurses felt they had not done enough to advocate for patients and relieve suffering.

As one nurse stated,

“The patient did not want staff to do anything to her. She was in absolute misery. It is something so prevalent with today’s modern technology. We should not do certain things even though we can. Death is quite often better than what we do to patients (Pavlish, et al, pp. 389-390).”

Nurses expressed regret about failure of healthcare teams to address the prognosis honestly with patients and families. Nurses mentioned the time element, describing the draining effect of prolonged suffering (Pavlish, et al, p. 390):

“The incident was extremely draining for staff and took a long time to put behind us. The longer the patient stayed in the hospital, the more the team felt responsible for his quality of life.”

What Does the Healthcare Professional Do?

One nurse expressed:

“I believe nurses are in the middle of situations created by others. We have no power to change the situation” (Pavlish, et al, p. 390).

It is true that healthcare professionals lack power to completely change situations. However, there is usually an opportunity to take some action ~ perhaps communicate about concerns with patients, families, other team members, and/or the ethics committee. When there is no supportive structure in place, healthcare professionals often struggle on their own or do their best to ignore the ethical implications.
A Nurse Refuses But Has Second Thoughts

One nurse (Pavlish, et al, 2011, p. 388) described a situation in which a family requested comfort medication for a terminally ill patient who was experiencing severe respiratory distress. The physician ordered a large dose of morphine and the nurse refused to give it. The nurse expressed uncertainty about her decision,

“After the situation occurred, I shared this with an experienced oncology RN, a good friend and mentor. She said she would have given the drug. I’ve always and still feel maybe I let the patient down, didn’t ease his way out of this life.”

But the nurse also questioned whether the family and physician had a right to request a “lethal dose of morphine to a dying man.”
## Nurses’ Ethical Practice

<table>
<thead>
<tr>
<th>Nurse Activities</th>
<th>Nurse Ways of Being</th>
<th>Nurse Ways of Knowing</th>
<th>Nurse Ways of Deliberating</th>
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</thead>
<tbody>
<tr>
<td>Communicate openly (in timely fashion) with healthcare team</td>
<td>Be present, empathetic, supportive</td>
<td>Be informed on ethics</td>
<td>Seek clarity, illuminate</td>
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<tr>
<td>Speak up; raise issues promptly</td>
<td>Be strong, confident, courageous; do not be afraid of trouble</td>
<td>Be aware of own values</td>
<td>Consider harm/benefit</td>
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<td>Advocate in best interest of patients (advocacy actions not identified)</td>
<td>Be respectful, honest, sincere</td>
<td>Understand cultural issues</td>
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<td>Collaborate with families</td>
<td>Be open to multiple perspectives</td>
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<tr>
<td>Explore with patients their preferences for treatment</td>
<td>Be proactive; anticipate potential ethical issues</td>
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<td>Consult with ethics clinician/committee</td>
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<tr>
<td>Initiate referrals to support patients, such as palliative care, social work</td>
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<tr>
<td>Implement standards of care including Code of Ethics</td>
<td>Note: Two nurses stated that addressing ethical conflicts was not a nursing concern and suggested to “do nothing”.</td>
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<tr>
<td>Develop trust; maintain confidentiality</td>
<td>Columns are arranged in decreasing order of frequency with most frequently expressed behaviors first.</td>
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<td>Arrange family conference</td>
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<td>Encourage advance directive</td>
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<tr>
<td>Participate with others in policy development</td>
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</table>

Components of Ethical Decision Making

For the healthcare professional, demonstrating personal integrity plays an important role in ethical practice. P&P address some aspects of integrity, but there is sometimes room for personal interpretations.

Establishing personal boundaries
Some healthcare professionals push the professional boundaries by sharing large amounts of personal information and experiences with colleagues and patients. Establishing rapport with co-workers and patients facilitates quality care. However, maintaining one’s professional role by limiting personal sharing helps to build the confidence of patients and co-workers in one’s competence and professional purpose.

Accepting responsibility for attendance and timeliness
Some refer to a good attendance record and reporting for work on time as a reflection of a “work ethic.”

Documenting scrupulously
Certainly P&P and the law identify sound documentation practices. Yet sometimes healthcare professionals make a quick checkmark for an activity they intended to complete, but for whatever reason do not (Kearney & Penque, 2012).

Truth-telling in disclosing errors and near misses
Patients and their families have the right to know about errors in patient care. Such disclosures are not only ethically important, but also discourage allegations of malpractice. However, it is critical that healthcare professionals learn the organization’s P&P for these situations and follow the P&P carefully.

How does your work environment support healthcare professionals in demonstrating personal integrity in their professional roles?
**Disclosing Errors**

A physician recounted an experience with disclosing a near miss ...

“Well, I had an experience where I had disclosed a near miss to a patient and this happened in the evening time and I’d spoken with the nursing staff and the hospital administrator on call and we had concluded we should talk to this family and we did. And we consulted ICU, transferred the patient for monitoring to ICU. And the patient did well and the family accepted the situation, and the patient did fine. However, [administrators] felt this was inappropriate, and were very critical about the fact that I had disclosed this information (Gaudine, et al, 2011, p. 762).”

Most organizations recognize that benefits of transparency with patients and families. To protect yourself, your colleagues, and your organization, it is extremely important all involved follow P&P and assure that information provided is consistent.
“4 A’s” and “4 R’s”

The 4 A’s and 4 R’s can assist healthcare professionals to address the moral distress that arises when they encounter situations in which they feel unable to act consistent with their personal values (AACN, n.d.).

The 4 A’s are sequential steps in raising one’s awareness and committing to action.
1. Ask – Reflect to become aware of your feelings of moral distress. Are you and/or team members experiencing moral distress?
2. Affirm – Validate your feelings with others and make a commitment to address moral distress.
3. Assess – Assess the degree of your distress and your readiness to act.
4. Act – Make a personal and professional action plan. Carry it out and act to sustain the change.

If you are uncertain about taking action, the 4 R’s can help you to clarify:
1. Relevance – In what ways and to who is the issue important?
2. Risks – What are the risks of taking action and of NOT taking action?
3. Rewards – What benefits can be obtained by acting and various courses of action?
4. Roadblocks – What are the barriers to taking action or a particular course of action?

For further information about this model and examples, click here:
http://www.aacn.org/WD/Practice/Docs/4As_to_Rise_Above_Moral_Distress.pdf
Think About It: Asserting Professional Ethics

Have you ever questioned whether orders for therapy truly benefit the patient and address the patient’s needs, or perhaps are in place to maximize reimbursement to a healthcare organization?

Do you have the courage to raise concerns? Ethical principles guide you to advocate for the patient and the patient’s benefit.

What if you raise concerns and an administrator advises you that your very employment depends upon providing maximum amounts of therapy and that even if it doesn’t benefit the patient, it doesn’t harm the patient either?

In many cases, healthcare professionals fail to raise a question about situations such as this for fear of repercussions. The most appropriate first place to raise the concern is with your direct supervisor and to pursue the chain-of-command if you are not satisfied with the response of your supervisor.

The most effective approach is to gain support from colleagues, both in the specific instance and in making a commitment to raise a question when similar situations occur. Working together and refusing to tolerate unethical practice can change the culture. Referral to the ethics committee may be in order.

How can the “4 A’s” and the “4 R’s” help you to analyze the situation and make a plan?
A Model of Moral Development

Rest (1986) proposed a four-component model of moral development which describes steps in the process of attaining moral/ethical maturity. He suggests that one’s development of ethical skill begins with an awareness of the impact of a situation upon others (sensitivity). With this awareness, one then decides that there is a need for action and chooses a course of action (judgment). One then makes a commitment, consistent with one’s own values and beliefs, to take action (motivation). Finally, one figures out the best course of action for this situation and persists to implement it (action).

Without sensitivity to the feelings and reactions of others, ethical actions do not develop. Healthcare professionals often find it challenging to maintain this sensitivity amidst other demands and because of the discomfort that comes with it.

This developmental process parallels the “4A’s” outlined by the American Association of Critical-Care Nurses (AACN) as described earlier in this course.

For an in-depth discussion that applies this model to critical care nursing situations, see Robichaux, 2012.
The Four Component Model (FCM)

**Component 1: Ethical Sensitivity**
Becoming aware of and interpreting the reactions and feelings of others.

**Component 2: Ethical Judgment**
Determining that an ethical situation exists and requires action, and then deciding which course of action is the most justifiable in the situation.

**Component 3: Ethical Motivation**
Desiring to be ethical and to act and live in a manner consistent with one’s moral values. Moral courage is “the individual’s capacity to overcome fear and to stand up for his or her core values.” (Lachman, 2007, p. 131).

**Component 4: Ethical Action**
Determining the best way to implement the chosen decision and having the ability and confidence to persist to completion. “A given situation has ethical content when an action freely performed or not performed has the potential to harm or benefit others” (Robichaux, 2012, p. 69.).

(Rest, 1986, Robichaux, 2012)
Think About It: To Intervene or Not to Intervene?

Although this situation could involve any healthcare professional, for the sake of an example, suppose you are a pharmacist employed by a retail pharmacy. You are on a flight to visit family. You overhear a man behind you explaining to his seat mate that he is in the medical field. The woman who is his seat mate says she’d like to hear his opinion about a medication she has heard advertised on television.

You’ve heard those ads too and really question the way that the ad minimizes serious adverse effects. In fact, you read a recent article in a professional journal about the need for careful evaluation of certain risk factors for developing serious adverse effects before prescribing the medication.

So you are shocked to hear the man explain that he just read a great article about the safety and effectiveness of the medication. It sounds like the article you read, but he seems to have reached conclusions very different from your understanding of the article.

What, if anything, will you do in this situation? How do you apply the four component model (sensitivity, judgment, motivation, and action) to make your decision?

(Situation adapted from Kirsch, 2011)
Organizational Ethical Conflicts

Researchers (Gaudine, et al, 2011) studied ethical conflicts that nurses and physicians experienced in their practice. Subjects included 75 nurses and physicians representing 4 Canadian hospitals.

Subjects identified sources of conflict between their own personal/professional values and their healthcare organization’s actions. Themes included:

- Lack of respect for professionals. One nurse cited an example of a need for professional development that nurses had identified, but which administration addressed only after physicians supported it.
- Insufficient or scarce resources and how these deficiencies impact work life and patient care
- Not agreeing with organizational policies
- Administration turning a blind eye
- Lack of transparency or openness of the organization

RNs perceived a lack of organizational investment in nurses’ professional development. Physicians perceived a lack of preventive focus on the part of their organizations.

How do these findings compare with your own perceptions and those of your colleagues in your organization? What strategies can help to address the conflicts that you perceive?

Summary

This course has explored ethical concepts and selected situations in the practice of healthcare professionals that highlight ethical concerns. But ethical concerns for healthcare providers extend far beyond these examples.

“*It is not an exaggeration to say that in every clinical encounter, there may be ethical issues at the personal, provider, and social levels*” (Benner, 2003).
Conclusion

*Ethics and the Healthcare Professional* has provided you with information about ethics, ethical principles, and Codes of Ethics, and has explored the ethical aspects of situations commonly encountered in practice.

By studying this course, you have learned:

- Four classic ethical principles: autonomy, beneficence, nonmaleficence, and justice, and examples of each
- A definition and examples of the doctrine of double effect
- Concepts common to the Codes of Ethics for selected healthcare professionals
- Models of ethical decision making such as the 4 Component Model (Rest, 1986 and Robichaux, 2012) and the 4 As (AACN, n.d.).
- How to deal with ethical aspects of many clinical situations, such as end-of-life care, staffing issues, addiction and substance abuse among colleagues, incompetent practice, protection of personal health information, personal integrity, professional boundaries, work ethics, documentation issues, and conflicts with reimbursement and research interests.
Resources

ANA Code of Ethics
- http://nursingworld.org

American Association of Critical-Care Nurses Statement on Moral Distress

Preventive Ethics from the National Center for Ethics in Healthcare
- http://ethics.va.gov

U.S. Department of Justice, Office of Diversion Control
References


References


References


