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Review Article

Ethical Decision – Making as Applied to Healthcare Providers Practice

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Abstract: Health care providers face countless challenges when conducting patient teaching. The complexities of the health care system as well as continuing strides in technology and treatment protocols make it difficult to keep pace, not only in providing care, but also in teaching patients about medical conditions, self - care and drug therapies. Furthermore, patients want to receive accurate information from trustworthy health care providers.

Keywords: Nurses, Health Care Providers, The Health Care System Treatment Protocols, Medications, Rehabilitation, Diseases

1. Introduction

Patients look to nurses and other health care providers as information "gatekeepers" [1]. Registered nurses work to promote health, prevent diseases, and help patients cope with illness. They are advocates and health educators for patients, families, and communities. When providing direct patient care, they observe, assess, and record symptoms, reactions, and progress in patients; assist physicians during surgeries, treatments, and examinations; administer medications; and assist in convalescence and rehabilitation [2]. Professional nurses also develop and manage nursing care plans, instruct patients and their families in proper care, and help individuals and groups take steps to improve or maintain their health. As care models change, nurses must reflect on their practice and be vigilant about new and developing ethical issues. This paper aims to explore the ethical issues related to limited patient education utilizing the ethical principles of nonmalfeasance, beneficence, autonomy and justice.

2. Legal Implications for a Registered Nurse of Providing Limited Patient Education

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 [3]. The nurse's primary commitment is to the recipient of nursing and health care services, whether the recipient of care is the individual patient, the family or the community. Nursing holds a fundamental commitment to the uniqueness of the individual patient; therefore, any plans of care must reflect that uniqueness. Nurses have a responsibility to assure that patients are informed about their health status and treatment alternatives and actively participate in planning and decision-making about their care as they choose to do so. Ethics according to Storch is part of every nursing role and function because it is about relationships, and about the moral commitment of nurses to those they serve [4].

Although nursing fundamental values have not changed significantly overtime, the broader context of nursing practice has changed and is changing. Our understanding of how we live out our values within a changing profession must continue to grow. "There are so many other demands," a fellow RN says, "who's got time for long explanations?" Inherent in nursing, is respect for human rights – including the right to life, to dignity, to information regarding patient's condition and management, and to be treated with respect. The first principle, nonmaleficence, or do no harm, is directly tied to the nurse's duty to protect the patient's safety. Born out of the Hipprocatic Oath, this principle dictates that we do not cause injury to our patients [5]. In the situation mentioned above, it is the responsibility of the nurse to give full instructions / teach her patients regarding her therapeutic regimens. A professional nurse aside from her clinical knowledge and skills in patient care, must be able to budget her time and energy so that teaching her patients or providing direct patient care will not be sacrificed. In giving limited instructions / teachings to patient, perhaps the patient suffers needless complications, emotional or psychological trauma. Therefore, a way that harm can occur to patients is through communication failures. These failures can be intentional as just described, because there is not enough time. Failing to convey full information or teachings can cause harm to patients. This harm could be lengthening patient's hospital stay, increased emergency visits or readmissions, economic drain, depression or complications of present condition that could be detrimental. Negligence is defined as the omission of something a reasonable person would do, or the doing of something a reasonable person would not do [6]. In this case presented, is the nurse legally / ethically at risk because of the limited patient education provided? And being aware of this problem, but cannot do assuming that the nurse is overworked, that there is shortage in staffing in her unit, and also considering the other staff working with her (may be new nurses, still under orientation, etc.). Too often, nurses go home after their duty hours frustrated because they were not able to achieve the full events of their capabilities. "We did not give our best to everyone. Why? The answers are the same everywhere. We did the best we could under the circumstances [7]. So, may be this applies to the nurse in the above-mentioned situation and therefore not liable for negligence. The nurse did her best under the circumstances. She knows she could have done better and done more, but too short-staffed and so overworked. She could only attend to essentials, yet she knew patients and their families needed teaching, comfort, or discharge planning.

3. Strategies to Ensure That Adequate Education Is Made to Ensure That the Risk of Malpractice Is Minimized

Most health care professionals including nurses have focused on the patient as a passive recipient of care, they established what the patient should do and how it should be done. Since values, priorities and active decision-making have not been shared with the patient and family, compliance with therapeutic regimens have been poor [8]. Patient and family health education is imperative since compliance or adherence with therapeutic regimens require a patient or family to integrate new behaviors and significantly modify lifestyles to accommodate the limitations or changes in functional capacity as a result of medical condition. Patient education is the passage of knowledge from the healthcare to the patient. It is knowledge that will benefit the patient. Improved quality of care is recognized to be a benefit of patient education [9]. Patient education involves nurses documenting that the patient and / or family gives fully informed consent before any procedure is done. After the procedure, nurses need to document that the patient is informed of the diagnosis, treatment, medications, possible complications and follow-up care. It also needs to be documented whether the instructions were understood or there were obstacles to learning. Likewise, patient education starts when the patient is admitted and is based on the factors identified during the assessment as: a) physical disabilities (vision /hearing); b) mental disabilities (retardation); c) level of information; and d) cultural diversity. The patient's admission interview identifies challenges that will have to be overcome to effectively teach the patient.

Strategies for effective patient education:

1. Pleasant comfortable atmosphere
2. Avoid disruptions
3. Keep the assessment in mind
4. Involve the family
5. Use handouts or related materials
6. Good communication

Patient education is a high priority and all nurses must be aware of its important. During busy hours, time must be allotted for effective patient education. Colleagues must be willing to share some duties, so that a nurse will be able to spend the time necessary to teach the patient before discharge. We live in an era of information. The use of resources is another benefit of patient education. Many printed materials and videos are available for patient education but not all of them are applicable to every patient. Patient education therefore must be individualized. Patient's family must be involved in the educational process. Each patient is a member of a family and a family member usually accompany the patient to the hospital or for any procedure. They are concerned and need to be informed about the patient's status. There are some exception to this when the nurse must respect the patient's privacy if the patient has requested that no information be given to others. Usually, the patient wants his family involved.

4. Ethical Decision – Making Model to Ensure Patient Autonomy, Beneficence and Justice

Problems confronting patients and their families are multifaceted [9]. There are the obvious, expected problems and the hidden excommunicated problems; and there are the problems that worry the patients 8. As nurses, we must believe and encourage the sharing of knowledge, attitudes, feelings and beliefs with patients. We must do more than see

that patients receive the highest quality care. We must be motivated to discover methods to educate and help patients comply with therapeutic regimens prescribed in order to facilitate the attainment and maintenance of optimum health and live life with quality. A series of studies about factors affecting patient's cooperation found out that patients and family were poorly informed about their disease or condition and treatments. This finding was substantiated by [4]. In two other studies, education of the patient and family increased compliance with therapeutic regimens [10]. Education needs to be participatory and includes hand on practice by the involved patient. The American Nurses Association Standards of Practice, stated that patients and family should be involved actively in as many aspects of her care as possible. It emphasized patients' involvement in setting goals and decision making in her own care and management [11]. Patient's perception of his status, is a vital factor in his understanding of, and cooperation and participation in therapeutic regimens. Technology has become an integral part of nurse's daily communications and interactions with their patients. From answering machines to hand held cellphones and computers, to the ever present e-mails, it's easy to connect with the world around us. Unfortunately, its just as easy to remove ourselves and disconnect from others too. It seems that the human connection can be present, although it has the option of being delayed. I believe that the human connection is an opportunity to advocate and to educate our patients and their families. The individual nurse's scope of practice is influenced by the nurse's knowledge base, the practice setting, the requirements of the employer, and the needs of their clients / patients [11]. The quality of the nursing practice setting and availability of adequate support system including professional development opportunities have a direct impact on the ability of the nurse to work her full scope of practice [12]. Nursing practice is directed towards the goal of assisting clients to achieve and maintain optimal health in order to maximize quality of life across the lifespan [12]. Hereunder is a schematic diagram of ethical decision-making to ensure that the nurse's practice is not ethically /legally compromised [13].

5. Problem Identified: There is Not Enough Time to Educate the Patient

I. Assessment of:

A. Risks: The risk of and / or possible complications / benefits to the patients

B. The situation: The appropriateness of performing the procedure in the particular setting for the particular patient

C. Supports: Collaboration with other health team members,

Assessment

a) The nurse's:
Knowledge of own Social roles
Knowledge of Professional standard of Nursing practice
Knowledge of legal obligations
Understanding to Nursing Code of ethics
Collaboration with patients, Families & allied health providers
Documentation

b) Factors affecting patient's
Orientation to role as patient
Patients' bill of rights
Social, literacy, cultural, spiritual psychological
Knowledge about condition and therapeutic regimens

II. If the procedure is deemed appropriate; reasonable and consistent with the current professional practice, proceed to implementation.

Limited time

Educate patient
Patient compliant to therapeutic Regimens
Shorten hospital stay
No psychological & Emotional disturbance
Lessen readmissions
Potential complications will be prevented
Patient improved ability to self-care
Nurse and patient satisfaction
Effective use of resources

No legal / ethical risks

Does not educate patient
Patient not compliant to regimens
Less cooperative
Lengthen hospitalization stay
Feeling of anger, frustrations dissatisfaction to care
Repeated admissions or ED visits
Potential complications might occur
Nurse does not feel satisfied with job
Effective use of resources
Legal / ethical risks present like:
Breach of duty of care
Negligence / malpractice

Benefits of patient education include: a) improved quality of care; b) improved patient satisfaction; c) improved staff satisfaction; d) effective use of resources; and e) increased compliance.

6. Conclusion

Knowing our roles as nurses, requires commitment, knowledge, skills and humility. I believe that

multidisciplinary approach and a therapeutic relationship between the health care providers and the patients and their families; nurses ability to budget their time and energy will all contribute to a legal / ethical risk free nursing practice. Legal or ethical risks can be avoided if we, as nurses always think ethics before we act and / or practice our profession.

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