Ethics Analysis- A Study of Negligence

Matthew Solomon

University of Maryland, University College

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As a business, healthcare is often seen as one of the most rewarding but also the most precarious of them all. This judgement comes from the simple idea that we are a person centered business meaning that our entire profession revolves around the success or failure of caring for people. Our treatments and our care can have very real and sometimes deadly consequences on our patients which begs the question of how we can best care for our patients in a way that is both beneficial and ethical. This report will dive into the ethical understanding of healthcare and address the unfortunately all too common case of negligence.

Abstract:

Healthcare professionals serve a very clear role in providing care to our patients that will lead to a positive change to their health. To help industry members the global healthcare sphere has developed a clear set of ethics to help guide the care and decision making process. However, healthcare ethics, just like societal ethics have a great deal of personal interpretation involved. In recent years with the rise of technology both personal and medical, the industry has seen an explosion of malpractice and negligence claims brought against facilities across the globe. Based on the research collected within the industry the general consensus is that this is not because care has gotten worse but that medical law and medical ethics are leaving far too much gray area for individual decision making, the messy personal interpretation (Foster & Miola, 2015).

In some cases the line between right and wrong is very clear, a professional has made a conscious decision to cause harm. However, the truth is that in a vast majority of cases, the line between right and wrong is blurred, almost impossible to clearly determine. It is in cases like this

when the industry must fall back on its own code of ethics, defined here in the US by the American College of Healthcare Executives (moving forward referred to as the ACHE).

Background:

In 1941 the ACHE ratified its original Code of Ethics as a way to help standardize the healthcare industry in the United States ("ACHE Code of Ethics," 2016). Since then the code has been periodically updated and now is widely seen as the gold standard by which all healthcare professionals should judge their actions. In its most simplified essence the code gives four principles, these being autonomy, justice, beneficence, and non-malevolence (Birrell & Bruns, 2016).

For the purpose of this report we will be examining a situation below which takes into account beneficence and non-malevolence. However, to fully understand the scope of medical ethics and its effects on how patients must be treated it is essential to obtain a comprehensive understanding of each of the four principles respectively.

One of the most difficult principles for many healthcare professionals especially those who work with geriatric patients is the idea of autonomy. Defined in their 2016 paper, Pamela Birrell and Cindy Bruns define autonomy as a patient's "freedom of choice and action," (Birrell & Bruns, 2016). The idea behind autonomy is that a patient or patient's family must at all times have the ability to make their own medical decisions without the burden of fear or coercion by their medical team. While in some cases a patient may be considered medically incapable of making their own decisions, this is a rarity. It is important to note that not only are healthcare

professionals required to allow patients to make their own decisions, but also expected to provide patients with all available information to make an educated choice (Foster & Miola, 2015).

Justice as a principle is one that is less talked about because it is also a common societal ethic. Again turning to Birrell and Bruns the idea of justice is to treat each patient with the respect and dignity of an individual and to recognize the needs of their individuality (Birrell & Bruns, 2016). Justice for many people is the medical equivalent of the old adage "treat others how you wish to be treated," however from a healthcare structure it is far more complex. In fact as our society continues to grow and diversify the idea of justice may very well become a major problem for healthcare facilities especially those with low resources. The idea of justice explains that as healthcare professionals we need to keep in mind that certain patients will need to be treated differently based on their gender, sexuality, ethnicity, or religion. Again, this is a dangerous grey area, as we need to respect these differences while providing equal levels of care for all.

Finally are the ideas of beneficence and non-malevolence which often go hand and hand as they are in fact dualities of one another. As principles these two ideas form the very core of what healthcare is, the idea that our care must promote positive health and should not cause a patient undue harm (Birrell & Bruns, 2016). These two aspects have existed within the ACHE's code since the very beginning and have expanded into our industry's culture, the oath our physicians swear, and form the bedrock of what we do. Unfortunately, the stark reality is that the idea of negligence, the idea of malpractice is in itself the violation of these two basic principles.

Situational Analysis:

Ethics as an academic conversation is often nebulous and vague. To combat that, experts and professionals will use case studies to conduct a situational analysis, taking time to identify the problem, identify the issues involved, and ultimately make a formal recommendation. For this exercise we will be using the case study attached in which a new yet experienced nurse has been found to be struggling with documentation and following up on physician's orders. These mistakes start off small and can be covered by the other nurses on the unit, unfortunately the actions of the nurse in question, Justin, ultimately lead to a patient going into atrial fibrillation.

As described in the case, it seems that Justin's actions speak for themselves. By looking at the patient's chart it is clear that Justin missed the previous two scheduled medication passes. Without the prescribed medication, the patient's body began to rapidly deteriorate and in the short time shut down. The judgement, ethically, is very clear. Not only did Justin fail his responsibility to care for his patient but his actions caused direct possibly life threatening harm. However, Justin is not what makes this case interesting. The real question becomes, what responsibility do the nurses and supervisors on the unit have in this situation?

When looking at a case of medical negligence it has become a common practice to consider the "neighbor principle." This idea creates a chain reaction in which responsibility of care is assigned to those individuals whose actions may have indirectly led to the ultimate act of negligence (Foley & Christensen, 2016). As a concept it is detrimental in an industry where the strength of a team is measured in life or death situations, but as a practice it is all too easy to see why our professional "neighbors" are just as culpable. Looking back towards the case of Justin and his patient it is terrifying how clearly the responsibility is connected to the units other nurses

and supervisors. Before the patient went into atrial fibrillation, other nurses on the unit had identified that Justin was neglecting the more intricate aspects of his role. While all of the members of the unit had commented on what a valued member of the team Justin was, it seemed based on the case's account that it was widely known that his work had to be checked for accuracy and patients had to be revisited to ensure care was administered. Unfortunately, this is where the issue of ethics must come before emotions.

Based on the information provided in the case we can deduce that the harm to the patient was not intentional either on Justin's behalf or the rest of the unit's staff. Unfortunately, this case comes down to a very terrible situation of negligence. Justin was negligent in his care of his patients not just once but multiple times and for that it seems termination would be the best course of action. Keeping him on staff would be a liability to all future patients as his negligence could lead to even more tragic consequences. In terms of the unit staff the organization would have to determine what the best course of action would be. Unfortunately, their involvement in these actions has put the whole organization at risk of a malpractice case and the evidence of negligence is abundantly clear. At the very least the team will have to be written up and the patient's family alerted, however with such a clear trail of documentation, further action will be likely.

Conclusion:

Healthcare is an industry of balance, on one hand we as professionals want to do the best we possibly can for our patients and create a warm, supportive environment, however on the other hand we must make decisions that are sometimes difficult and that sometimes come into

conflict with our emotions. Every decision is layered, and while our skills of empathy are vital the ethical standards of our industry must take precedent. In the case attached we saw how a very clear case of negligence quickly became a department wide issue, despite the fact that the team had actively worked to ensure the safety of their residents. To protect a healthcare organization we need to show staff at all levels just how deeply our ethics must run in every action we take. No longer are medical ethics the unspoken rule of the industry, instead they are quickly being replaced by official law. As the industry continues to expand and government begins to get involved in caring for patients, we can expect to see only more laws and more cases of malpractice brought to light.

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