

Ethics assignment

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Table of Contents Therapeutic Patient Relationships Overview Since the sass, ethics has been incorporated into virtually every aspect of the health care system. Because of such a small time window, the study of ethics in a medical perspective continues to change and improve for the benefit of the patient. Studies of doctor-patient relationships Indicate the need of greater ethical study and intervention.

Studies show that although many physicians are aware that a romantic r sexual relationship is unethical, as many as nine percent believe that the ethics depends on the situation (Reese, 2012). Often, an abuse in the doctor-patient relationship does not occur because of a lack in educational skills. Rather, abuse in the doctor/patient is attributed to flaws, or loopholes, in the rules of ethics and law (Subplots et al, 2010). Continued research of the most recent ethical framework can begin lowering any chance of unprofessional.

In order to have a successful patient relationship, a physician must understand and respect the barriers in place. This session will take a look at ethics. Participants will assess their own ethical principles and apply the concepts they've learned to problems in ethical communication and/or conduct in the workplace. Behavioral Objectives Intended to inform the physician on the definition of ethics Clarify the nature of the ethical responsibilities held in common by current and prospective physicians. Identifies ethical considerations relevant to physicians Recognize different situations containing unethical conduct.

Gain the knowledge on how to respond to in situations that require ethical decision-making. Apply the incept of good ethical behavior in their current

practice. Outline of Training Session I. Introduction: What is ethics? Ethics refers to a framework of discipline from a branch of philosophy, in which ideas of right and wrong, virtue and vice, and good and evil, are all examined systematically (salvoes & Meyer, 1990). II. Components of Ethics Participants will know basic history, definition, and examples of ethics. A.

Ethical Framework – before we can manage ethical dilemmas in the health care setting, we must understand examples of ethical principle, as well as our own, to avoid any conflict of interest. . Self-Assessment Culture Values Beliefs Ideas 2. Continuous Regulation Self-control Trustworthiness

Professionalism Education Intervention B. Understand the Significance of Ethics 1. Factors That Improve Ethical Conduct a. Public view c. School curriculum d. Government regulations 2. Factors That Require Ethical Behavior a. Provide company guideline for ethical behavior b.

Teach the company’s guidelines importance c. Describe punishments for unethical conduct C. Review Examples of Unethical/Ethical Conduct IV. Class Activity – Ethics Assessment V. Effectively practice effective ethical communication A. Understand the needs of the recipient D. Ensuring the message considers the common good E. Continue to interpret for conflicts of interest F. Consider the consequences of each message 1. Is this message mutually valuable? 2. Is this message violating confidentiality of another person? Is this message questionable to your professionalism? . VI. Class Discussion VII Summary of Training Session VIII Conclusion Literature

Review: Where the Patient Relationship Ends Dry A, a 49 year-old gynecologist, was treating a 36 year-old female patient, Ms B, for chronic vaginal yeast infections. He described her as being seductive during the <https://assignbuster.com/ethics-assignment-essay-samples-4/>

husband. Dry A found himself feeling very sympathetic towards her and began scheduling longer patient appointments so he could provide some therapy for her as well as assessing and treating the vaginal complaints for which she ostensibly saw him.

He would hold her hand while she talked about her difficult situation at home. This decent down the ‘slippery slope’ progressed into hugging, and then kissing at the end of the session. He recognized that he was feeling lonely and not having regular sexual relations with his wife. Dry A even noted that his wife was inorganic as though her condition was in some way an excuse to progress to a sexual relation with the patient) (Gabbed & Hobby, 2012). The first time that Dry A and Ms B had sexual relations was after hours in his office.

This sexual encounter consisted of mutual oral sex. The meetings were set up during appointments in the office, usually at the end of the day. He finally ended these contacts when he felt the encounters were no longer gratifying to him. In addition, he was worried about being caught and that others would not understand his reasons for departing from the usual procedures (Gabbed & Hobby, 2012). Following the filing of a complaint by the patient, Dry A was sent for evaluation.

When asked directly he thought he had harmed the patient, Dry A responded that he felt he had actually helped her by his sexual involvement with her (Gabbed & Hobby, 2012). Introduction This physician, Dry A, failed to recognize the unethical conduct he was committing in the obvious power differential with the patient, Ms B. Dry A failed to recognize that a patient is

paying for his expertise for the treatment of a disease or ailment, and not a relationship of conscious feelings.

If Dry A had greater understanding regarding the ethical principle of the doctor/patient relationship, Dry A may have been able to make a more rational decision so this situation never occurred; likewise, if Ms B had more understanding of the ethical principle prior to her first appointment, Ms B may have had the knowledge to evade Dry Ass advances. In summary, the doctor and the patient should be educated on ethical conduct before the doctor-patient relationship is formed to avoid situations, like the example.

Studies show that although many physicians are aware that a romantic or sexual relationship is unethical, as many as nine percent believe that the ethics depends on the situation (Reese, 2012). The American Medical Association (AMA) states that prior doctor/patient relationships can influence the patient's treatment and that such a relationship is unethical if the doctor "uses or exploits trust, knowledge, emotions or influence derived from the previous professional relationship" (American Code of Medical Ethics, 2012).

The Mama's use of "prior relationship" leaves wiggle room for the "it's complicated" answer, which over one third of the physicians had answered to the question, "Is it acceptable to become involved romantic or sexual relationship with a patient? In Medicare's 2012 ethics survey (Reese, 2012). Could it be that the and Ms B are aware of the rules but chose in proceeding to break the barriers of the doctor/patient relationship because "it's complicated?" The "it's complicated" answer may originate from feelings from the physician to do anything possible to treat the patient.

One study on therapists, explains that the therapists would get sexually involved relationships with suicidal borderline patients in order to save the patient from suicide (Gabbard & Hobby, 2012). This ration is flawed, however, because the physician, like Dry A, should have continued to worked to attain the nature of the intended relationship as clearly therapeutic with any potential unexpected circumstances, which is the idea behind the entire therapeutic process (Crowder, Belly & Subplots, 2010).

A professional needs to self-regulate their internal drives and thoughts in the absence of clear standards or unexpected circumstances, such as that of a suicidal patient whom is not responding to evidence- based treatment (Crowder, Belly & Subplots, 2010). This is critical because usually a patient will give up his or her own autonomy to respect the decision of a paternalistic physician (Shari, Samara, Arachnids, 2013).

Not to say this approach to a doctor/ patient is unethical, but it can leave room for unethical conduct if the physician cannot control his or her internal drives or thoughts. Patients, like Miss B, need doctors that are competent in all areas of their profession. The study of ethics in undergraduate courses and medical school curriculum is still improving; consequently, it should continuously be assessed in terms of content, educational methods, and change in behavior, and be revised accordingly (Shari, Samara, Arachnids, 2013).

Within only the past 20 years or so, medical schools have gun incorporating ethics as its own respective subject (Houghton, Sparks & Chadwick, 2010). The introduction of ethics in to medical undergraduate curriculum has met

resistance, however, because it is evolving constantly and some believe ethical topics are redundant or impossible to be taught (Houghton, Sparks & Chadwick, 2010).

Once a few generations of physicians are educated, they can begin teaching newer generations from first hand experience to ensure they are fully competent, rather than trainers teaching the instructors (Shari, Samara, Arachnids, 2013). Ethics, according to James S. Recourse (2003), “ refers to a field of inquiry, or discipline, in which matters of right and wrong, good and evil, virtue and vice, are systemically examined (p. 49).

Professional ethics is described by Craven & Hiring (2009) as involving “ principles and values universal application and standards of conduct to be upheld in all situations (p. 76). The traditional principles that provided the moral grounding for the protection on human subjects in the United States began forming in the sass (Faded, Sass, ethical concern has been to protect patients from injury, risk, abuse, and unjust orders of medical research (Faded, Sass, Goodman, Provosts, Tunis & B?? chamel, 2013).

There has been an importance in our society of forming a Just health care system, which is guided by principles of healthcare ethics that include beneficence, non-maleficence, respect for autonomy, and Justice (Craven & Hiring, 2008). Physicians, nurses, and other members of the health care team have been developing codes of ethics in order to sustain a Just health care system.

Faded, Sass, Goodman, Provosts, Tunis & B?? chamel (2013) propose a framework that consists of seven ethical obligations, they include:) to <https://assignbuster.com/ethics-assignment-essay-samples-4/>

respect the rights and dignity of patients; 2) to respect the clinical judgment of clinicians; 3) to provide optimal care to each patient; 4) to avoid imposing monomaniacal risks and burdens on patients; 5) to reduce health inequalities among populations; 6) to conduct responsible activities that foster learning from clinical care and clinical information; and 7) to contribute to the common purpose of improving and quality and value of clinical care and health systems (p.). Most frameworks regarding medical ethics loosely follow these seven steps. Frameworks in ethics provide a systematic way to decide what's right from wrong in a rarity of assigned priorities that are goal emphasized (Craven & Hiring, 2008). All members of the health care team have a framework, and they can find it resembles this model. Several issues of unethical conduct in the health care setting can arise if ethical principle is ignored.

The following are a few debated matters of medical ethical principle that occurs in the health care setting: physician-assisted suicide (Glover, 2010), clinical trials (Barton & Ugly, 2009), bribes/gifts from patients (Sash & Fug-Barman, 2013), patient abuse, sexual comments/actions toward patient (Crower, Belly & Subplots, 2010), confidentiality (Craven & Hiring), and financial interests (Reed, Mueller, & Brenna, 2013). While some subjects such as euthanasia (physician- assisted suicide) may have different labels of good or bad from different people, other subjects such as sexual patient abuse is generally discovered by most of society.

While ethical principle of that society on certain principles might change at the about the same rate medical technology changes, it is still important for any health care worker to keep these principles in mind. Since the

implementation of medical ethics is relatively new, changes are rapidly occurring in medical education curriculum as well as the workforce. Evidence shows, the effects of the teaching of medical ethics causes greater ethical sensitivity in the clinical setting (Crower, Belly & Subplots, 2010). However, there are still many cases in which medical ethics education does not have an impact.

As the progression of ethics continues in the health care setting, evaluation of medical ethics teaching is vital. Research by Shari, Samara, and Arachnids (2013) finds that matching education is successful, and not a waste of human or financial resources. The Institute of Medical Ethics recommends a pyramid of increasing levels of education, they include: knowledge, habituation, and action (Crower, Belly & Subplots, 2010). The idea is to have medical students think critically about historical precedents and future situations involving ethical dilemmas, then put into practice the best consideration.

The most important thing teaching ethics gives to medical students is awareness (Crower, Belly & Subplots). With practicing physicians, it is important to continue education on professionalism because doing so shows its significance as a competency (Reed, Mueller, & Brenna, 2013). As introductory and continuing teaching methods are evaluated and improved, future medical students can become more ethically sensitive in their communication and actions. References AMA Code of Medical Ethics. Opinion 8. 14 sexual misconduct in the practice of medicine. [Http://www. AMA-assn. Org/AMA/pub/physician-resources/medical-ethics/code-medical-ethics/opinion](http://www.AMA-assn.Org/AMA/pub/physician-resources/medical-ethics/code-medical-ethics/opinion). Page Accessed November 3, 2012. Shari, F. , <https://assignbuster.com/ethics-assignment-essay-samples-4/>

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Attachment: Principles of Medical Ethics Revised and adopted by the AMA House of Delegates (June 17, 2001) I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights. II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities. III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements, which are contrary to the best interests of the patient. ' IV.

A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard within the constraints of the law. V. A physician shall continue to study, apply, and advance scientific knowledge; maintain a commitment to medical education; make relevant information available to tenets, colleagues, and the public; obtain consultation; and use the talents of other health professionals when indicated. VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care VI'.

A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health. As paramount. ' X. A physician shall support access to medical care for all people. Source: Code of Medical Ethics: In-Hand Activity: Ethics Self-Assessment The American College of Healthcare Executives (ACHE) made this survey so you can identify areas of ethical practice in which you

are weak or strong. For each question, identify one of the five answers that is best suited to you.

The ACHE does not believe in a numbered final score, because it is not a tool for evaluating ethical behavior of others. The number that corresponds with each response simply helps you uncover any areas of concern that may require the need for enhancement in some of your current ethical practice.

Almost Never Occasionally Usually 4 5 Always Not Applicable 2 I. Leadership
3 I take courageous, consistent and appropriate management actions to overcome barriers to achieving my organization's mission. I place community/patient benefit over my personal gain.

I strive to be a role model for ethical behavior. I work to ensure that decisions about access to care are based primarily on medical necessity, not only on the ability to pay. My statements and actions are consistent with professional ethical standards, including the ACHE Code of Ethics.

Circumstances would allow me to confuse the issues I advocate ethical decision making by the board, management team and medical staff. I use an ethical approach to conflict resolution. I initiate and encourage discussion of the ethical aspects of management/financial issues.

I initiate and promote discussion of controversial issues affecting community/patient health (e. G. , domestic and community violence and decisions near the end of life). I promptly and candidly explain to internal and external stakeholders negative economic trends and encourage appropriate action. I use my authority solely to fulfill my responsibilities and not for self-interest or to further the interests of family, friends or associates.

When an ethical conflict confronts my organization or me, I am successful in finding an effective resolution process and ensure it is followed.

I demonstrate respect for my colleagues, superiors and staff. I demonstrate my organization's vision, mission and value statements in my actions. I make timely decisions rather than delaying them to avoid difficult or politically risky choices. I seek the advice of the ethics committee when making ethically challenging decisions. My personal expense reports are accurate and are only billed to a single organization. I openly support establishing and monitoring internal mechanisms (e. G. , an ethics committee or program) to