

The health education code of ethics

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The Health Education of Ethics The Health Education of Ethics Introduction

The nature of Health education requires a deep understanding of the professional ethics and the legal provisions associated with it. As a complex and personal procedural profession, health education comes with ethical and legal dilemmas that arise any time. Ethical issues involve the suggestions put forward regarding what is right or wrong. Even though laws and morals suppose that there is only one right behavior, ethics focus on values, beliefs, and preferences of persons or groups. By definition, ethics address arguable and controversial problems, making ethical decisions to be basically personal. Legal interventions in health education require that the modern debates about law be driven by the desire to update obsolete, uneven, and inconsistent health statutes. In these sense, several legal and ethical issues are faced in the health education in settings that are directly linked to the profession, the public, employers, colleagues, or in research and evaluation.

I. The most common legal and ethical concerns The public It is the right of every individual to enjoy health without distinctions based on social, economic, racial, religious, or political backgrounds. The problem is that this right is not quite clear in many places. The ethical dilemma for the health educators is whether up-to-date dollars spent to maintain the lives of the terminally ill patients as long as possible ought to be moved to prevention programs. In addition, ethical behavior and morality of war is another dilemma, such as using tax money to kill and disfigure, rather than using them to heal and develop. In this context, the health practitioners should consider the medical principle of doing good and avoid harm to promote community health (Minelli & Breckon, 2009). The profession Some of the ethical issues involved in the daily performance of health educators include

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those that help some people, but at the same time are unfair to others. These issues are those that do not stress on informed approval, and those that utilize several levels of force rather than choice. Competencies recorded under the seven responsibilities of this profession require a number of judgments, which can raise ethical issues. Health educators should stick to their competence through continuous education and active association in professional organizations.

Colleagues The types of issues in this setting include those related to lack of honesty among employees, lack of mutual respect, complaints about colleagues who take advantage of situations, clients, and peers for their own benefits. It is advisable for the health education sector to come up with a mechanism to monitor and enforce standards as well as hearing complaints from members.

Students Health education's success depends on the quality of preparation of the people who enter the field. Ethical issues of this preparation entail mutual respect between the students and their teachers, as well as the way teachers respond to students' desires, interests, and opinions. Students who enroll in this field should consider ethics that will act as role model behaviors to the clients. There should be attempts to develop personal potentials in students for high levels of contributions to clients.

Employers It is a legal and moral right for the employers to expect honesty from employees. The issue of concern may be the level of being straightforward and truthfulness of the employees regarding experiences, abilities, and qualifications. When such issues are not abided by, employers may be tempted to fire some employees when the truth of the matter is realized. Both employers and employees should act per their competencies and accept accountability and responsibility where necessary (Greenberg, 2001).

Research and evaluation
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The challenge comes in when health educators are required to understand program evaluation. Data manipulation, failure to protect confidential issues, and misinforming participants may be a concern in the field. Health educators should therefore share research findings if need arises, and keep a file of ways to enhance programs when implemented.

II. How issues surrounding confidentiality, informed consent, and negligence are approached in health education.

Confidentiality

Health educators receive confidential data linked to the presented topics by their clients. The overall rule is that such information should be kept in strict confidence. Health educators are not expected to discuss sensitive customer issues in open places or a building in which non-privileged parties can overhear (Minelli & Breckon, 2009). To avoid violating these, each health educator should understand the State and federal laws that concern the proper and suitable disclosure of a client's information.

Negligence

This is simply malpractice in health education. Four approaches are required to prove negligence. They include: duty of care, which requires everyone to behave reasonably; breach of duty, where the defendant fails to follow the required standard of care; damages, where an individual demonstrates personal injury, mental, physical pain or suffering, permanent bodily disability, and loss of enjoyment of life; and causation, where evidence suggests that the defendant was negligent while on duty (Wurzbach, 2002). To avoid violating the elements, a health educator should follow the laid down protocols when giving health instructions. He or she should not go beyond personal expertise or knowledge and be cautious not to impart misleading feelings to avoid negligent actions.

Informed consent

The principle here is that everyone has a right to decide on his or her medical treatment. Clients are entitled to turn

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down treatment, despite the fact that it may result in mental or physical harm. When a certain course of treatment is recommended on a client, it is established by law that disclosure of alternatives, benefits, and risks be in place. It is important for health educators to ensure that their clients sign suitable informed consent forms to ensure careful practice (Minelli & Breckon, 2009). III. Health Education Code of Ethics Article IV is the most essential in health education. Indeed, health educators should offer health awareness with integrity, in respect to the dignity, rights, worth, and confidentiality of every individual through adapting mechanisms that cater for the needs of diverse communities. This is related to the nature of their profession; putting in mind that every individual is entitled to enjoy health and a happy life, regardless of any kind of background. Failure to abide by this article will mean a violation of the duties required by the field and denial of individual rights to good health and life. It would also lead to biasness, which in turn results in unequal health service to humanity. References Greenberg, J. (2001). *The Code of Ethics for the Health Education Profession: A Case Study Book*. London: Jones & Bartlett Learning. Minelli, M., and Breckon, D. (2009). *Community Health Education: Settings, Roles, and Skills*. London: Jones & Bartlett Publishers. Wurzbach, M. E. (2002). *Community Health Education and Promotion: A Guide to Program Design and Evaluation, 2e*. London: Jones & Bartlett Learning.