

# [Professional role code of ethic](https://assignbuster.com/professional-rolecode-of-ethic/)

[Business](https://assignbuster.com/essay-subjects/business/), [Management](https://assignbuster.com/essay-subjects/business/management/)

Codes of Ethis on the case of Mr. E Professional Roles and Values Western Governor University State Regulations andNursingStandards Nursing, as other medical profession, aims at helping and saving the life of other. As much as nurses and physician wants to intervene to prolong a patient life, it’s important to consider patient’s wishes. Ethically, intubating Mr. E without proper discussion and consideration of his wishes is against his living will. It’s a violation of Provision I of ANA Code of Ethics in respecting patient’s dignity.

The nurse also fail to meet the Standards of Competent Performance based on California Code of Regulation, Article 4, code 1443. 5, which stated “ [nurses] acts as the client’s advocate, as circumstances require, by initiating action to improvehealthcare or to change decisions or activities which are against the interests or wishes of the client […]” (p. 70) Implication. According to code 2. 1 “ Primacy of patient’s interest” from American Nurses Association, it’s the nurse’s commitment torespectthe uniqueness of each patient, and respect patient’s wishes.

Therefore, the nurse is responsible to seek for a solution if patient’s wishes are conflict with others (p. 5). Based on the above codes, the nurse in the scenario must inform Mr. Y about Mr. E’s wish. The nurse also need to assess Mr. Y understanding of risk and benefit of the procedure, so he would have all the neccesary information to make decision. Code of Ethics The Code of Ethics was developed by the American Nurses Association as a framework for ethical guideline. The work serves as a standard in assisting nurses making ethical decision.

According to the ANA Code of Ethics,(2001), provision I stated that nurses must treat patient with compassion and respect the patient’s dignity, worth, and uniqueness, regardless of social and economical status, nature of health problem, and person’s attributes (p. 1). In specific, the interpretive statement 1. 4, in which the focus is on patient’s right to self-determination, is appropriate to apply in this scenario. (p. 4) Impact of Code. Code 1. 4 stated that nurses respect patient’s dignity by honor his or her own wishes. Thus, it’s important to inform Mr.

Y of Mr. E’s wish as “ do not resuscitate” (DNR). Although Mr. E is mentally challenge, he has his own feeling and perspective on his health status. Moreover, the patient’s mental condition when he signed Advance Directive and Power of Attorney is unclear; therefore, ignoring his wishes is a false assumption and an understatement to his decision-making capabality. As a nurse in this scenario, I would inform Mr. Y of his brother wish on Advance Directive. Ethics of Putting Patient on Ventilator. Putting Mr. E on ventilator based on the niece’s permission is unethical.

The decision didn’t make based on patient’s best interest due to Mr. Y unawareness of Advance Directive. In addition, the niece made the decision instead of Mr. Y; therefore, the patient’s Power of Attorney was not followed completely. As the nurse, I would call Mr. Y to explain the situation and the decision of his niece. I would also inform him of the patient’s wishes in the Advance Directive. As an advocate for patient, I would also bring up the patient’s wish to the physican’s attention, and discuss the need to inform both Mr. Y and his niece of the Advance Directive.

Although Ms. H doesn’t have Power of Attorney, she plays a role in assisting Mr. Y decision-making since Mr. Y called her for suggestion. Ethics of Authorizing Ventilator. Mr. Y should considers his brother’s wish based on the Advance Directive. Mr. Y should also ask for the risks and benefits of putting his brother on ventilator. As his brother, Mr. Y would want to prolong his brother’s life; however, Mr. Y should take in account of his brother’s desire, quality of life, and the extend of suffering. If Mr. Y doesn’t agree with the Advanced Directives, Mr.

Y’s authorization is valid since the Advanced Directives is not fully completed. Analysis of Mr. E’s Advanced Directives Because of Mr. E mental health status, his capabality to make decision is unclear when he signed the Advanced Directives. Moreover, according to EmedicineHealth, “ it’s important that the designated power of attorney knows and understands your [the patient] wishes” (Nabili, 2012). However, familymember didn’t sign the Advance Directives, and the involvement of family is unclear. Thus, the appointed Power of Attorney may not know and understand the patient’s wish.

The patient and family might not discuss patient’s decision. In addition, when the decision of Mr. Y conflicts with the decision of Mr. E in Advance Directives, the situation becomes very complicated. HIPAA Aside from Mr. E complicated situation, there are major Health Insurance Portability andAccountabilityAct (HIPAA) violations in the scenario. The physician violated patient’s right to privacy protection by discuss his medical condition and situation to Ms. H in the waiting room, a public place. The information was disclosed to other patients, to Ms.

H’s boyfriend, and other non-related health care staff. Moreover, discussing Mr. E condition to Ms. H should be questioning because Ms. H, although she’s the patient’s niece, is not the appointed power of attorney. One of the nurse role is advocate for paient. By not protecting patient’s privacy, a nurse also violate HIPAA. The nurse, although aware of the physician violation, did not intervene to protect Mr. E’s information. Therefore, she could be hold accountable for violation of HIPAA. In this scenario, a nurse commented on ignoring HIPAA.

The nurse is not only violated patient’s privacy legally, but also ethically according to ANA Code of Ethics. Besides physician and nurse, the facility is also accountable for HIPAA violation, for the facility did not reinforce the importance of HIPAA with its staff and physician. Professional Conduct As the above paragraphs discuss, the nurse fails to conduct the standard of nursing by ignoring patient’s rights for privacy protection. By stating “ forget it…no one pays attention to HIPAA anyway,” the nurse is at risk for violating HIPAA.

Beside HIPAA, the cafeteria nurses fail to act as patient’s advocacy by stating “ What difference does it makes? The guy’s gotdiabetes, ir retarded, and is already in a nursing home. ” This nurse violated Provision I in Code of Ethics by ANA in which a nurse cares for patient with compassion and respect regardless of social and economical status, personal’s attribute, and nature of health problems (p. 1). Futhermore, lack of knowledge of Advance Directives is a misconduct of Provision II in Code of Ethics by not “ primacy patient’s interest” and respect patient’s wishes.

Steps. To avoid misconduct of professional standard, the nurse in this scenario should talk to the physician in private about disclosing patient information. The nurse first suggests to call Mr. Y and obtain permission to discuss care with Ms. H; then the nurse must inform Mr. Y the Advance Directives as well as assess Mr. Y understanding of risks and benefits of the procedure. Obtaining informed consent from Mr. Y is also a crucial step. If Mr. Y can’t be reach in a time sensitive manner, the nurse should contact the agent that helped Mr.

E with the Advance Directive; she can then obtain information related to Mr. E decision-making ability at the time, and informdoctorand charge nurse for decision-making. However, in this scenario, the nurse should notify charge nurse and higher chain of command about the situation and the violation of HIPAA. Ethical committee should be notified to consult for appropriate actions. Regarding her colleagues, the nurse should inform her supervisor, without naming name, the need to orient staff regarding HIPAA, Advance Directives, and reinforce in Code of Ethics.

By taking appropriate interventions, the nurse ensures dignity in patient care and maintain respect in workenvironment. References American Nurses Association. (2001). Code of ethics. Retrieved from http://nursingworld. org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics. pdf California. (2005). California nursing practice act: With regulations and related satutes. Matthew Bender & Co. , a member of the Lexis Group. Nabili, S. (2012). Advance directives. Retrieved from http://www. emedicinehealth. com/advance\_directives/page2\_em. htm