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## Abstract

Working in a multicultural health care setting calls for a workforce that clearly understand the ethical and legal considerations that exist in relation to culture, beliefs, background, as well as knowledge. While physician and nurses have the upper hand in ensuring quality health care as well as life sustaining measures, the patient holds a very critical role in dictating the care procedures that they prefer. Bioethics studies have had differing approaches to the issue of making informed consent to health care procedures. However, there is one thing that remains untouched. The greatest responsibility is the life if the patients and the satisfaction of the physician or health care provider. To sort out these ethical issues that have historically proved controversial, there is a need to understand the role of religion, culture, ethnic background and beliefs in health care. This would give the stakeholders in heath care a chance to determine the best approaches that would reflect a culture sensitive system by facilitating effective communication. Communication is a core aspect of health care.

In the case of Mrs. Wang, there are several ethical issues all related to culture and background. They manifest themselves through decisions made Mrs. Wang’s son, Chun-Ying, who at the time acts as an intermediary and sole decision maker in regard to Mrs. Wang’s health situation. In this case, and due to the limitations placed by language, the physician shad few alternatives. In the first one, they could all in all disregard Chun-Ying’s decisions and provide the required procedures to help save the life of Mrs. Wang. This, however, could be contrary to the professional conduct of three physicians as well as a legal case in matters of patient’s rights, in decision making. On the other hand, the physicians had to rely on Chun-Ying’s decisions. This would have been in line with the ethical, professional and legal procedures in health care. On the other hand, it would have compromised the reality that health care [providers have the responsibility of ensuring prolonged life and quality health care for all patients within the facility. Higher chances would have been a decline in Mrs. Wang’s health which would have created new complications.
In my personal view, the greatest consideration would have been given on the Chun-Ying’s decisions. While it is the physician’s motivation to see the outcome reflect their professional competence, culture defines the procedures in health care. When a patient’s decisions or those of their relatives are not placed into consideration, the outcome may be professionally good but patients tend to lose confidence in such health care system. Despite the need to offer quality health care, as a physician, one should consider the cultural barriers and solve them in a way that only reflects and respects the patient’s preferences.

## Introduction

Outcomes
Ethical dilemma in a multicultural health care environment is an issue that seems not to go away. While cultural competence has all along been advocated as a solution to this menace, there have been no consistent plans or best practices that have been formulated to sort out this issue. In this case, the autonomy of the patient in making decisions regarding their health and the preferred procedures has always taken the health sector into ethical dilemmas. In a bid to ensure patient’s outcome is improved, the cultural and social barriers may be an impediment. Warne, in his article “ Policy Issues, in American Indian Health Governance” provides an overview of the importance of giving special preference to multicultural setting ion health care.
In this article, Warne discusses the role that tribal control of health care facilities in Indian Health Systems has played a big role in ensuring patient satisfaction, as well as improved outcomes. Pfa¨ fflin et al., in their article argues that effective, ethical considerations are possible if health care systems consider a four structured implementation of health care procedures. These procedures include a structural-oriented system, a content-oriented system, a process-oriented system and outcome-oriented systems. The structural-oriented system will be effective in ensuring that an ethical dilemma is easily identifiable. The content-oriented system will facilitate the making proper decisions as to who should participate in the decision making process.
The process -oriented approach ensures that every participant within the decision main process is given a fair chance to be heard or voice their opinion on the ethical case. On the other hand, the outcome-oriented approach tales into consideration the outcome as governed by the preferences and values discussed in decision making.
Cultural beliefs and thus the background must not be assumed as part of the entities that define health care procedures. They should be considered as the core principles that health care providers take into consideration. A multicultural setting means that there are times when the patient and the physician cannot adequately communicate. Communication is a vital element in health care. It defines the efficacy of prognosis as well as diagnosis. When an intermediary is used in such cases, there are higher chances that some element of prognosis and diagnosis will be compromised. Smelly, when the intermediary is a close associate, such as a relative or family member to the patient, the cultural beliefs may still turn out to be a barrier in administration of effective procedures.
William E. Stempsey in his article “ Bioethics Needs Religion” articulates on the changes we should have in the bioethics sector. This is inclusive of both medicine sectors, nursing and health care in general in his article, Stempsey reveals that we all hold false religious beliefs that we help shape our society as well as sort out the problems that encompass human life. In this regard, the author considers that no matter what religion one is entrenched in, they should be given a chance that respects their religious beliefs without stereotyping them on the basis of indecent religious beliefs. The diversity of religious beliefs in the world, today, means that we health care systems have to adopt a standard approach that will take into consideration the religious boundaries of health care.
Similarly, ethnic backgrounds form a critical part of the considerations of developing effective health care systems. In the African context for instance, there are societal attachments and beliefs that would limit the context of a patient to certain prognosis and diagnosis procedures. In this perspective, a moral facet that entails the African context should be used as a guideline to handle patients of African background. This facet should involve informed consents for the patients so that whichever the decision, there are higher chances of making the best decision. The role of the physician or any other health care provider is to ensure that there is a mutual attachment to the patient. Through this, the physician can build the confidence level with the patient, and this would translate into imparting knowledge to the patient. The patient would thus be able to use this knowledge in making the best possibly decisions. This would effectively avert the difficulties that come with ethical dilemmas associated to background and cultural beliefs.

## Conclusion

The issue of bioethics is controversial in all aspects. The professional and legal implications that come with it are deep and unavoidable where there are no effective measures to combat them. However, it is important to note that these measures cannot be based on juts the professional conduct of health care providers. There are several issues that must be sorted out to ensure that there is no compromise on the health care quality deciphered to the population.
One of the critical considerations that all stakeholders within the heath sector should consider is the changing the health care systems to suit the diversity of the population they serve. This begins with cultural and language related measures. Such would revolve around having a diverse health care system well as giving the community a higher control of the health care systems. This imparts in them a sense of ownership of the facility that translates to contentment of the patient when being served. Population-based approaches destined to ensure a greater role of the patient in health care should be taken. This involves an organizational policy designed to inform the patient that their decisions regarding vital health care decision is final. However, the physician has a role to inform on plausible decisions to facilitate making informed consent.

## Works Cited

10th Forum of National Ethics Councils (NEC Forum) . “ EUROPE’S SHARED FUNDAMENTAL VALUES: SEEKING A BALANCE IN A PLURALISTIC EU SOCIETY?” 1 . N. p., 2007. Print.
AKABAYASHI, AKIRA, SATOSHI KODAMA, and BRIAN T. SLINGSBY. " Is Asian Bioethics Really the Solution?" Cambridge Quarterly of Healthcare Ethics17 (2008): 270-272. Print.
Al ghazal, S K. " medical history in Islamic history at a glance." JISHIM (2004): 12-13. Print.
Andorno, N B. " IAB PRESIDENTIAL ADDRESS: BIOETHICS IN A GLOBALIZED WORLD – CREATING SPACE FOR FLOURISHING HUMAN RELATIONSHIPS." Bioethics 25. 8 (2011): 430-436. Print.
Aramesh, Kiarash. " Justice as a Principle of Islamic Bioethics." American Journal of Bioethics 8. 10 (2008): 26-27. Print.
Barth-Rogers, Yohanna, and Alan Jotkowitz. " Executive Autonomy, Multiculturalism and Traditional Medical Ethics." American Journal of Bioethics 9. 2 (2009): 39 — 40. Print.
Bock, G L. " Medically valid religious beliefs." Journal of Medical Ethics 34 (2008): 437-440. Print.
CALLAHAN, DANIEL. " Bioethics and the Culture Wars." Cambridge Quarterly of Healthcare Ethics 14 (2005): 424-431. Print.
Childress, James F. " Must We Always Respect Religious Belief?" Hastings Center Report (2007): 3. Print.
CORTINA, ADELA. " Bioethics and Public Reason: A Report on Ethics and Public Discourse in Spain." Cambridge Quarterly of Healthcare Ethics 18 (2009): 241-250. Print.
Czarny, Matthew J., Ruth R. Faden, Marie T. Nolan, Edwin Bodensiek, and Jeremy Sugarman. " Medical and Nursing Students' Television Viewing Habits: Potential Implications for Bioethics." American Journal of Bioethics 8. 12 (2008): 1–8. Print.
Daar, , A S., and A. B. Al Khitamy. " Bioethics for clinicians: 21. Islamic bioethics." 164. 1 (2001): 60-63. Web.
DEL POZO , P R., and J. A. MAINETTI. " Bioe´tica sin Ma´s: The Past, Present, and Future of a Latin American Bioethics." Cambridge Quarterly of Healthcare Ethics18 (2009): 270-279. Print.
Dogan, H, V. Tschudin, I. Hot, and I. Özkan. " Patients’ Transcultural Needs and Carers’ Ethical Responses." Nursing ethics 16. 6 (2009): 683-696. Print.
FOX, RENÉE C., and JUDITH P. SWAZEY. " Guest Editorial: Ignoring the Social and Cultural Context of Bioethics Is Unacceptable." Cambridge Quarterly of Healthcare Ethics 19 (2010): 278-281. Print.
GIORDANO, JAMES, JOAN C. ENGEBRETSON, and ROLAND BENEDIKTER. " Culture, Subjectivity, and the Ethics of Patient-Centered Pain Care." Cambridge Quarterly of Healthcare Ethics 18 (2009): 46-57. Print.
GIORDANO, JAMES, JOAN C. ENGEBRETSON, and ROLAND BENEDIKTER. " Culture, Subjectivity, and the Ethics of Patient-Centered Pain Care." Cambridge Quarterly of Healthcare Ethics 18 (2009): 47-56. Print.
Godley, Joanne. " Physician, Where Art Thou?" American Journal of Bioethics9. 10 (2009): 58-59. Print.
HELGESSON , G, and S. ERIKSSON. " Four Themes in Recent Swedish Bioethics Debates." Cambridge Quarterly of Healthcare Ethics 20 (2011): 409-417. Web.
HELGESSON , G, and S. ERIKSSON. " Four Themes in Recent Swedish Bioethics Debates." Cambridge Quarterly of Healthcare Ethics (2011), 20, 409–41720 (2011): 409-417. Print.
IMANA Ethics Committee. " ISLAMIC MEDICAL ETHICS: The IMANA Perspective." Islamic medical ethics (n. d.): 1-12. Web.
Jafarey, A M., and F. Moazam. "" Indigenizing" Bioethcis: The First center for Bioethics in Pakistan." Cambridge Quarterly of healthcare Ethics 19 (2010): 353-362. Print.
Jotkowitz, A B., and S. Glick. " Navigating the chasm between religious and secular perspectives in modern bioethics." Journal of Medical Ethics 35 (2009): 357-360. Print.
Jotkowitz, A B., and S. Glick. " Navigating the chasm between religious and secular perspectives in modern bioethics." Journal of Medical Ethics 35 (2009): 357-360. Print.
KIRMAYER, L K. " Multicultural Medicine and the Politics of Recognition." Journal of Medicine and Philosophy, 36: 410–423, 2011 36 (2011): 410-423. Print.
Larijani, B., F. Zahedi, and H. Malek-Afzali. " Medical ethics in the Islamic Republic of Iran." JISHIM 3 (2004): 12-13. Print.
Lawrence, R E., and F. A. Curlin. " Autonomy, religion and clinical decisions: findings from a national physician survey." Journal of Medical Ethics 35 (2009): 214-218. Print.
Lawrence, R E., and F. A. Curlin. " Autonomy, religion and clinical decisions: findings from a national physician survey." Journal of Medical Ethics 35 (2009): 214-218. Print.
McCarrick, Pat M., and Martina Darragh. " Scope Note 30: Feminist Perspectives on Bioethics." Kennedy Institute of Ethics Journal 3 (1996): 1-13. Print.
METZ, T. " AN AFRICAN THEORY OF BIOETHICS: REPLY TO MACPHERSON AND MACKLIN." Developing World Bioethics 10. 3 (2010): 158-163. Print.
METZ, THADDEUS. " AFRICAN AND WESTERN MORAL THEORIES IN A BIOETHICAL CONTEXT." Developing World Bioethics 10. 1 (2010): 49-58. Print.
PFÄFFLIN, MARGARETE, KLAUS KOBERT, and STELLA REITER-THEIL. " Evaluating Clinical Ethics Consultation: A European Perspective." Cambridge Quarterly of Healthcare Ethics 18 (2009): 406-419. Print.
Sorta-Bilajac, I, K. Bazdaric, B. Brozovic, and G. J. Agich. " Croatian physicians’ and nurses’ experience with ethical issues in clinical practice." Journal of Medical Ethics 34 (2009): 450-455. Web.
Stempsey , W E. " Bioethics Needs Religion." American Journal of Bioethics12. 12 (2012): 17-18. Print.
TURNER, LEIGH. " Bioethics and Social Studies of Medicine: Overlapping Concerns." Cambridge Quarterly of Healthcare Ethics 18 (2009): 36-42. Print.
TUROLDO, FABRIZIO. " Relational Autonomy and Multiculturalism." Cambridge Quarterly of Healthcare Ethics 19 (2010): 542-549. Print.
Warne, D. " Policy Issues in American Indian Health Governance." journal of law, medicine & ethics (2011): 42-45. Print.
White, Gladys B. " Capturing the Ethics Education Value of Television Medical Dramas." American Journal of Bioethics 8. 12 (2008): 13-14. Print.
White, Gladys B. " Capturing the Ethics Education Value of Television Medical Dramas." American Journal of Bioethics 8. 12 (2008): 13-14. Print.
Woods, M. " Cultural safety and the socioethical nurse\*." Nursing Ethics 17. 6 (201): 715-725. Print.
ÁRNASON, VILHJÁLMUR. " Bioethics in Iceland." Cambridge Quarterly of Healthcare Ethics 19 (2010): 239-309. Print.