

Legal aspects of us health care system administration essay samples

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As the top health administrator for Well Care Hospital in Happy Town, USA, I place a great deal of importance on professional conduct within my particular health care setting. Because of the often life-and-death ramifications of the actions of health care professionals in all aspects of the profession, it is doubly important that these officials operate at the highest standards of ethics and professionalism. Allowing hospital misconduct to flourish under my administration would reflect poorly on myself as well as the rest of the staff, and diminish patient confidence and faith in our ability to do our jobs. Consequently, maintaining professionalism and ethics is not just a moral concern, it is a practical one – if we are not trusted as medical professionals, we will not be rewarded with a trusting consumer base with which we can maintain profitability and sustainability of the organization (Bury et al., 2002). Therefore, my position on professional conduct at Well Care is that the primary goal of all medical professionals under our employ is to adhere to the agreed-upon set of professional conduct and ethical guidelines.

At all levels of my organization, I wish to hold individuals and professionals as accountable as possible for their actions, making sure that they hold up to the highest standards of ethical and professional conduct. As top administrator, it is my duty to maintain this sense of accountability and transparency; to that end, I will be sure to lead the charge into investigating breaches in medical compliance, cooperating with third-party investigators and performing my own internal investigations into potential breaches. I plan to communicate frequently to the staff our dedication to the utmost principles of professional conduct and medical ethics, stressing to my staff

that nothing is more important than the maintenance of these principles, as they will ensure that we do our jobs to the best of our ability. With my appointment to this position, I hope to ensure a more ethical organizational culture than the hospital has likely had previously.

I fully understand the primary problems of professional staff violating medical conduct and ethical boundaries. There are many incentives for medical staff to violate ethics and professional conduct guidelines, from matters of expediency to an emotional desire to take unorthodox methods to save a particular patient (CITE). To that end, it is necessary to time assessments of professional behavior appropriately, ensuring that incoming staff adhere to the professional standards set at Well Care Hospital. Allowing hospital misconduct to flourish under my administration would reflect poorly on myself as well as the rest of the staff, and diminish patient confidence and faith in our ability to do our jobs. Consequently, maintaining professionalism and ethics is not just a moral concern, it is a practical one – if we are not trusted as medical professionals, we will not be rewarded with a trusting consumer base with which we can maintain profitability and sustainability of the organization (Bury et al., 2002).

One particular concern I have is the possibility of encountering vulnerable doctors, of which 15% of physicians are estimated to be at some level in their careers (Boon & Turner, 2003). Vulnerable doctors or physicians who encounter some kind of ethical, physical or emotional impairment are to be expected; however, I cannot tolerate them operating within my hospital, given the danger they pose to themselves and their clients (Boon & Turner, 2003). In my hospital, I hope to instill a concrete, clear and transparent

communication system by which impaired doctors can be given the support that they need while they cease operations in the hospital for the duration of their impairment.

There are four elements required of a plaintiff to prove medical negligence in a particular case:

“(1) the existence of a legal duty on the part of the doctor to provide care or treatment to the patient; (2) a breach of this duty by a failure of the treating doctor to adhere to the standards of the profession; (3) a causal relationship between such breach of duty and injury to the patient; and (4) the existence of damages that flow from the injury such that the legal system can provide redress” (Bal 2009, p. 342).

First, there is duty – the patient must prove that the healthcare practitioner in question owed a duty to care for that particular patient. This usually occurs in instances of a doctor-patient relationship, where the patient trusts the doctor to care for them. If the doctor then fails to adequately care for the patient, this is when medical negligence must be proven by establishing the doctor had any duty to treat the patient at all (Bal, 2009). Secondly, there is breach of duty, in which the healthcare practitioner who carries this aforementioned duty fails to exercise the duty in an equal fashion and quality to another doctor of equal specialty (Bal, 2009). Typically, cases like these involve the questioning or testimony of another doctor of expert status in the field, to establish the appropriate standard of care.

The third element of medical malpractice involves damage – after duty and breach of duty have been established, the plaintiff must prove that they have been hurt or damaged somehow as the result of the medical

practitioner's actions and level of care. Injuries and damage can either be new injuries or aggravations of injuries that previously existed, but they must have occurred during the period of time that the healthcare practitioner was caring for the patient. The fourth and final element of medical malpractice is cause - the plaintiff must prove a direct link through concrete evidence that the damage came about as a result of the practitioner's breach of duty. As long as there is a link between the doctor's actions during care and the plaintiff's damage, there is a case to be had (Bal, 2009).

The health care governing board carries with it a substantial number of duties, whose purpose is to lessen the frequency of medical non-compliance according to Well Care Hospital's manifesto, established by the governing board of the hospital. First of all, the governing board must ensure that they conduct their fiduciary duties to the best of their ability, providing an appropriate balance between proper health care budgeting and managing of profits to ensure the hospital's continued success.

The governing board must make use of the General Counsel of the hospital to advise them on matters of compliance; the governing board must keep abreast of applicable new laws as they come up on a case by case basis, or if new laws are recently implemented that affect the day-to-day operation of Well Care Hospital. The board is meant to be knowledgeable about the letter of the law as it applies to Well Care's manifesto, and adjust it if need be to reflect laws and legislation that changes the impact of hospital care. The General Counsel should effectively serve as the Chief Compliance Officer for the governing board of the hospital, with the appropriate measure to allow that officer to recuse themselves in the event that they themselves are

implicated.

Besides these duties, however, the health care governing board of Well Care is also meant to work to assimilate the differing views on medical compliance from entities such as the legislature, the American Bar Association and OIG, among others, in order to create the Well Care manifesto for medical ethics. Effective corporate governance involves a heavy emphasis on ethics and professional conduct, meaning that the governing board also carry with them the need to behave ethically in their own activities (Elston, 1991). Issues of conflicts of interest in addressing instances of medical non-compliance can be taken care of by the General Counsel. These concerns and more all fall under the purview of the hospital's governing board.

References

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