

Ethical health care issues essay



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Health care staff governed to perform their professional duties based on the practice acts from the professional licensing boards under the statutes of the states.

The professional duties include the balance between competency in skills, and application of ethics that will help promote the provision of the quality of care to the public (Harris, 2008). However, there are ethical health care issues that health care professionals encounter with their patients. One ethical health care issue is the refusal of a patient for treatment, such as receiving blood transfusion because of his or her religious beliefs. Patients belonging in the international religious group called Jehovah's Witnesses acclaimed for refusal of blood transfusion in the health care setting.

The Jehovah's Witness Society inaugurated in Pittsburgh in 1872 believed that the reason for the declination of blood transfusion is to avoid the peril of their spirituality. In 1961, members who agreed to have blood transfusion denounced consequently from the religious group, including segregation from their families, and friends. In June 2000, the governing body of Jehovah's Witness called the Watchtower Society changed its policy regarding members who choose to receive blood transfusion to denounce willfully themselves from the group, and consequently to abjure from the congregation (Berend ; amp; Levi, 2009). Conflicts in Jehovah's Witness Ethics Principles Conflicting ethical principles in the health care setting exist when a competent adult patient is refusing treatment that the health care team believed will save the patient's life.

The basic ethical principles of patient's autonomy, beneficence, nonmaleficence, and Justice supersede the ethical principles of beneficence, and nonmaleficence of the health care team. Under the common law, every individual has the right to his or her autonomy or aptitude. Informed consent is an example of a legal document that identifies the individual's choice or decision with regard to his or her planned medical treatments, such as blood transfusion. The validity of the informed consent should consist of three factors.

First, the patient is competent to give an informed consent by verbalizing or acknowledging understanding of the nature of the treatment plans. Second, the patient should give consent willfully without an undue influence or threat from other individuals. Third, the patient should receive full disclosure, including the risks, and benefits of the treatment plans from his or her physician (McInroy, 2005). The ethical principles of beneficence, and nonmaleficence from a patient who is refusing blood transfusion believed that refusal of this treatment would honor the benefits over harm. Based on the values practiced among the Jehovah's Witness members, the harm resulting from receiving Nevertheless, the harm resulting from refusing the blood transfusion will create less harm, which is the end of one's mortal life on earth. The belief of the Jehovah's Witness members pertains to a rational decision, which the eternal salvation preferred substantially compared with the additional years of temporary life on earth (Macklin, 2003).

The ethical principle of Justice from a patient pertains to a fair, and equal provision of respect regardless of the patient's cultural or religious beliefs. However, the patient's cultural or religious beliefs may sometimes in conflict

with the physician or health care team's personal values. Health care professionals still obliged, and expected to act with Justice (Morrison, 2011). The ethical principle of beneficence, and nonmaleficence necessitates physicians, and the health care team regarding the fundamental principle of applying what is good, and avoid doing harm. The duties of the physicians, and the health care team to their patients include the provision of adequate information, guidance, and advice in choosing the most appropriate treatment options. These include diversified options that suit the patient's cultural health beliefs, and social situation.

A challenging situation arises when a patient declines the physician's advice, such as refusing blood transfusion that the physician knows may affect adversely the patient's health condition. However, the respect for the patient's autonomy, and beneficence should override the health care team's ethical principles of beneficence, and nonmaleficence. Physicians, and health care team members have the obligation to consider the patient's own assessment of what is good and what are the bad ramifications from the refusal of blood transfusion (Macklin, 2003). It is not an effortless task to analyze the moral dilemmas resulting from the conflicting ethical principles. The emotional factor of the human existence should also take into account when dealing with imminent crucial situations.

The application of the virtue ethics focuses on the disposition of moral individuals, such as the physicians, and the health care team members rather than ethicality of their actions. The virtue ethics adopted from the ancient Greek philosophies of Socrates, Plato, and Aristotle with a belief that good individuals discerned on what character he or she has rather than how

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he or she acted. The philosophers proposed that good individuals must cultivate its own virtues with habitual practice of such, which becomes ultimately an element of the individual's personality (Gardiner, 2003). A virtuous physician would examine his or her own emotional reaction to a Jehovah's Witness patient who refuses a blood transfusion because of his or her religious belief. The physician faced with these types of ethical conflicts experiences the frustration in two ways.

First, the frustration could be from his or her inability to perform effectively Job duties resulting in the patient's premature death from a preventable medical crisis. Second, the patient's death will create an emotional burden as the patient's family members, and friends are grieving because of the loss. Reflecting on the virtue ethics would help amicably deal with the ambiguity of these ethical issues. The virtue ethics identified include compassion, trustworthiness, discernment, and regret (Gardiner, 2003). Compassion considered as a virtue that identifies an emotional reaction with profound sympathy, and empathy at another individual's suffering. A compassionate physician would reflect what it is like to be a patient who is willing to take the risk of death because of courageousness of the patient and that will kindle the feelings of respect, and recognition of worth.

Trustworthiness considered as a virtue that maintains the compelling relationship between the patient, and the physician. Patients rely on the moral character, and competence of their physicians in respecting their personal, and health concerns. A physician who thinks of the trustworthiness bestowed by his or her patient should not persuade to alter the patient's ideology but rather should respond appropriately to the patient's request.

Discernment considered as a virtue that provides sensitive awareness that leads to a reasonable judgment of the situation. Regret considered as a virtue that distinguish its place of importance, such as tragic dilemmas that occur from conflicting ethical principles.

A physician who made the course of action after a substantial debate should not feel any misery because he or she made the right decision (Gardiner, 2003). Conclusion Health care professionals faced with complicated medical, ethical, and legal concerns when treating a Jehovah's Witness patient who has firm refusal for blood transfusion. With the increasing worldwide membership of the religious group, health care professionals should prepare themselves in the management of the conflicting ethical principles. Health care professionals should prioritize adequate knowledge, and understanding of the core of ethics, and the governing law of the basic human rights.

Enriched knowledge of these ethical concerns will guide the health care professionals to regard highly the involvement of the patient at the center of every decision-making (Bingham, 2012).