

# [Code of ethics for healthcare professionals](https://assignbuster.com/code-of-ethics-for-healthcare-professionals/)

Health care professionals are required to gain consent before providing treatment

Abstract

Introduction

Ethics are appropriate in all the fields of human activity. Ethics are important for us while dealing with others, environment and animals. It is vital for us to have an official statement or a national reference point for ethical considerations regarding human research, treatment of humans and healthcare for humans (NHMRC Act, 2007). The current essay focuses on various ethical and legal standards of healthcare treatment that has to be provided to the humans and the importance of such activity. The ethical principles not only have impact on the research subjects but, also will influence the people affected by the research outcomes. The three basic ethical principles in medical research practice are respect for people receiving healthcare or for people in general, and showing beneficence and justice.

Principles of Declaration of Helsinki

The world medical association (WMA) considered the Declaration of Helsinki as the global official set of ethical principles for medical research involving humans. The declaration is mainly addressed to the physicians, although WMA inspires the researchers of human information to embrace these principles.

According to the Declaration of Helsinki, medical research on humans must primarily focus on the well-being of the research subjects than on the research interests. Medical research has to comply with certain ethical standards, which endorses respect to all the human subjects. It is advised in the declaration for the researchers to take sufficient precautions in protecting the privacy, confidentiality of patient’s personal data, in reducing the impact of the study on the physical, social and mental integrity of the subjects.

The healthcare professional is allowed to combine medical research with medical care only to the extent that the research done is potential enough to prevent, diagnose and treat the medical condition. The physician must have a valid reason to see clearly that no adverse effect can cause health damage to the research human subjects.

Importance of Informed Consent

Every individual at some point of time would require medical treatment, which involve health risks and possible harm. To minimize the harm and to benefit the patient from treatment options, every physician must implement the same information to make different decisions based on every individual and a unique situation. Informed consent process is vital in the development of consumer focused health system. Informed consent helps the community to receive well-prioritized and well-organized services of healthcare (Consumers Health Forum of Australia, 2013). There is no specific connection between improved informed consent and better health effects. The consequence of informed consent process normally concentrates on consumer recall of the material, perception of its quality and relationship with the physician. Improvement in any of these areas might bring improvement in the clinical effects (Pizzi, Goldfarb, & Nash, 2001). Poor informed consent can result in customers encountering any health hazard due to inappropriate treatment. The autonomy of the patient is damaged due to the decisions taken in the absence of the informed consent, even though there is no physical harm.

The guidelines provided by NHMRC (2011), regarding communicating the patient about the nature of the treatment and the approach of the healthcare professional include proposed therapy, expected benefits, common side effects, conventional or experimental procedure, information about the performer of the procedure, complaint management options, expectations on the outcome of the procedure and the potential costs involved in the procedure. Another way of providing information to the consumer is through decision making model (Carey, 2006). According to this model, the consumers are required to be informed about the existing range of choices while making decisions. Consumers have to be informed about available options, expected outcomes and statistical rate of success in the treatment process.

Why Should a Healthcare Practitioner Provide Consent for Treatment and Care?

The moral philosophy, the formula of universal law of nature, humanity formula, autonomy formula, duty and respect for moral law, virtue and vice, and deontology are some of the theories put forward to analyze the groundwork that is involved in making moral judgment. The code of conduct focuses on the behavior of the healthcare practitioner in providing good care with shared decision making, maintaining professional performance, working harmoniously with colleagues, other practitioners, healthcare system and patients (Physiotherapy Board of Australia, 2014). Therefore, it is important for the practitioner to maintain good relationships with the healthcare team, employers and consumers.

There are general theories which explain the basics of morality that is essential for a human being in general to exercise his or her responsibilities. Libertarianism is one among them, which is looked as a political philosophy that strongly focuses on the component of justice. According to this theory, people as persons have to be treated with justice, and the rights for their possessions have to be respected. The most popular libertarianism theory is “ entitlement theory” proposed by Robert Nozick, (1974). According to him, distributive justice basically comprises of three principles including, principle of justice in acquisition, principle of justice in transfer and principle of rectification for violating the previous two principles (Stanford encyclopedia of philosophy, 2002, para. 5).

Deontology ethics focuses on duty-based morals. This set of principles considers that there are certain good things to be done and wrong things not to be done, irrespective of the consequences of the bad outcomes from the good actions. Kantian ethics explains duty based ethics as doing good with good will. According to Kant, goodness is not familiarized by its relationship with a context or a desire. Kant’s concept of ‘ categorical imperative’ tells everyone to act in a way if it can be made as a universal good way, so that everyone can follow the same way in the similar situation. Therefore, in spite of the code of conduct or good healthcare principles proposed by several healthcare systems at national and international levels, it is necessary for a professional and a human being to hold the authority of morality as a primary requirement (Stanford encyclopedia of philosophy, 2004, paras. 2, 3, & 4).

Ethical Dimensions of Healthcare Inter Professional Teamwork

The ethics of healthcare inter professional team work are distributed in general principles of behavior, structures of knowledge and behavior patterns, and processes that involve procedures of ethical practice. There might be different circumstances when all the three overlap as they can address various sides of the same subject. These ethical aspects are analyzed generally at three levels like individual, organizational and team level (Carney, 2006; Drinka & Clark, 2000; Mason et al., 2002).

Healthcare inter professional ethics framework at individual level are developing self-disciplinary knowledge for respecting other team members, developing professional practice standards to improve relationship with other team members, and practicing respectful communication with other team members. Healthcare inter professional ethics framework at team level are promoting respect and developing understanding of values towards other team members, integrating professional knowledge with other team members, and developing ethics of open communication and dialogue with team members. Healthcare inter professional ethics framework at organizational level are respecting specific relationship between the team and the patient, providing enough resources for the team work, and supporting team development and function.

Barriers in Informed Consent

There are many ethical challenges encountered in creating high quality informed consent in the health system, which are associated with consumers, providers and health system.

There are certain ethical issues for consumers, who may not find informed consent as appropriate. Some of the consumers encounter issues like confusion about the purpose of the consent, intimidation thoughts for it, and experiencing stress at the time of consultation. These people may not find the consent process as helpful in allowing them to make decisions (Dixon-woods et al., 2006). The consumers may not be tough enough to ask for further information regarding the treatment options (Akkad et al., 2004).

There are certain ethical issues also for healthcare providers that include lack of time to explain patients about the procedure, confused about when to issue the informed consent, has to unnecessarily provide lot of information if the case is simple and less risky, cannot presume the risks involved and not able to convey properly the details of the risks involved, and not able to identify the comprehensive level of patients (Consumers Health Forum of Australia, 2013). Some issues regarding the health system or organizational issues include remuneration system for short consultations, not interested to provide team support nor follow workforce practice and a culture where the healthcare providers are considered as authoritative, while the consumers are not allowed to question anything (Consumers Health Forum of Australia, 2013).

Legal Issues in Informed Consent

The legal precedent on treatment of informed consent formulated by Rogers V Whitaker in 1992 has evolved from Bolam standard in 1957 and sidaway standard in 1985. This legal precedent that has been clinician-centered has now turned into consumer-centered. The decision of Rogers made the court to pose penalty on the surgeon who did not give the patient enough information and the material risks involved in the surgery. Legal body has made it compulsory for the healthcare practitioner to give minimum information and associated risks to the patient before conducting any medical procedure. This has become a series of tasks to be completed by healthcare practitioner rather than an interactive dialogue with the patient. In the case of cognitive impairment observed in the patient, substitute decision makers on behalf of the patient can be hired in legal perspective (Cartwright, 2011). Research studies by Schattner et al., (2006), showed that patients do not receive sufficient informed consent, it is not understood properly and cannot meet the needs of the patient.

Factors That Influence Decision Making of Nurses or Healthcare Providers

Professional and practice laws, safe and competent practice, respect for dignity, ethnicity, culture, beliefs and values of the community receiving healthcare, keeping the personal information of the patient as confidential, providing honest, impartial and accurate information to the patient and family regarding the treatment, supporting the well-being and informed consent of the patients, preserving the trust and privilege in the relationship between healthcare personnel and patient, building and maintaining the trust of community on the services of the healthcare profession and practicing healthcare reflectively and ethically are some of the factors that can influence the healthcare professional in decision making according to the new code of professional conduct for nurses given by Nursing and Midwifery board of Australia (2008).

Ethical Framework for decision making and Practicing Healthcare

According to the code and guidelines of the nursing and midwifery board of Australia (2007), there is a national level decision making framework that aid the medical personnel to make justifiable decisions on the patient’s medical condition. The healthcare provider must be motivated to make a decision that meets consumer’s health needs and which enhances the health outcomes. Nurses or practitioners are accountable for their decisions and they should consult or refer to other team members in case the situation is beyond their capacity or scope of practice. Decision should be taken after identifying the potential risks associated with the care. Decisions have to be taken with organizational support accompanied by appropriate skill mix, complying with the law, evidences, professional standards, regulatory standards, policies and guidelines. Decisions can be taken with sufficient education and experience regarding the safety of the patient, with competence in healthcare field, with confidence in performing the activity safely, and with necessary authorization. The organization or the registered nurse is responsible for selecting the confident, accountable, competent person to perform the activity safely. Clinically focused supervision of the medical procedure is required for supporting decision making. Health practice decisions are considered to be perfect when they are made collaboratively in terms of risk management, evaluation and planning. Periodic trainings for skill development and for continuing education and infrastructure that supports and promotes interdependent and autonomous practice can enhance the thinking and capabilities of the healthcare personnel in providing good care to the patients.

According to the ethical code formulated by the Speech Pathology Australia (2010), professional values, principles guiding ethical decisions, standards of ethical practice, and expected professional conduct of the speech pathologists by the peers and community can manage ethical issues efficiently in practicing speech pathology. The code and conduct forms the basis for the decisions of the ethics board of the Association.

Values

Professional integrity is maintained by the healthcare personnel with their patients. No discrimination is made based on race, gender, religion, marital status, disability, age, contribution to society, sexual preference, and socio-economic status. Healthcare professionals have to give respect and care to the consumers, should value the knowledge sharing and contribution of others to the healthcare work.

Principles

Beneficent to the receivers of healthcare, telling truth to the patients, being fair to the clients by providing accurate information, respecting autonomy of the clients, and complying with the state and federal laws are the principles followed by healthcare personnel for proper decision making.

Standards of Practice

This standard code of practice includes duties of the personnel towards the community and clients, towards their employers and towards their profession. The above broadly mentioned duties include acquiring informed consent from clients, providing accurate information to clients, having professional competence, maintaining confidentiality of the clients, good relationships with clients, planned safe service to the clients, working with employers to provide quality care to the clients, and possessing professional standards. Healthcare personnel can perform confidently by holding appropriate qualifications, by undergoing periodic training and enhancing their competence, and by following professional code and conduct.

Conclusion

The above discussion focuses on how the healthcare practitioners and professionals from other health disciplines are supposed to follow code and conduct pertaining to their profession that is formulated by national and international bodies to maintain integrity and harmony among the health professionals; and to make them deliver excellent services to the healthcare receivers. It is ethical and legal to take informed consent from consumers and to provide efficient, safe and beneficial service to them. The healthcare professionals are supposed to follow ethical framework, set by the national bodies that can help them in decision-making. The factors that can influence ethical decisions of healthcare professionals are values, principles and standards of practice.

## References

Akkad, A., Jackson, C., Kenyon, S., Dixon-woods, M., Taub, N., & Habiba, M. (2004). Informed consent for elective and emergency surgery: Questionnaire study. British Journal of Obstetrics and Gynaecology, 111(10), 1133-1138.

Carey, K. (2006). Improving patient information and decision-making. The Australian Health Consumer, 1, 21-22.

Carney, M. (2006). Positive and negative outcomes from values and beliefs held by healthcare clinician and non-clinician managers. Journal of Advanced Nursing, 54, 111-119.

Cartwright, C. (2011). Planning for the End-of-Life for people with Dementia: A report for Alzheimer’s Australia.

Clarke, P. G., Cott, C., & Drinka, T. J. (2007). Theory and practice in interprofessional ethics: A framework for understanding ethical issues in healthcare teams. Journal of Interprofessional Care, 21(6), 591-603.

Consumers Health Forum of Australia. (2013). Informed consent in Healthcare: An issues paper. Retrieved fromwww. chf. org. au

Engstrom, Stephen. (1992). The concept of the highest good in Kant’s moral philosophy. Philosophy and Phenomenological Research, 51(4), 747-80.

Dixon-woods, M., William, S. J., Jackson, C. J., Akkad, A., Kenyon, S & Habiba, M. (2006). Why women consent to surgery, even when they don’t want to: A qualitative study. Clinical Ethics, 1(3), 153.

Drinka, T. J. K., & Clark, P. G. (2000). Healthcare teamwork: Interdisciplinary practice and teaching. Westport, CT: Auburn House/Greenwood.

Mason, T., Williams, R., & Vivian-Byrne, S. (2002). Multi-disciplinary working in a forensic mental health setting: Ethical codes of reference. Journal of Psychiatric and Mental Health Nursing, 9, 563-572.

National Medical Health Research Council Act. (1992). National statement on ethical conduct in research involving humans, revised in 2007.

National Medical Health Research Council. (2007). General Requirements for consent. Retrieved fromwww. nhmrc. gov. au.

National Health and Medical Research Council. (2011). NHMRC guidelines: Communicating with patients: Advice for medical practitioners. National Health and Medical Research Council: Canberra.

Nozick, R. (1974). Anarchy, State and Utopia, New York: Basic Books. Extract reprinted in vallentyne and Steiner 2000a.

Nursing and midwifery board of Australia. (2007). Code of ethics-National framework for decision-making. Retrieved fromhttp://www. nursingmidwiferyboard. gov. au.

Nursing and midwifery board of Australia. (2008). New code of professional conduct for nurses. Retrieved fromhttp://www. nursingmidwiferyboard. gov. au.

Physiotherapy Board of Australia. (2014). Codes and guidelines. Retrieved fromhttp://www. physiotherapyboard. gov. au.

Pizzi, L. T., Goldfarb, N. I. & Nash, D. B. (2001) ‘ Procedures for obtaining informed consent’ in Shojania, K., Duncan, B., McDonald, K and Wachter, R. M., eds. Making healthcare safer: A critical analysis of patient safety practices. Agency for Healthcare Research and Quality: Rockville, 546-554.

Schattner, A., Bronstein, A., & Jellin, N. (2006). Information and shared decision-making are top patients’ priorities. BMC Health Services Research, 6(1), 21.

Speech Pathology Australia. (2010). Code of ethics. Retrieved fromhttp://www. speechpathologyaustralia. org. au.

Stanford encyclopedia of philosophy. (2002). Libertarianism. Substantive revision: 2014. Retrieved fromhttp://plato. stanford. edu/entries/libertarianism/

Stanford encyclopedia of philosophy. (2004). Kant’s moral philosophy. Substantive revision: 2008. Retrieved fromhttp://plato. stanford. edu/entries/kant-moral/#TelDeo

World Medical Association Declaration of Helsinki. (1964). Ethical principles for medical research involving human subjects. Amended for the last by 59th WMA General Assembly Seoul, October 2008.