

Provider-patient relationship

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Patient Relationship Task: Patient Relationship Various codes of ethics define various health professions. These codes differ with those that apply to health educators in the medical sector. This means that there are fundamental differences that define how the code of ethics defines a health profession and that of an educator (Gary, 2009). Therefore, it is imperative to note the difference between these codes of ethics for an in-depth understanding. Additionally, this paper is going to discuss the code of ethics that define the health profession of nurses. It is crucial to define ethics as the guide that influences a person, group, or a profession in the form of conduct. It is further vital to observe that, while nurses make independent decisions, they are under the jurisdiction of the law to become responsible for their decisions. On the same aspect, while nurses are under strict stipulation to follow a predefined order of conducting their duties, health educators are not expected of such a practice (Hart, 2010). Alternatively, there are several similarities that link these professions with the intention of serving the patient. For example, both nurses and health educators are required by their code of ethics to be responsible to the public. This means they are beholden to promote, educate and maintain the health of persons, families and other communities. In other words, there is the significant need to support the health and welfare of the individuals and the public. In contrast, while upholding the underlying issues, both issues agree on the principle of respecting of personal autonomy, equality and human rights. On the same issue, both nurses and health educators are responsible to their profession for reasons. For example, they are both mandated to widen their professional competence through education and study, membership and leadership (Stephen, 2008). Additionally, the professional competence

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entails participation and joining of professional organizations that have relation to the health that concerns the public. Furthermore, like nurses, health educators hold a professional responsibility to their employers in the context of setting working boundaries. Apart from aforementioned code of ethics that join the two professions, there is also another crucial expectation of the professionals. Responsibility that pertains to research and evaluation is both essential in the making of plans and conducting evaluation and research. This suggests that they should abide by the state and federal laws and regulations including maintaining of professional standards. In addition, there is also the responsibility that is linked to professional preparation. In other words, both professionals are obliged to provide quality service to the public and profession. However, there are other differences that arise between these professions on the context of professionalism and service. For example, while nurses are expected of certain competencies and skills, health educators are not obligated to abide by any stipulations. Similarly, health educators are entitled to attend to both patients and non-patients in the context of services offered while nurses are limited to patients (Gary, 2009). This means nurses are prone to be more careful than health educators in upholding their moral and professional codes of conduct. Another critical difference lies in the risks involves attending to their clients both to the nurses and the health educators. For example, while health nurses are limited to only imparting knowledge to medical practitioners on the professional standards of conduct, nurses are limited to patients. On that note, nurses by the code of ethics and conduct should behave with utmost care to reduce injury of any nature (Hart, 2010). Alternatively, the codes of ethics that define the career of health educators do not involve the rigors of <https://assignbuster.com/provider-patient-relationship/>

attending to the welfare of the patients more than the practitioners as opposed to nurses. Furthermore, nurses are not permitted to divulge the confidential information of their patients on the context of privacy while health educators can compare notes on the courses they teach. In other words, it suggests that nurses are more restricted in sharing the sickness history of their patients that health educators are to the academic weaknesses of their students. In summary, it is important to make clear differences between the codes of ethics that defines both nursing and health educators. Despite the apparent similarities of responsibility to their clients and employers, there are also differences. Alternatively, the health educators should teach medical practitioners such as nurses and doctors the benefits of upholding the codes of ethics to safeguard the profession (Gary, 2009). Similarly, these two professions should work in harmony with the intention of highlighting the loophole of codes of ethics in order to make necessary corrections. This will go at ensuring more professionalism in form of enhanced competency and skills. References Gary, K. (2009). The similarities and differences of codes of ethics in the health sector. New York, NY: Springer. Hart, D. (2010). Codes of Ethics of Health sector. Mason, OH: Cengage Learning. Stephen, T. (2008). The professionalism in the medical field: Lessons for health educators and nurses. New York, NY: Springer.