

Ethics and integrity in public health

[Sociology](#), [Ethics](#)



A profession is an institution that confronts individuals as a reality to which they must relate without the ability to change it significantly. Health workers are people whose job is to protect and improve the health of their communities. They are required to be cognizant of the needs and rights of the individual patient, aware of the patients' relatives, care takers and guardians, alert to issues such as cultural and language barriers, prudent in the use of health resources, familiar with complaints processes, and involved in the maintenance of professional competence and their own health. I disagree with the statement that more emphasis should be put on teaching duty instead of virtue ethics to make health workers more professional in their practice. Clarifying the ethical theories in question; Deontological approach, "duty" (developed by German philosopher Immanuel Kant in the eighteenth century) centers on the standards or values to which the action conforms or to the motivation behind the action, rendering fixed moral values to actions. Duties are moral rules or laws that bind the will and limit the scope of action. It's a common method of justifying many professional judgments. For example, seeking consent of a patient is more likely to be justified because of the ethical principle of respect for autonomy that it expresses than whether doing so will lead to a better outcome for the patient. On the other hand, Aristotle's virtue ethics is an ethical theory that focuses on the moral character of the actor or agent (Bartlett and Collins 2011). Classic virtues are outlooks or stable patterns of behavior that lie between extremes of vice. In a modern professional context, virtues incorporate the skills the profession has identified that lead to success in that profession and which professional training and education instills in

practitioners. It assesses the nature of professional behavior by the way it expresses desirable qualities or virtues. My argument is going to focus on virtue ethics making health workers more professional rather than teaching duty. On this regard, we shall look at various qualities of health worker in line with virtue ethics.

To become a professional entails taking personal responsibility for maintaining professional standards and competence. It's unfortunate as the capacity for self-reflection remains a central element of professionalism. It encompasses such things as keeping one's knowledge and skills up to date, being aware of the nature of one's interactions with patients and skills up to date, being aware of the nature of one's interactions with patients and colleagues, being capable of self-criticism, and taking responsibility for one's own health. To become a health worker is a vocation and secondly a profession. Externally imposed regulation and codes of conduct should represent an affirmation of this professionalism rather than burden.

From perspective, there are a more limited number of qualities that, if possessed and/or practiced, would ensure that patients were secure in their trust and confidence in their health worker. These include the following.

Veracity (truthfulness)

The profession's recognition of the move away from paternalism and towards autonomy respect should validate to health workers that they have an obligation to be truthful and that patients expect health workers to tell them the truth. It would be unusual for an 'ethical' health worker to intentionally lie to patients, but some have trouble in enlightening the difference between

obfuscation and compassionate provision of information. For example, in certain areas like Uganda refugee settlements where health workers deal with patients and patients' families from many other cultures. In this regard autonomy in terms of telling the truth (as patient rights to information) at duty deflects from the virtue ethics in context.

In support of the above, suggestions 'that benevolent deception' is warranted at times to reduce patient anxiety, that neither patients nor doctors can ever know the 'whole truth' and that some patients loosen on the truth. It's a paradox in its own way as the doctor seems to think he knows what is best for the patient which would be unlikely accepted by the doctor himself if he was the patient. The existence of these arguments support that duty (effective practice) alone does not make more of a professional rather attachments of veracity with compassion, patience, discernment and good communication skills.

Truthfulness, veracity and frankness can present challenges for health workers, including how to explain to patients that something has 'gone wrong' with an operation or procedure conducted by that doctor or another, or whether the doctor should notify the medical board on a colleague whose practice ability can be impaired. This poses a challenge in terms of an ethical dilemma which would rather require side opinion of virtue ethics to correct an answer to the problem thus limiting the duty to be perfect for professionalism.

Privacy and Confidentiality

Ensuring that decisions are in the patients best interests (fulfilling beneficence) as a health worker and also autonomy are not enough to guarantee professionalism. It is regardless of ethics in terms of underpinning a satisfactory doctor-patient relationship. This point is encompassed with legal and ethical conflicts for example when a doctor possesses confidentiality information that, if released, might prevent harm or injury. The teaching of duty certainly leaves weaknesses that rather would be explored by virtue ethics in terms of the necessary solution to be done in the available context. Thoughtlessly, many doctors breach confidentiality in public discussions with colleagues or at clinical conferences.

In addition to the teaching of duty in the aim to learn more of illnesses of colleagues or public figures not under their care, the code of confidentiality in health care profession is breached. Systematically, institutional procedures can breach confidentiality by, for example poor records keeping or by the ready visibility of operating and admission lists emphasized in duty teachings. To save the case one would employ an assistance of virtue ethics that range from justice, integrity, phronesis etc.

In line of duty it's not possible to adhere to basic ethical principles of autonomy, beneficence and non-maleficence that are vital in the profession but weakened with other qualities that health workers cannot abandon their patients without making or allowing time for other arrangements; why doctors must never use the doctor-patient relationship for sexual or improper purposes; why they must leave their family or friends on call or called to an

emergency; and why the profession has long claimed that ‘ the patient’s interests must always come first’. In the aim to uphold the teachings of duty, the profession will lose meaning or its mission without rather compromising to other virtuous aspects like integrity, trustworthiness, reliability and dependability. Further emphasis on the weaknesses of professionalism in terms of more teaching on duty are demonstrated in the grey area of conflict of interest between self-interest and patient interest, these conflicts are frequently not recognized and not openly admitted. For example, where additional medical services will increase health worker’s income, where the completion of a clinical trial competes with a patient’s desire to withdraw or where attendance upon a patient is deferred until the next morning. These rather grey areas could be highlighted with virtue ethics or a combination of both ethics earlier on highlighted.

Still on virtue ethics, attributes like compassion in the context of medical practice includes empathy, perceptivity and sensitivity to the patient needs, kindness and humaneness. It is a quality that assists in separating the giving of medical care from more application of technology. The converse of compassion would be rudeness, thoughtlessness, abruptness and insensitivity which still may not be explicitly explored in the teachings of duty to delineate one as more of a professional. The negative qualities could be excused in terms of efficiency and effectiveness at duty but they likely impact on the patient-health worker relationship.

On contrary, emphasis on teachings on duty than virtue ethics would relay a foundation of professionalism for instance in building discernment or

judgment. Most medical students learn of the term ‘ clinical judgment’ in the setting of making a diagnosis from a list of possibilities, weighing the clinical evidence or choosing between treatment options. Nevertheless, discernment in good medical practice takes this considerably further and implies (whether by intuition, insight, good communication, experience or other reasons) that a health worker is able to determine the real patient need, hidden family concerns, even the true reason for the patient presenting on a particular day.

An additional quality expected of the health workers is a commitment to teaching, expressed in the ethics code (Australian Medical Association) as “ Honor your obligation to pass on our professional knowledge and skills to colleagues and students’ . The emphasis brings professional responsibilities to the medical arena that deals with management of cases that involve different cadres in the health profession to ensure commitment of protect/preventing disease as earlier on defined.

Teaching of duty would make a health worker more of a professional especially in the line of assessments and research. Monitoring whether public health programs are effective including empirically evaluating programs to provide evidence of their effectiveness is empirical. The health arena is broadly governed by data and evidence based data that guides interventions, treatment and prevention, this highlights what a health worker must do based on proven conclusions from research. It would be unlikely that virtue ethics may not highlight the profession due to complexities involved in terms

of management of infirmity and disease plus other social determinants of health.

In conclusion, therefore their mixed thoughts on whether emphasis on teaching duty than virtue ethic would make a health workers more professional. From then discussion had in rather conflicting dilemmas in one would require a compound of virtues attached the expected code of conduct, with the patient priorities in question. The health field has several arguments that transcend to ethical dilemmas contradicting from individual to society the expected qualities from a health worker professional. In practice the challenges are broadened with mixed patient cultures and caretakers thus it remains evident that both virtue and duty ethics are inherent in the health profession to support the health worker and the patient in question.