

Nursing

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Ethical and Legal Risks in Nursing Nursing is a sensitive profession that requires integrative social interactions between the caregivers and the patients. Registered nurses operate and offer their services under specified codes of ethics. Violation of these codes attracts both ethical and legal risks. Nurses are charged with an obligation to compassionately care for the patients. It is unethical and legally unbinding for nurses to fail to meet these obligations. A positive working environment is suitable for effective discharge of duties and provision of care services to patients by nurses. Nurses' burnout jeopardizes nursing practice because it interferes with the normal effectiveness with which nurses offer care to patients. In this regard, nurses fail to fulfill their obligations.

Patients have legal rights to sufficient health care regardless of their social, economic or political status (Snyder & Weiner 2005). When nurses fail to fulfill their obligations as outlined by both the law and the nursing codes of ethics, then a legal liability is due. Patients who are not satisfied with the way nurses handle their cases are entitled to legal processes that are tailored towards pursuing the matter further. Jaded nurses should take their time to re-evaluate their suitability in the profession. This does not imply that the nurses should provide health care services in perfect condition. It is obvious that different professions are characteristic of stress related to work. However, nursing practices requires that nurses be in a position to manage their personal challenges in the work place. A nurse under burnout experiences deteriorated personal welfare. Extending this factor to the patients may constitute quitting the profession all together. Burnout is also associated with an attitude notion that may not go down well with colleagues

and the entire workforce in general. Patients' satisfaction and safety is jeopardized in the process (Snyder & Weiner 2005).

Patients need to be fully informed on how to manage their medications and care. Doctors who fail to fully inform patients about this face both ethical and legal risks. Doctors are socially and legally obliged to serve the patient's interests prior to the special knowledge they possess. Medical relationship between the patient and the doctor should be open and either party should provide as much information as possible to the other. Each party should act in respect to the other, such that both fulfill what they are required to.

Whatever the health complication is, the doctor should be committed to upholding the patient's welfare. This requires that the doctor provide all required information that leads to the realization of this objective. Failure to this attracts legal sanctions and prior punishment as outlined by nursing codes of ethics.

Patients are entitled to quality health care as provided for in the health related rights of individuals. If a patient gets substandard care, the caregiver and the institution at large is liable for the resultant damages. Health care financing is expensive (Snyder & Weiner 2005). In this regard, the role of insurance companies in the health care sector cannot be refuted. Quality of health care is considered before insurance covers are purchased. Violating the constituted agreement breaches the contract observed by the health and the insurance policies. In such a case, the insurance company should not make payments for the health care provided; if that care's quality is compromised. Caregivers and institutions that fail to observe quality of care as that already paid for should make equivalent compensation depending on

who paid for the care. Where user fees are used, then the compensation should be made to the individual, and where insurance met the cost, then the compensation should be made to the company. In the case of already provided poor quality care that has not been paid for, payment may be denied. However, it is important to point out that there are rules and regulations to follow in that process because health care provision is made at a cost, and care received should be paid for.

Reference

Snyder, L & Weiner, J. (2005). Ethics and Medicaid patients. In: Snyder L, ed. Ethical Choices: Case Studies for Medical Practice. 2nd ed. Philadelphia: American College of Physicians.