The ethics and legalities of medication error disclosure essay sample

Literature, Russian Literature



Introduction

Medication errors are likely to exist until clinicians and nurses remain humans. The question is what medical staff and nurses should do in case medication error occurs. In this regard ethical and legal implications of disclosure and non-disclosure of the information concerning medication error are most often being discussed. Although vast majority of medical specialists consider it necessary to disclose medication errors to patients, in reality many doctors and nurses may prefer not to disclose this information, thus placing their own interests over the ones of the patient (Mazor, Reed, Yood, Fischer, Baril and Gurwitz, 2006, p. 74). For the purposes of this assignment I will address ethical and legal implications of disclosure and non-disclosure of medication errors, practically exemplifying my theses, and investigate processes of writing prescriptions to be used to minimize errors.

Ethical and legal implications of disclosure and nondisclosure

When not disclosing data, many nurses may be afraid of such consequences as causing patients' distress and harming heir reputation, as well as being sued for malpractice. In reality non-disclosure is likely to result in the likelihood of changing a nurse, and reduced satisfaction and trust (Mazor, Reed, Yood, Fischer, Baril and Gurwitz, 20606, p. 75). Moreover, in case of non-disclosure patients are more likely to seek legal advice. Most typically, nurses, who did not disclose a medication error, will be likely to be sued for malpractice. Malpractice is a tort, which occurs, when a healthcare professional or entity harms a patient in terms of a course of treatment.

Legal basis for the malpractice tort in Texas is represented by Civil Practice and Remedies Code. Under rule 133. 48 of title 25 of Texas Administrative Code, each healthcare institution is obliged to annually report medication errors, which have resulted in an unanticipated death of a patient or major permanent loss of bodily function, which are not directly related to the natural course of the illness or underlying condition. Results of reporting are likely to influence renewal of hospital's license (Texas Administrative Code, 2013). From the point of view of ethics, disclosure of medication error can be considered to respond to fiduciary nature of relations between a nurse and a patient. Voluntary disclosure of medication error to a patient of his family is not likely to result in a lawsuit. According to Hughes (2008), it is important for nurses to differentiate between formal mechanism of mandatory reporting of medication errors in terms of patients' safety administrative framework and voluntary disclosure to patient (his family) (p. 11)

My view on errors' disclosure

If I was an advanced nurse, I would voluntarily disclose a medication error to a patient or his family due to the fact that disclosing an is an action, which responds to the basic principles of nurse-patient relationships, namely nonmaleficence, beneficence and fidelity.

Minimizing medication errors

Minimization of medication errors in the light of writing prescriptions can be reached by measures, which include double-checking prescriptions by technical staff, electronic DIN scan, ensuring accountability of staff, raising awareness about potential sources of errors (e.g., names of medications,

which can look similar), clearly discussing all the prescriptions with patient, making him/her aware about the medication and dozes. Proper training of staff and ensuring teamwork are cornerstones of effectively preventing medication errors.

Summary

Promoting disclosure of medication errors by nurses and practices, aimed at preventing these errors are necessary tasks to be accomplished by each healthcare institution in order to preserve patient-centered approach and adhere to basic principles of healthcare services delivery.

References

Hughes. R. G. (2008). Patient safety and quality: An evidence-based handbook for nurses. Washington, D. C.: U. S. Department of Health and Human Services

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