

# Healthcare



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Jurisprudence in Health Care The board of trustees or directors of the hospital hold ultimate responsibility in deciding who are qualified for medical staff appointment. Although they are obligated to choose efficient medical personnel, they are guided by state laws in granting appointment and privileges, and in some instances, has the prudent duty to consider the advices and recommendation from their competent medical staff. The constructed standardized procedures created by governing states, including constitutional concept of " due process and equal protection," extend mostly to government hospitals--limited in private hospitals (Showalter, 2003). On the former principle, appropriate means are employed during professional screening, where it prohibits hospitals from acting in discriminatory way, and appeals for equitable and reasonable application of public regulations. These are integrated in medical bylaws of hospitals, where they are used in assessing professional and ethical qualifications of medical applicants. The process is common in public hospitals, while modifications are seen in private ones--the latter are given discretion in executing their institutional regulations, provided that these do not clash with statutory constitutional rights of medical professionals, in general. 2) The concept of confidentiality is a protective regulation that safeguards the right of medical practitioners subjected to peer-review evaluations. In the absence of the confidential value in peer review functions, disruptions and inaccurate evaluation of professional performance can result. Another significant concept surrounding peer reviews is involvement of potential breach in liability principle. Medical colleagues to be evaluated are accountable to protect the sets of information revealed during such review. The revealed information can be carried out not from good faith, but for selfish purposes. The danger during the presentation

of peer-reviewed results comes from rival peers, where they can utilize such information in committing defamation, distracting colleagues in their clinical functions, or interrupting administrative business association. In such cases, liability is, then, used in negative terms, and can turn constructive peer review otherwise. 3) Health professions encompass wide scope of medical background, thus, specialty areas are created to focus one's expertise in particular clinical fields. In the case when on-call medical professional is not proficient in emergency care, negligence may occur. The mixture of clinical skills cannot assure excellent medical performance, as there is high probability of errors in diagnosis and treatment interventions with lack of skills in emergent cases. Patient safety can suffer with lack of training and competency in handling emergent cases, should all medical staff be compulsorily rotated in Emergency Department--lack of clinical skills serves as liability hazards, instead of health support. 4) The Good Samaritan Act is established to protect health practitioners from lawsuits while assisting individuals in emergency situations (they are not obligated to do so), and is prompted by three conditions: performed in "good faith, and without gross negligence, or willful and wanton misconduct" (Showalter, 2003). The act appeals on the prudent value of clinical practitioners to aid individuals in medical need, but is invalidated if one of the conditions is breached. The statutory regulation seemed to have little influence on medical practitioners, as they forgo their duty to care due to numerous restrictions--only selected health personnel can avail of the protection and regulatory conditions are different in every state. While some are encouraged to provide care under such act, most prefer to safeguard themselves from legal implications by withholding their help, should untoward clinical events may occur during and

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after emergency assistance. Reference Showalter, J. S. (2003). The law of Healthcare administration. US: Health Administration Press.