

Negligence paper essay sample

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Negligence, malpractice and gross-negligence are terms that you will dislike in mentioning when your healthcare is concerned. Even though, calamities and disasters are daily happenings nurses, physicians and hospitals go to excessive efforts to guarantee that they do not occur. When they do, many people will be at grief. The Neighborhood newspaper section analyzes Mister Benson, a patient who undergone a cutting operation of his leg and is currently 62 years of age, as a result of weak circulation brought about by diabetes. The issue is that the surgeon in charge removed the wrong leg. Is this a case of negligence, malpractice or gross-negligence? This document will determine each characteristic of negligence, malpractice and gross-negligence and analyze what word best explain certain circumstances. Guidelines of practice addressed in avoiding this form of mistake will also be analyzed as well as moral values to direct practice and nursing encoding. Negligence as described by Guido (2010), “ is a common term that means administration is deficient of needed affliction” (p. 92).

Negligence is brought about by a person’s recklessness and indifference for a person’s protection and health. This action of recklessness then introduced danger to other people. Negligence can be brought about by missing information, deficiency in personal interest or from utilizing weak comprehension. There is a thin line in between negligence and professional negligence or malpractice. Any person, even the patients themselves can execute negligence while malpractice is only limited for physicians or medical care professionals. Malpractice, also referred to as professional negligence, is limited to professionals and approaches the professional regulations of care (Guido, 2010). As mentioned by Guido (2010), “

malpractice is the collapse of a professional individual to decide in reliance on the controlling professional regulations or unavailability to predict adverse effects that a professional individual, having the required knowledge and techniques, should predict.”(p. 93).

If the process is not done by a professional individual, it is practically coined as negligence, not malpractice. Gross-negligence is the ultimate negligence. Gross-negligence includes an integral and absolute indifference to use safe or practical care, which has the capacity to be of great danger to an individual or an asset (Guido, 2010). Being on duty under the grasp of alcohol or driving a car carelessly would be instances of gross-negligence. When negligence or malpractice is asserted, the patient must analyze and assay the six factors of negligence; responsibilities to the patient; rupture of responsibilities to the patient, predictability, causation, harm and damages. Responsibilities to the patient and rupture of responsibilities to the patient indicates that the asserted negligent side has an obligation to the harmed patient and is unsuccessful on the obligation; either by disregarding or errors and mistakes.

Predictability governs the information that an individual must be able to foresee specific effects in reliance on deficiency of care. Causations is simply defined as the “ harm brought about by the trauma” (Goldsmith, 2007, p. 24). Harm is what was carried out by the negligence. Damages are the harm converted to monetary amount caused by negligence. In the Neighborhood news section involving Mister Benson, the newspaper noted this as negligence. I testify that this is more profuse than practically negligence. I testify that this is a case of malpractice. On account of Mister Benson as a <https://assignbuster.com/negligence-paper-essay-sample/>

patient and the harm was brought about directly as an effect of a medical professional's negligence thus is coined malpractice. The doctrine of *res ipsa loquitur*- “ the thing speaks for itself” can also be utilized in this circumstance. The doctrine is administered when an individual cannot establish facts on how particularly the negligence happened, but it is so observable due to the effects and aftermath (Guido, 2010).

Mister Benson cannot particularly confess to the court if appropriate site verification was established because he was under the effects of general anesthesia but the undesired leg was removed so certainly, it was not. As a medical professional, it is necessary that impractical clinical hazards not be acquired. In an exertion of work to avoid malpractice, regulations of care must be observed. Regulations of care and regulations of practice are formulated to guarantee that every injured person acquires good quality of health care. Regulations of care are the optimal level of care and experience that should be accommodated. According to Ashley (2004), an offense in the regulation of care is the third factor of medical negligence or malpractice. In the instance of Mister Benson, there was an offense in the regulation of care. Appropriate verification of the leg to be removed is not established. The Joint Commission protocol for the avoidance of location error, process error and subject error surgery was not established.

This protocol needs the location to be unmistakably imprinted with a “ yes” with the subject aware and in accordance and supplementary identification of location should be established during a preoperative “ time out” (“ Recommended methods for avoiding location errors, process errors and subject errors in preoperative settings”, 2006). If these protocols have been <https://assignbuster.com/negligence-paper-essay-sample/>

followed, the right leg should have been accordingly imprinted, identified and removed as requested. As a nurse caring for the injured person, appealing and mentioning the surgeon in charge of “time out” and location identification would have avoided this error. It is the integral obligation of the surgical team to identify the appropriate location before the operation (American Academy of Orthopedic Surgeons, 2011). Also utilizing the moral values of upright and virtuous; to do no hazards, would also guarantee that these errors will not occur. Uprightness includes not inducing harm and pain to a patient. In this instance, harm and pain was induced.

This contradicts the protocol. Safety against permissible developments is valuable when attending to any injured person. Each patient is accredited to an optimum level of care. Beneficence is also included to the nurse’s obligations when caring for a person. The care that the nurses provide must accommodate goodness and acceptability. Caring a patient with acknowledgement and integrity can be advantageous to the patient at to the whole effect. Informing the patient about discharge and post-operative precautions are very valuable in advocating patient comfort. Efficient encoding of nursing care and processes are needed and are advantageous when there is a legal problem.

Encoding of precisely what was performed and informed should be done in an accurate and unhindered behavior. If it is not encoded, it was not performed! Efficient encoding is not only needed but also safeguards the nurse in a malpractice issue. Errors occur daily. As an occupation whose responsibility is to aid people, nurses must go to each phase to guarantee that healthcare, protection and comfort of the patients are being observed.

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When something occurs and endanger the patient, efficient transactions and encoding can supply protection from malpractice against the nurse

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