

Medical ethics in the clinical laboratory science

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Narrative case study Case study John is an employee in a metropolitan medical Centre. He has applied for a supervisor's specialist position in a reference laboratory, in the same city. He did not want to talk about it as he did not know if he would get the interview. As the manager in the metropolitan medical laboratory, I have stayed and worked with John for at least three years, and I have always been in good terms with him. However, he informs me of the job he had applied for, and they ask for a reference report regarding his performance. After learning about the new job roles, John does not have the capabilities to satisfy the responsibilities of the new position.

The ethical problem will be lying about the capabilities and abilities of John in fulfilling his new job roles. This will dirty the reputation of the manager's name for a bad recommendation, and it will put John into deep waters for failure to take full charge. The primary stakeholders in the scenario are the laboratory manager and John. The secondary stakeholder is the clinical laboratory that is offering the new job while the tertiary stakeholders are the society and the clinical laboratory science profession (Zhong, 22).

Being the manager, the practical alternative is writing a recommendation based on the actual abilities of John. The professional code of ethics addresses the situation and states that the integrity of the profession should be placed above individual and personal interests. As the manager, it is best to mention in the letter, that John is not fit in the position based on his skills level. This enables the manager to work with integrity, respect and competence in accordance with the code of ethics. It is best not to tell John that he was not recommended for the job in order to maintain a peaceful, working environment (Jones, 370).

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Case study 2

I am a worker working in the night with other technicians in a 300 bed community hospital. One of the co-workers working in the evening shifts is faking the quality control figures. However, after making the realization, I talk to the supervisor about the situation and he tells me to do my work and only mind my business. No one in the department seems to take the quality control matter seriously, yet the errors are avoidable in order to achieve better patient's results in quality control as well as enhance quality care delivery to the patients.

The ethical problem in the scenario is falsification and negligence of the test results yet the supervisors does nothing about it even after being told of the situation in hand. The primary stakeholders are the problem technician and the supervisor involved in the study. The secondary stakeholders are the patients who are affected by quality control while the tertiary stakeholder is the hospital. In solving the problem, the practical alternative is going above the supervisor to the laboratory manager, and these results ought to be reported to the risk management authorities to respond appropriately.

The professional code of ethics addresses the situation and states that the integrity of the profession should be placed above individual and personal interests. The best solution is reporting the matter to the laboratory manager who should take over and address the situation. Hopefully, the manager will get the risk management authority involved investigating the situation deeply. In this way, the technician as well as the supervisor will be acting with integrity, respect and competence in accordance to the professional code of ethics (Jones, 370).

References

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Zhong, Chen-Bo. "The Ethical Dangers of Deliberative Decision Making." Administrative Science Quarterly 2011 : 1-25.