

# Confidentiality in health care essay examples

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The Hippocratic Oath is an important oath taken by doctors to govern their activities. Since its inception, the Hippocratic Oath has gradually risen to become a uniform oath that regulates the activities of all professionals serving in the various health care disciplines. As Scott (2005) asserts, it is currently the duty of all players in all the disciplines relating to health care to observe this pertinent oath that has since been inculcated in common and statutory laws besides forming part of professional association ethics standards and regulations. Just like doctors, the activities of nurses, especially with regards to the several ethical considerations that relate to healthcare, is regulated by a variant of the Hippocratic Oath called the Nightingale Pledge. As regulated by the Hippocratic Oath and the Nightingale Pledge, health practitioners are supposed to maintain confidentiality of anything that they come across during the process of tending to a patient. Ideally, confidentiality directly affects the quality of health care considering its implications when breached (Scott, 2005).

Nurses are normally expected to observe the ANA Code for Nurses which stipulates, according to Andrist, Nicholas & Wolf (2006), that the nurses should by all means strive to promote, advocate and safeguard the safety and rights of patients. Ideally, with in mind that nurses (and other health practitioners alike) stand a chance of accessing information about patients that might prove to be defamatory when released to public. Almost similar to the ANA code for Nurses is the AMA code of medical ethics that guarantees all patients that any information shared by the patient during a patient-professional relationship will be kept confidential by the professional as long as it is not affected any tenet that might demand for such information to be disclosed.

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On his part, Scott (2005) echoes Sissela Boks assertion that the foundation of the relationship between a physician and patient with regards to confidentiality is based on four principles. The first principle is “ patient autonomy over information”, which grants a patient the absolute authority to decide whether to share any information that the physician might want to have (Scott, 2005). The second principle is the “ interpersonal relationships and the individual’s patients right to confide in a professional of choice” that stipulates that a patient has the right to decide who to share with any information that he or she deems should not be heard by just anybody (Scott, 2005). The third and the fourth are a solemn pledge of confidentiality by the professional, and the use of the health care professional-patient confidentiality relationship in meeting compelling societal health needs respectively (Scott, 2005). It should be noted that the above mentioned oaths, laws and principles are not the only ones that regulate the actions of health practitioners in matters pertaining to confidentiality as there is a plethora of such laws, oaths, and principles meant for the same purpose if not to complement each other.

The implications of breach of confidentiality when viewed for an ethical standpoint are relatively many. For instance, a breach of confidentiality of information given by patient might considered to be lack of respect to a patient’s autonomy. As Scott (2005) noted in his book, the patient has the right to do whatever he or she likes with his life including sharing of information about his life to whoever he or she wishes, hence disclosing any of such information would mean that the professional lack respect to the autonomy of the patient. Besides, it is only logical for any patient willing to share any confidential information with a health care professional to ask the <https://assignbuster.com/confidentiality-in-health-care-essay-examples/>

professional to promise that the information will not be leaked to any third party. In the event that there is leakage of any such information, it can be inferred that that professional did not keep the promise made to the patient. In a similar manner, a breach of confidentiality might have several consequences. For instance, it can negate the image of the patient (especially when used for malicious purposes) as well as the image of the professional. Additionally, the patient might lose trust of the professional which might create an impediment in further sharing of information. The effect might be more pronounced when more information essential for health care purposes is still needed from the patient.

However, there are times when a professional is faced with the dilemma of whether to or not to breach confidentiality as depicted in the article by Pamela Nelson titled Bioethics on NBC's ER: Betraying Trust or Providing Good Care? However, the framework of ethical decision making provides an avenue through which one can decide whether to or not to breach confidentiality. Ethical decision making involves the identification of the ethical considerations that might be affected by the confidential information as well as individuals and groups and organizations that might be affected by the ethical decision (Reamer, 2005). This is then followed a careful process of identifying how the individuals and groups and organizations might be affected by the ethical decision as well as possible reactions that might be instigated by the move (Reamer, 2005). One should then review the importance of the ethical decision against the possible negative consequences while consulting with colleagues as well as any relevant parties before making a decision and documenting the whole decision making process (Reamer, 2005); ideally this process is termed collaborative

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approach to ethical decision making. Essentially, it is of utmost importance if the process of making the decision is governed by the ethical theories which are mainly the consequentialism, virtue and Deontology theories (Butts & Rich 2005). For instance, Consequentialism theories, like the Mill's utilitarianism theory, uphold that an action is only good if it leads to desirable consequences (Butts & Rich 2005).

## **References**

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