

Case Study: Professionalism in Patient Care - Ethics

This module is to have you as nursing students reflect on your professional role as a nurse in ethical decision-making.

It is a module that is utilized by the National Center for Ethics in Health Care as a part of the U.S. Department of Veterans Affairs. It is being presented with the permission of the VA.

Review these informational topics – **Descriptions**, **Your Obligations**, and **Basics**. A series of case studies are presented that illustrate scenarios in which a nurse is faced with a situation that raises an ethical concern.

Directions

Each case study ends with a decision that needs to be made and a choice of four options. After choosing the option you think is most appropriate, review the feedback provided at the end of this document that explains the ethical aspects that inform the decision. At any time, you can go back to review **Descriptions**, **Your Obligations**, and **Basics**.

After working through all the cases, please review the document summary of **Key Points**.

Descriptions

Term	Definition
Bias	A preference or inclination that inhibits impartial judgment
Conflict of interest	A situation in which a health care professional's duty to patients is influenced, or appears to be influenced, by personal interests
Professionalism in patient care	Practitioners' adherence to professional norms and standards for conduct, such as those described in professional guidelines and codes of ethics
Professional boundaries	Limits of ethically appropriate professional behavior

Your Obligations

High quality health care requires the competent use of expert knowledge for the benefit of those served. Clinical and administrative staff members have a responsibility to protect the welfare of patients by:

- Preserving and supporting appropriate professional behavior
- Being truthful and trustworthy
- Treating all patients respectfully and without bias
- Avoiding conflicts of interest that may compromise objectivity

The cases in this module sometimes reflect the decisions made by a particular member of the health care team, but the principles are important for all.

Basics

The responsibilities of professionalism in patient care come from two ethical obligations:

1. Your obligation to put patients' interests first.

As a health care professional, you have a duty to promote the welfare and well-being of your patients and to look out for their interests, even when those interests conflict with your own. This is the foundation for trust in the clinician-patient relationship.

2. Your obligation to regulate yourself as a professional.

Society has permitted a high degree of privilege and power to the health professions, with the expectation that the professions will be self-regulating on the basis of established ethical norms.

These ethical obligations are the basis for professionalism in patient care.

Case Study #1

Mr. Jackson, a retired psychologist, is ready to be discharged after hip replacement surgery. As his discharge nurse, you have been trying to arrange transportation home for Mr. Jackson but have been unsuccessful. Staffing on the unit is tight, but because Mr. Jackson is very upset about the prospect of spending another night in the rehabilitation facility, you are considering driving him home yourself.

What should you do?

- A. Don't drive him home because you don't want to play favorites.
- B. Don't drive him home because it would potentially compromise the care of other patients on the unit.
- C. Don't drive him home because it could give the appearance of a conflict of interest.
- D. All of the above.

Case Study #2

It is essential never to use phrases that might be perceived as disrespectful to patients.

Which of the following phrases might be perceived as disrespectful to patients?

- A. Referring to patients in terms of their disease (e.g., "sickler," "lunger").
- B. Referring to patients using non-medical analogies (e.g., "frequent flyer," "train wreck").
- C. Referring to patients with judgmental descriptors (e.g., "drug-seeking," "noncompliant").
- D. All of the above.

Case Study #3

Mr. Ikeda is an 84-year-old Japanese-American who was brought in by his family for weight loss and hemoptysis (coughing up blood). A chest X-ray is consistent with widely metastatic cancer. Before the physician has a chance to discuss the results with Mr. Ikeda, you are approached by his eldest son, who says that in order to honor the patient's cultural traditions, all decisions should be made in consultation with the family (instead of the patient). If their father has a grave diagnosis, such as cancer, they do not want him to be told, as this would destroy his will to live.

What should you do?

- A. Explicitly acknowledge the legitimacy of the family's cultural norms, beliefs, and values and how they differ from the traditional Western view of autonomy; then agree to the son's request.
- B. Explain to the son that regardless of their cultural traditions, patients are entitled to information about their care.
- C. Acknowledge the conflict, then negotiate an agreement with the son regarding how the interaction will proceed.
- D. Talk to Mr. Ikeda about his beliefs and values, including who he would like to involve in discussions about his care.

Case Study #4

You are a nurse in an outpatient clinic. A staff physician who sometimes works in your clinic is known for his sudden and unpredictable outbursts of anger. When something goes wrong, he often reacts by raising his voice and intimidating other staff, especially residents and nurses. You recently witnessed an episode in which he yelled at a nurse practitioner, "You must be even stupider than I thought!" The NP ran off in tears.

What should you do?

- A. Confront the physician regarding his unprofessional behavior.
- B. Report the incident to your supervisor.
- C. Report the incident to a higher authority.
- D. Any of the above.

Case Study #5

You are an advanced practice nurse new to a hospital practice and your scope of practice includes writing prescriptions for discharged patients. At the recommendation of a colleague, you attend a seminar at a local hotel sponsored by a pharmaceutical company. The seminar focuses on a new drug you want to know more about. At the end of the seminar, all participants are offered a token gift (a potted plant).

Would accepting the gift be ethically problematic?

- A. No, because the gift falls within the \$20 de minimus (negligible) exception in the hospital's ethics rules.
- B. No, because you are not on hospital property.
- C. No, because you are not on the formulary committee and therefore are not "being influenced in the performance of an official act."

D. Yes.

Case Study Feedback

Case Study #1

The correct answer is: D. All of the above.

Professionally appropriate relationships with patients involve many considerations. Giving Mr. Jackson a ride home would certainly be a compassionate act, but it would be problematic in several respects. Seeming to "play favorites" by accommodating individual patients in special ways can raise concerns about appropriate professional boundaries. Health care professionals commit themselves to treating all patients fairly. Patients often need more than just clinical care, and it is not necessarily inappropriate for professionals to provide help in other ways. But their actions on behalf of a particular patient must not adversely affect the clinical relationship with that patient or compromise the care available to other patients, or appear to others to do so. Just what activities might constitute a violation of professional boundaries depends very much on the specific context in which such actions take place and their foreseeable likely consequences for others.

The bottom line: **Maintain professional boundaries in relationships with patients.**

Case Study #2

The correct answer is: D. All of the above.

All of these phrases are problematic. Slang expressions are common in the health care setting, and humor is often used to counteract frustration and fatigue. However, all of these options use terms that might be perceived as disrespectful to patients and therefore unprofessional. Derogatory, careless, or dismissive language can also lead to a host of unintended and undesired consequences, such as decreased patient satisfaction and increased malpractice risk. You should never say things you wouldn't want a patient or family member to hear. Modeling positive behavior is the only way to eliminate bad behaviors from practice.

The bottom line: **Use respectful language when addressing or referring to patients.**

Case Study #3

The correct answer is: D. Talk to Mr. Ikeda about his beliefs and values, including who he would like to involve in discussions about his care.

As a general rule, health care professionals should attempt to make reasonable accommodations for patients' cultural beliefs or practices. This does not mean, however, that all cultural norms should be accepted uncritically, or that a patient's values will necessarily be identical to those of the patient's family or community. Whenever possible, health care professionals should ask the patient early in their relationship what role he or she would like others to play in discussions and decisions

about care. In this case, you should sensitively explore Mr. Matsu's own values, beliefs, and information needs, and consider whether these differ substantially from those of his family. For example, you might ask Mr. Matsu if he would like to receive information about his medical condition and make decisions himself, as is the usual practice in VA, or if he would rather designate his son as the person to receive information and make decisions on his behalf.

The bottom line: **Explore the patient's cultural beliefs and practices and make reasonable accommodations for them.**

Case Study #4

The correct answer is: D. Any of the above.

The behavior described is unprofessional and should not be tolerated. Unprofessional behavior affects everyone involved in the delivery of health care and is detrimental to the ethical environment and culture. Not only does it tend to undermine employee morale and diminish productivity, it can also have a negative effect on health care quality. For example, behavior like this can undermine patients' confidence in the organization, or distract staff so much that they make errors in the delivery of care. If you feel you can raise the issue directly with the physician without harming your relationship, this may be enough to address the problem. However, if this is not a realistic option or the problem continues, you have an ethical obligation to report any unprofessional behavior that threatens patient care. As a first step, you should start by talking to your own supervisor, who would then take action, for example, by reporting the incident to the physician's supervisor, in this case, the service chief. If inappropriate behavior continues despite an initial report, the behavior should be reported to a higher authority.

The bottom line: **Take action if you observe unprofessional conduct.**

Case Study #5

The correct answer is: D. Yes.

It's true that according to the hospital's ethics rules employees may not "accept a gift in return for being influenced in the performance of an official act," such as serving on a formulary committee. It's also true that according to the hospital's ethics rules employees may accept gifts of no more than \$20 per occurrence (and no more than \$50 in aggregate over 12 months). However, as a health care professional, you have ethical obligations to patients who depend on the integrity of your clinical judgment. You also have a responsibility to ensure that your clinical judgment is free from biasing influences that might compromise patient care. Pharmaceutical company gifts, even of minimal value, have been shown to inappropriately influence prescribing practices in favor of the particular company's product. The practice of accepting gifts from pharmaceutical industry representatives' risks compromising your professional objectivity and integrity, and undermining your fundamental ethical commitment to putting the interests of patients first. The fact that you are not on hospital property does not change your ethical obligation or diminish the potential influence of the gift.

The bottom line: **Avoid gifts from vendors because even small gifts may affect your professional judgment and objectivity.**

Key Points

Professionalism is concerned with practitioners' adherence to professional standards of conduct. The ethical aspects of professionalism include matters of conflict of interest, truth telling, working with difficult patients, etc.

Summary of key points:

1. Maintain professional boundaries in relationships with patients.
2. Treat all patients without bias regardless of their personal characteristics or health problems.
3. Use respectful language when addressing or referring to patients.
4. Explore the patient's cultural beliefs and practices and make reasonable accommodations for them.
5. Take action if you observe unprofessional conduct.
6. Avoid gifts from vendors because even small gifts may affect your professional judgment and objectivity.
7. When you cannot resolve situations of uncertainty or conflict regarding professionalism, seek advice from the ethics committee at your facility.

Final Case Study: Legalities

Review the Legalities power point to assist with answering the questions (highlighted in blue) in this case study.

Lynette Donovan, a 15-year-old female African-American, was a passenger in a motor vehicle collision and is now admitted to the hospital with a fractured right femur. The emergency department health care provider applied a cast to the affected leg with insufficient padding.

Lynette was transferred to Pediatrics and told the admitting nurse that her right leg felt numb. The nurse assessed the leg and noted it appeared swollen and looked discolored.

The nurse recognized that these symptoms indicate impaired circulation in the extremity with the cast.

What is the next step the nurse should do?

A: The nurse should alert the provider immediately of the change in patient's evaluation and should follow up with proper documentation explaining the assessment of the patient's discomfort and the poor quality of the patient's leg.

The nurse has been unable to reach Lynette's health care provider despite several calls. The nurse has not notified the nursing supervisor of the patient's situation.

David Ortiz is a 23-year-old nursing student newly assigned to Pediatric unit and to Miss Donovan. His initial assessment notes that the patient's right leg is swollen, slightly blue, and slightly malodorous.

Lynette seems very anxious and upset.

David remembers that Lynette Donovan is legally a minor. She is hurt and afraid and in an unfamiliar setting.

She may not be comfortable speaking with the health care providers who are present, and her expressions of pain may be modified by her circumstances.

How should David proceed?

A: David should see if he and the nurse he is assigned to are able to sit down with the patient for a few minutes and let her know it is okay and try to create a relationship so Lynette is able to express her feelings and pain level.

It may also be helpful if Lynette is able to have a trusted family member with her since she is a minor and it may help her feel less afraid.

Lynette Donovan developed gangrene in the right leg. She requires a right below-the-knee amputation.

Is Lynette Donovan capable of providing consent for the procedure?

A: Since Lynette is only 15yrs old and a minor she is not able to provide consent for the amputation procedure. The health care team should get consent from Lynette's parents or legal guardian.

Identify the elements of malpractice and how they apply to Lynette Donovan's case.

A: The most prevalent element is that the patient was injured and because of that injury has now lost a limb. I think there was more malpractice on the provider's part with the placement of the cast on the leg.

Who owes a duty to Miss Donovan? Was the duty met?

A: The nurse did owe a duty to the patient once the nurse was informed by patient, she was feeling discomfort and assessment showed swelling in her leg. The feel like the nurse acted accordingly and continued to contact the provider and ultimately met that duty.

David Ortiz is returning from escorting Miss Donovan to the operating room for her procedure. He gets on the elevator, where several visitors and two nursing supervisors are talking about the health care provider who "made Donovan lose her leg."

Are any laws broken?

A: Yes, there was a law broken. The patient's confidentiality was breached which violates HIPPA laws. The nurse supervisors should have discussed the patient's case in a private setting and not around visitors of the hospital.

What should David do?

A: David should report what he observed and heard to the nurse he is assigned to or to his nursing instructor and let them handle the situation from there.