

Medical Negligence: There are No Winners

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INTRODUCTION

Medical errors are the problems in the health care system in all over the world irrespective of whether it is developed countries like UK and US or developing countries like Pakistan. It is estimated that between 45000-98000 fatalities occur every year in US due to mistakes of medical professionals. However, in developing countries, medical negligence is not properly reported [1]

SCENARIO

A 65 years old female patient admitted for colon cancer treatment. The patient was on tramadol infusion for pain management. In the night shift, nurse sent the patient to washroom without assistance. After a while nurse encountered the patient fell down in washroom. The patient complained about severe pain at her right arm consistently after the incidence so nurse increased the tramadol infusion without doctor's order. The night shift nurse did not inform about the incidence of anyone in the unit. However, on assessment, morning nurse identified that right arm was swelled and patient was complaining of severe pain. X-Ray examination revealed right arm fractured. For not informing the incidence, the unit management decided to terminate the nurse.

ETHICAL ISSUES

The scenario directs several questions that are important from ethical point of view. Is hiding negligence for own safety is a correct approach? Does termination of nurses who do not inform negligence is the correct decision? Based on a professional pledge, is that the responsibility of nurses to inform such incidents?

PROFESSIONAL NEGLIGENCE

Negligence arises from any action or failure to act that causes damage to patient health. In the profession, it is a deviation from the professional standards that govern the due care in a given set of situations. Negligence occurs either consciously, causes risks of harm that are irrational or unintentionally but haphazardly, commanding risk of harm. After critically analyzing the above scenario, it is clear that fall was the leading cause of the fracture. If the patient was assisted by the nurse then the fall can be prevented. Negligence is professional misconduct, unreasonable cause of

injury to the patient and lack of fidelity is an immoral practice [2].

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KANTIAN DEONTOLOGY

Kant thought that action is praiseworthy only if it is done for the intention of obligation or duty, rather than for self-interest. The prime obligation of the health care provider is to ensure the safety and wellbeing of their patients. The duty of care is obligatory whenever the patients admitted for care in the hospital. While taking care of the patient there are certain duties or rules which are intrinsically good must be followed. And on the other hand, there are also certain actions that are intrinsically wrong they must have abstained, even if it can be foreseen that will bring good. Therefore, health care providers must be able to anticipate the possible actions that could lead to psychological and physical harm to the patient. In addition, Kant believes that one must be truthful in every situation irrespective of consequences. In the above scenario, the nurse has breached the duty of care and the information was not shared with the patient family. The reason that health care providers holding the information from patient and their families could be the fear of losing their job or getting penalty for it. In the light of ethics, withholding the information from the patient family is wrong, neither moral values nor professional values allow it. Deliberately lying to the patient and holding information from patient or his family is against the Kantian principle of veracity.

VIRTUE ETHICS

Trustworthiness is one of the corner stone between nurse and patient relationship. It is referred to a quality of sincerity and reliability [3]. Among the health care professionals, nurses encounter patients most of the time, as a result, they are confronted with more intense moral conflict as compared to other members of the health care team. Most of the time, they face difficulty in responding such situations of moral conflicts that cause extreme moral distress. The moral distress perceived by nurse is due the clash between the

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personal influences and duty of care. Every individual has the right to get true information about his/her health condition during treatment. In above mentioned case, it was nurse prime response to tell the truth to the patient and family. Telling trust is the foremost our duty and should not be neglected even when we are not aware of the consequences. If there is distrust occurred between health care provider and patient it could be because the health care provider fails to perform what is essential for the patient [4].

DOING NO HARM, PROMOTING PATIENT SAFETY

Non-maleficence constituted the responsibility of healthcare personal to “do no harm”. It is associated to deliver safe and quality care to the patients and healthcare providers ensuring carefree from danger or risk of injury. Moreover, it is ethical duty of health care providers to avoid commissions and omissions that could otherwise result in preventable harm to patients. Additionally, if the patient did not get a fracture then neither the patient suffered another medical problem nor the family suffered any physiological distress and financial burden.

POSSIBLE CONSEQUENCES

Every action has a reaction, by evaluating the above-mentioned scenario from the lens of nurse, if she reported this incidence; she was blamed and might be terminated from her job. On the other hand by sharing of information to other health care provider can bring early intervention and prevent further complications [5].

JUSTIFICATION AND CONSEQUENCES OF MY POSITION

After interpreting the above case in the light of ethical principles, it is crucial to take correct decision, I think my position sounds more ethically appropriate and it is in the favor of patient. As a health care provider, patient is the prime focus of the care. It is the moral and professional duty of the health care personal to inform the incidence through organizational policies and standards which cause harm to patient safety and waived off the patient financial cost which are due to this incidence. I believe that it is not ethical to hide information from a patient and family for own safety and truth should be share to the patient and their family. Moreover, sharing of the incidence to other health care providers can bring

early intervention to prevent further risk of harm to the patient. True reporting will help the hospital management to identify staff knowledge gaps and provide sessions to overcome such preventable incidences. Additionally, keeping incidence hide from patients and families can create distrust relationships between patients and the healthcare provider.

CONCLUSION AND RECOMMENDATIONS

It is usually thought that medical professionals are more trusted than any other professionals. The reason behind this fact is that doctors and nurses are considered most honest and knowledgeable people who can treat the patients truly. The duty of health care providers is first and foremost is patient safety. The hospital management staff should try to identify the particular elements of what makes a healthcare professional difficult in reporting incidences. Fall risk is a preventable incidence, it could be overcome if the nurses have done a fall risk assessment of patients per shift and appropriate safety measures were taken to prevent fall and fall-related injuries. Furthermore, health risk can be reduced by assessing staff knowledge gaps and providing training and education programs. In addition, if the higher management examines the incidence in an organized ethical atmosphere by using hospital guidelines without accusing anyone than there will be possibility that health care providers will report this type of incidence in future. This type of incidence can be prevented by reinforcement on hospital guidance to safely disclosure the incidence without accusing anyone. Lastly, through the Pakistan Penal Code Act 1860 people can bring claims for medical negligence.

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