

First, Do NO Harm

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Presentation Objectives

- ▶ Clinical Background → DFEI
- ▶ DFEI Principles Applied → Assignments
- ▶ The Future for DFEI at JBE

"I am content; that is blessing greater than riches; and he to whom that is given need ask no more" Henry Fielding

Nursing Background

▶ Critical Care → Management → Education





RELATIONAL NARRATIVES: SOLVING AN ETHICAL DILEMMA CONCERNING AN INDIVIDUAL'S INSURANCE POLICY

Robin Lindsay and Helen Graham

Key words: feminist ethical theory; health insurance; postmodern ethics; relational narratives

Decisions based on ethics confront nurses daily. In this account, a cardiac nurse struggles with the challenge of securing health care benefits for Justin, a patient within the American system of health care. An exercise therapy that is important for his well-being is denied. The patient's nurse and an interested insurance agent develop a working relationship, resulting in a relational narrative based on Justin's care. Gadwo's concept of a relational narrative and Keller's concept of a relational autonomy guide this particular case. As an ethics framework influenced by feminist ethical theory, Gadwo's, Keller's and Tisdale's ideas demonstrate the fluidity with which the nurse and others can work while maintaining both autonomy and engagement without being self-sacrificing.

Introduction

Cardiac rehabilitation is a restorative process that attempts the physical reconditioning of patients after a cardiac event by means of a prescriptive exercise programme. The goals of the programme are individualized and the objective is to increase physical exercise tolerance over a period of 6–12 weeks. American insurance companies specify clearly which diagnoses qualify for reimbursement. Three diagnoses currently reimbursed for cardiac rehabilitation are recent myocardial infarction, stable angina and coronary bypass surgery. Justin, the subject of this article, did not fall into any of these categories. His diagnosis was cancer. The surgery being cardiac in nature, however, did necessitate the use of a heart–lung bypass machine. The fact that Justin's diagnosis was not heart related, but involved cardiovascular procedures, placed Justin in a financially precarious situation.

A discussion of feminist ethical theory is beyond the scope of this article, other than to acknowledge its impact on the shift away from traditional objective, ratio-

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Code Ethics in Health Care

- ▶ AMERICAN MEDICAL ASSOCIATION CODE OF ETHICS (AMA)
- ▶ AMERICAN NURSES ASSOCIATION'S CODE OF ETHICS (ANA)
- ▶ INTSTITUTE OF MEDICINE'S CODE OF ETHICS (IOM)
- ▶ INSTITUTIONAL REVIEW BOARD (IRB)

First, Do No Harm

Commission

Doing something wrong



Omission

Failing to do the right thing



Utah Nurse Respects Patient's Right



Ethics in JBE Nursing Curriculum



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DFEI Principles and Biomedical Ethics Principles

- ▶ **Integrity** – act honestly
 - ▶ **Trust** – build trust in all relationships
 - ▶ **Accountability** – being responsible for all decisions
 - ▶ **Transparency** – open & truthful communications
 - ▶ **Fairness** – create equitable & just relationships
 - ▶ **Respect** – honor rights and freedoms of others
 - ▶ **Rule of Law** – comply with laws and regulations
 - ▶ **Viability** – build long-term value for all
- ▶ **Autonomy**
 - ▶ **Non-Maleficence**
 - ▶ **Beneficence**
 - ▶ **Justice**

Implementing Ethics Undergraduate NURS Courses

Professional Practice (NURS 4250) Nursing Research NUR 4010



- ▶ Two Assignments :
- ▶ Discussion Question #1
- ▶ Discussion Question #2
- ▶ Discussion Question #3



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Mrs K. recently was admitted for her 2nd myocardial infarction (MI) & she is recovering from coronary bypass surgery. She is a 68-year-old widow of Hispanic decent and has type II Diabetes. Her cardiac risk factors, in addition to diabetes, include obesity, hyperlipidemia, hypothyroidism, stress, and lack of exercise.

Following a MI or coronary bypass surgery, a Cardiac Rehabilitation (CR) referral from an inpatient setting, is an ACC/AHA clinical performance measure (Thomas et al., 2018). CR provides aerobic exercise, coronary risk factor education, and nutritional counseling. CMS reimburses 36- with small patient co-pay (Thomas et al). Participate in CR significantly decreases mortality & repeat hospitalizations. Mrs. K's nurse told her about her CR benefits.

Mrs Kay is interested & her nurse would like to refer Mrs. K. to the outpatient CR program however, a physician order is required. The nurse is aware that Mrs. K's cardiologist arbitrarily refuses to send patients to outpatient Cardiac Rehabilitation Program believing he is better able to educate his patients at the follow up appointment. like Mrs. K who are living on a fixed income and do not have dependable transportation to outpatient CR.

What is Cardiac Rehabilitation

Cardiac Rehabilitation Benefits



Benefits to People

Individuals who attend 36 sessions have a **47%** lower risk of death and a **31%** lower risk of heart attack than those who attend only **1** session.

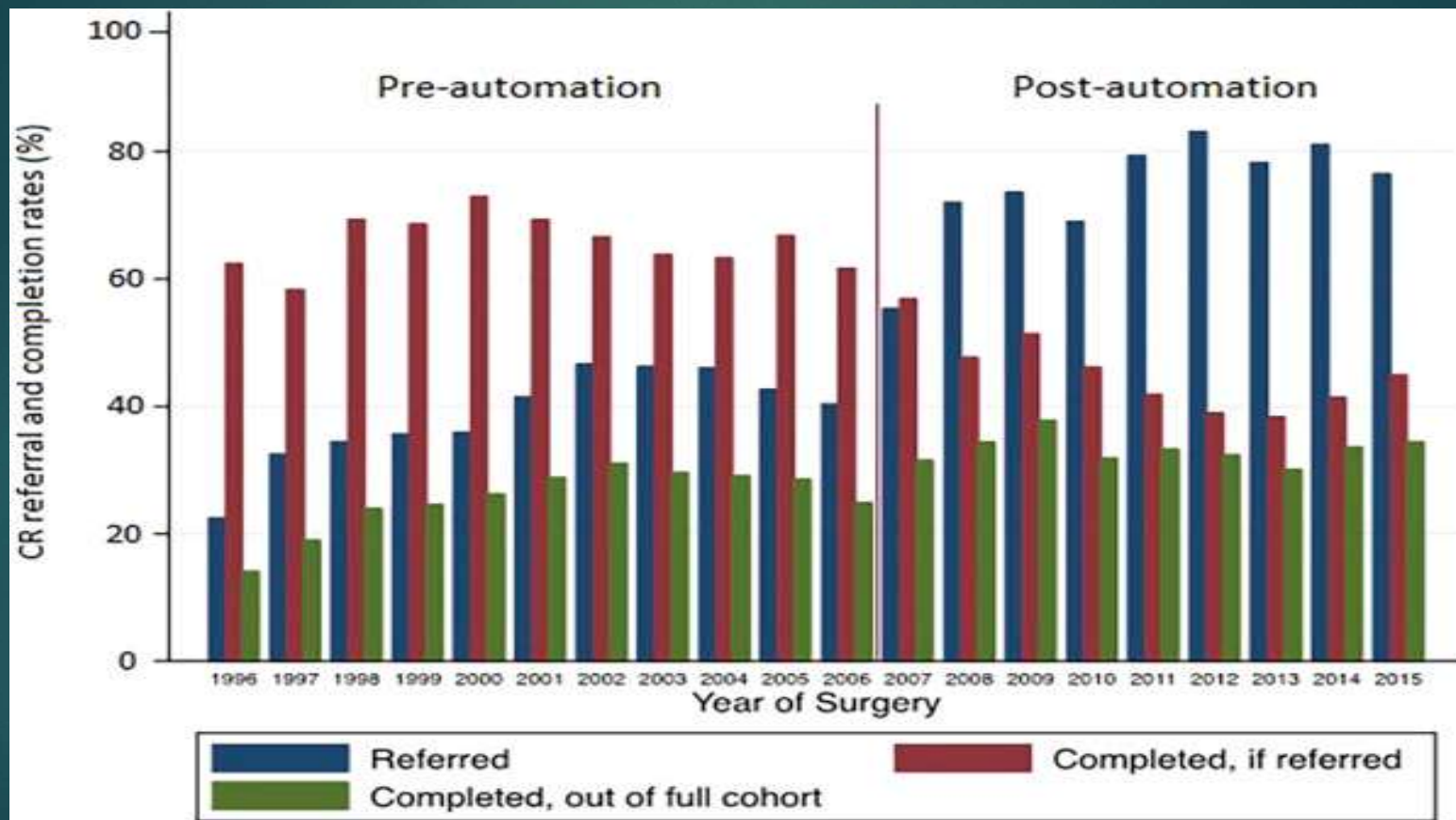


Benefits to Health Systems

Costs per year of life saved range from **\$4,950 to \$9,200** per person.

Cardiac rehabilitation participation also reduces hospital readmissions.

Referral to Cardiac Rehabilitation



Lets Think:

Question

Students asked:

1. Which 8- DFEI principle(s) stand out as being ignored in Mrs. Kay's case?

<https://forms.office.com/r/1Zfd5p4i09>

2. What would you do?

Integrity

Trust

Accountability

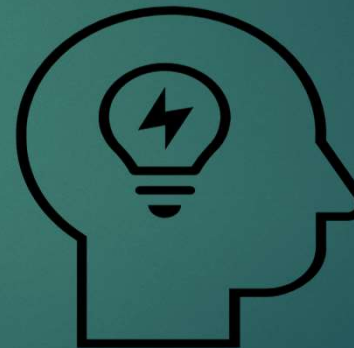
Transparency

Fairness

Respect

Rule of Law

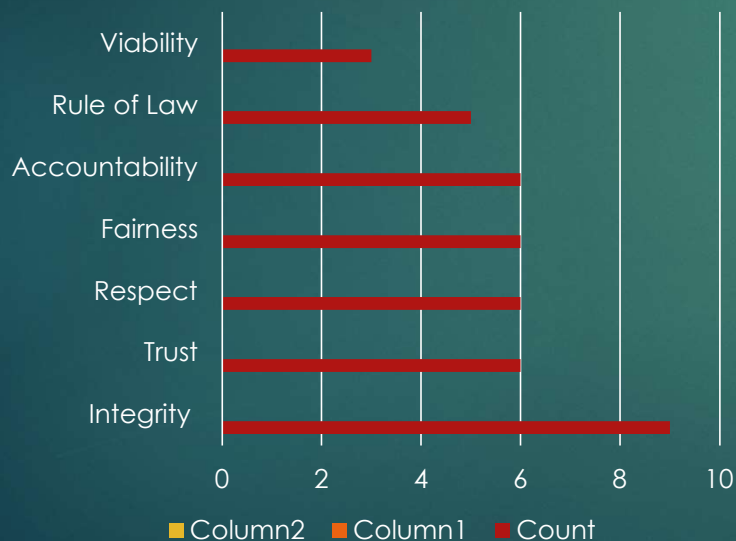
Viability



Reflection & Comments from Students

Principles Not Upheld

DFEI Principles - Students



Reasoning

1. Integrity – MD needs to be open and pt. included in decision making
2. Transparency - Physician was not being open with patient when not letting her know about covered benefits
3. Trust - Pts put their trust in MD & expects no withholding of information
4. Fairness - Not receiving equitable RX
5. Respect- respect rights of pt. while respecting the physician
6. Accountability – physician to be accountable to oath
7. Viability - Long term prognosis jeopardized
8. Rule of Law - AHA/ACC 1 A recommendation disregarded

ETHICS LEARNED

- ▶ Respect for the rights of the patient
- ▶ Respect for all team members when differences of opinion exist

Nursing Research

DQ #1

Publish Unethical
Research



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DQ #2

Plagiarism



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DQ #3

Parental Consent



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Nursing Research Course

DQ # 1

Should data from unethical studies be published or cited?


DQ #3

COVID testing studies are underway for children under 12 years of age. Parental consent is needed. Any ethical concerns?

DQ #2

A nursing student tells his nursing instructor about a great survey he wants to do for a research project next semester. The following month he sees a publication in the College Communique Newsletter written by his instructor. The article includes results for a survey exactly like the survey the student was planning to do.

DFEI Fellow's Future Goals (2022-2023)

- Introduce Ethics in Nursing Informatics
- DFEI Nursing Alumni  JBE College
 - Engage Student Ambassadors
 - Partner with Hospital Ethic Committees



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Questions?

