

HEALTH CARE ETHICS

PPT BASED | PRELIMS | By: Laren Llanes

ETHICS

ETHICS

- Greek word "ethos" which means moral duty, character or custom.
- It refers to the practices or values that distinguish one person, organization, or society from others.
- It pertains to the knowledge of what to study about - that is the Goodness or Evil of human act or human conduct.

Morality

- Greek word "moralis" refers to social consensus about moral conduct.
- It pertains to the application of ethical knowledge in the performance of human act or human conduct.
- Is a system of principles and values concerning people's behavior, which is generally accepted by a society or by a particular group of people.

BIOETHICS

- Greek word "bios" which means "life."
- Means "Ethics of Life"
- Is the application of ethics to the field of medicine and healthcare.
- Is a science that deals with the study of the morality of human conduct concerning human life in all its aspects from the moment of its conception to its natural end.

Health Ethics

- Is a science that deals with the study of the morality of human conduct concerning health and health care.

Health Care

- Is the prevention, treatment and management of illness and the preservation of wellbeing through the services offered by the medical and allied health professions.

Health Care Ethics

- a.k.a. "Medical Ethics"
- Is a formulation of ethical norms for the conduct of health care professionals in the treatment of patients.

The Hippocratic Oath

- One of the oldest known formulations of medical ethics
- Named after Hippocrates (460-357 B.C) "Father of Medicine."
- It indicates a physician's/ nurse's duty to keep a patient away from harm and injustice.
- It emphasizes the significance of medical confidentiality between doctors, nurses and patients.

ETHICAL THEORIES

1. Deontology

- Greek word "deon" means DUTY or BEING NECESSARY
- Refers to the study of duty and obligation.
- IMMANUEL KANT (1724 -1804), A German Enlightenment Philosopher. The main proponent of Deontology, according to him as human being, we have our own "RATIONAL WILL" which is the capacity to act according to the principles that we determine for ourselves.

2. TELEOLOGY

- Greek word "telos" means end, purpose, or goal.
- Actions are "Right or Wrong" according to the balance of their Good or Bad consequences.
- Also known as Consequentialist Ethics a reason or explanation for something as a function of its end, purpose, or goal, as opposed to as a function of its cause.

3. UTILITARIANISM

- Advocates actions that foster happiness or pleasure and oppose actions that cause unhappiness or harm.
- Jeremy Bentham and John Stuart Mill Their ethical doctrines state that the Rightness and Wrongness of actions is determined by the goodness and badness of their consequences.
- Refers to the Greatest Good to the Greatest number of People.

VIRTUE ETHICS

- Greek word for virtue is 'ARETE' which means "Excellence" focused on the quality of everything you do and experience.
- Concerned with the character of individual nurses and seeks ways to enable nurses to develop character traits appropriate for actions that enhance wellbeing.

VIRTUE ETHICS

EXCESS(VICE)	MIDDLE (VIRTUE)	DEFICIENCY (VICE)
Impulsive	Self - control	Indecisiveness
Recklessness	Courage	Cowardice
Stingy	Generous	Extravagant
Prodigality	Liberality	Meanness

FLORENCE NIGHTINGALE CHARACTER TRAITS AND VIRTUE FOR NURSES

- Truthfulness/Honesty
- Integrity
- Sympathy/Compassion
- Humility
- Thankful

CARING AND COMPASSION

- The core virtue ethics of the nursing profession.
- The essence of caring as a nurse is that you recognize the value and worth of those you care for and that the patient and his or her experience MATTERS to you. (Benner & Wrubel, 1989).26 Nov 2015

Core Values of Professional Nurses

I. CARE

- Considered as the Heart of Nursing
- the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something.

II. COMPASSION

- How care is given through relationships is based on empathy, respect and dignity.

III. COMPETENCE

- Set of demonstrable characteristics and skills that enable and improve the efficiency or performance of a job.

IV. COURAGE

- means doing the right thing, speaking up when there are concerns and having the strength and vision to innovate and work in new, different ways.

V. COMMITMENT

- The state or quality of being dedicated to a cause, activity, etc.

VI. COMMUNICATION

- The imparting or exchanging of information or news.
- Basic element of human interaction that allows nurses to establish maintain and improve contact with others.

ETHICAL PRINCIPLES

• AUTONOMY

- Comes from the Greek word "auto" meaning "self" and nomos meaning "custom", "law or governance."
- A strong sense of personal responsibility and moral decisions for one's own life.

• CONFIDENTIALITY

- Greek word "confidene" which means "to trust."
- Non-disclosure of private or secret information with which one is entrusted.
- duty to respect privileged information.

• VERACITY

- Practice of telling the Truth
- "Habitual truthfulness" or "conformity to facts"
- Attitude and personal qualities that demonstrate truth.

• FIDELITY

- Loyalty within the nurse- patient relationship.
- Faithfulness and practice of keeping promises and commitments.

• JUSTICE

- Relates to Fair, Equitable and Appropriate treatment to others.

- Focuses on equitable access to health care.
- Article XIII of Philippine Constitution
- National Health Insurance Act of 1995
- Republic Act 7432: "Senior Citizens Act"
- Hospital Triage is an example of justice.

- **BENEFACTENCE**

- Practice of doing acts of Goodness, Kindness, and Charity
- The principle stated: "Do No Harm or Do Good".
- Actions that promote the well-being of others.

- **NON – MALEFACTENCE**

- Malefactence means "a harmful or evil act", the act of committing harm or evil.
- Duty to refrain from causing damage or preventing intentional harm.
- The principle stated: "Do No Harm."

Patient's Right

- Refers to the moral and inviolable power vested in a patient as a person to do, hold or demand something as his/her own.

Types of Patients' Rights

1. Right to Informed Consent

- The patient has the right to receive all necessary information concerning diagnosis and treatment to be able to give consent based on his/her value system.
- **INFORMED CONSENT**
- - Refers to the knowledge or information about and the consent to a particular form of medical treatment before that treatment is administered.

2. Right to an Informed Decision

- Information and understanding are necessary for genuine deliberation.

- **INFORMED DECISION**

- - Refers to the necessary information of and the decision on a medical treatment before to be carried out.

3. Right to Informed Choice

- The patient has the right to be informed about all possible alternative courses of action to be taken, together with the possible consequences.

- **INFORMED CHOICE**

- - Refers to the necessary information a patient should know about a medical treatment or experiment so that a moral choice can be made.

4. Right to Refusal of Treatment

- The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.

MAJOR ELEMENTS OF INFORMED CONSENT

1. COMPETENCE

- Refers to patient's capacity for decision making.
- One is considered competent when:
 - A. One has made a decision.
 - B. One has the capacity to justify one's choice
 - C. One does not only justify one's choice but does so in a reasonable manner.

2. DISCLOSURE

- Refers to the content of what a patient is told or informed about during the consent negotiation.
- The patient must be informed and must understand the information concerning the medical treatment to be undertaken so that a moral decision can be made with the whole process and is aware of the possible outcomes of his/her moral choice.

3. COMPREHENSION

- Refers to whether the information given has been understood or not.

4. VOLUNTARINESS

- This means that the consent must be voluntary.

- The patient must, of his/her own FREE WILL, make a choice without being unduly pressured by anyone else.

3 METHODS OF OBTAINING INFORMED CONSENT

1. WRITTEN CONSENT

- A consent form to be filled out and signed by a patient as he/she checks in for admission in a hospital.

2. VERBAL CONSENT

- Is usually made after a physician has briefed the patient about the medical process to be undertaken.

3. 3rd PARTY CONSENT

- In case the patient is incapable of giving consent, in order of priority may give consent:

- a) Spouse
- b) Either Parent
- c) Immediate Relatives
- d) Guardian

OTHER FORMS OF CONSENT

1. CONSENT BY PRESUMPTION

- This is reasonably presumed to be present in the subsequent employment and series of procedures as they are aligned with the primary procedure to which explicit consent is expressed.

2. CONSENT BY PROXY

- This is done when the patient is not capable of giving informed consent and is legitimately represented by a competent surrogate who acts on his behalf.

EMERGENCY CASES (Types of patients need NOT require Informed Consent)

1. Comatose or Obtunded Patients
2. Blind or illiterate Patients
3. Underage patients or those unable to understand the circumstances.
4. Patients are limited by language barriers.

Magna Carta of Patient's Rights and Obligations

FILIPINO PATIENT'S BILL OF RIGHTS

BILL 812 (Sen. Ramon "Bong" Revilla, Jr.)

July 3, 2007

Patient rights

- 1) Right to Appropriate Medical Care and Humane Treatment
- 2) Right to Informed Consent
- 3) Right to Privacy and Confidentiality
- 4) Right to Information
- 5) Right to Choose Health Care Provider and Facility
- 6) Right to Self-Determination
- 7) Right to Religious Belief
- 8) Right to Medical Records
- 9) Right to Leave
- 10) Right to Refuse Participation in Medical Research
- 11) Right to Correspondence and to Receive Visitors
- 12) Right to Express Grievances
- 13) Right to be Informed of his Rights and Obligations as Patient

SOCIETAL RIGHTS OF PATIENTS

1. Right to Health
2. Right to Access to Quality Public Health Care
3. Right to Healthy and Safe Workplace
4. Right to Prevention and Education Programs
5. Right to Participate in Policy Decisions

Patient's Obligations

- 1) Know the Rights
- 2) Provide accurate and complete information
- 3) Report on unexpected health changes.
- 4) Understand purpose and cost of treatment.
- 5) Accept consequences of own informed consent
- 6) Settle Financial Obligations
- 7) Relation to others
- 8) Exhaust Grievance Mechanism

PRINCIPLE OF STEWARDSHIP

"Stewardship consists in the practical recognition that Man is not the absolute master of himself or his possessions. He has received every gift and grace

from God. He must use them in a responsible manner to promote the interest of God". – **Hugh J. O'Connell**

STEWARDSHIP

- Refers to the expression of one's responsibility to take care of, nurture and cultivate what has been entrusted to him.
- In Health Care, Stewardship refers to the execution of responsibility of the health care practitioners to look after, provide necessary health care services, and promote the health and life of those entrusted to their care.

ROLES OF NURSES AS STEWARD

- To be Just and Honest with exercise of his duties and obligations to uphold goodness of human life as God's creation.
- To make all health care facilities and technologies serve the wellbeing of the patients and prevent unnecessary pains.
- To respect life from the moment of conception until its natural expiration and defend it from any unnatural proceedings meant to contradict its nature and destroy its dignity.
- To recognize dependency not so much on its own capacity but on God - the Giver of that capacity and to God ambassador of service for the Sick.

PRINCIPLE OF BIOETHICS

1. Principles of Stewardship for Nurses

- **Personal**
 - o Cultivate your character by doing virtues habitually. A good person will make good decisions. Learn from your experiences.
- **Social**
 - o Nurses can advocate for health promotion, educate patients and the public in the prevention of illness and injury.
- **Ecological**
 - o As nurses, we have the skills, and we can take the lead for a more sustainable, healthy community and environment.

- Biomedical

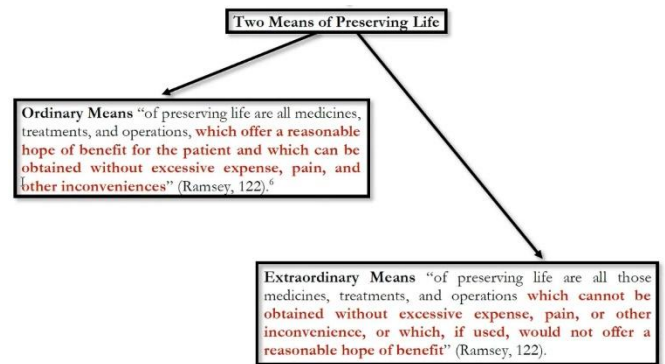
- o Nurses take charge of the treatment of the patient, in collaboration with the physician.

2.) Principle of Totality and its Integrity

- Properly applied to the individual or the human person who is an embodied spirit with all the functions and capacities he naturally possesses.

3.) Principle of Ordinary Means and Extraordinary Means

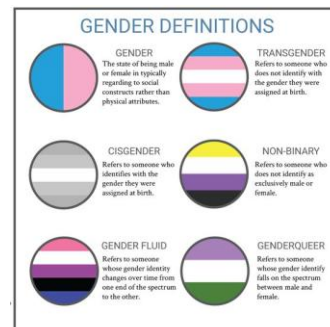
- "Principle of Proportionate and Disproportionate Means"
- an important approach to the analysis of ethical questions arising from the general obligation to preserve human life and the limits of that obligation.



4.) Principles of Personalized Sexuality

Sexuality - a person's sexual feelings, thoughts, attractions, and behaviors towards other people; diverse and personal.

Personalized Sexuality - takes note of a humanized sexuality, one that represents fulfilment or physical and sensual need but also evidenced with love and sacramental mystery.



HEALTH CARE ETHICS

PPT BASED | MIDTERMS | By: Laren Llanes

ETHICO - MORAL RESPONSIBILITY OF NURSES

Moral Principles:

- 1) Golden Rule
- 2) The principle of Totality - *The whole is greater than its parts.*
- 3) Epikia – There is always an exemption to the rule.
- 4) One who acts through as agent is herself responsible - *The instrument to a crime is as part of a crime.*
- 5) No one is obliged to betray herself.
 - You cannot betray yourself.
- 6) The end does not justify the means.
 - *The method is as important as the goal.*
- 7) Defects of nature may be corrected.
- 8) If one is willing to cooperate in the act, no justice is done to him.
- 9) A little more or a little less does not change the substance of an act.
 - *The act defines itself not the "amount".*
- 10) No one is held to the impossible
 - *Not a false promise.*

Principle of Totality and its integrity.

TOTALITY

- Refers to the duty to preserve intact the physical component of the integrated bodily and spiritual nature of human life.

INTEGRITY

- Refers to each individual duty to preserve/maintain human capacity to function well.

APPLICATIONS in some SPECIFIC PROCEDURES

A. SURGERY

- Is a medical or dental specialty that uses operative manual and instrumental techniques on a person.
1. to investigate or treat a pathological condition such as a disease or injury.

2. to help improve bodily function, appearance, or

3. to repair unwanted ruptured areas.

Registered Nurse (RN) has ethical and moral responsibility to represent the patient's interests, show humility, respect, and protect patient autonomy and preserve patient dignity (International Council for Nurses, 2013).

B. MUTILATION

- Refers to the procedure that diminishes or destroys the functional integrity of the human body.
- For Example: Tonsillectomy, Ribs Resection, Sex Transplant etc.

2 TYPES OF MUTILATION

A. MAJOR MUTILATION

- Refers to the procedure that destroys the functional integrity of the human body so that it becomes incapacitated of its natural functions.
- It may also be done by means of surgical procedures.

B. MINOR MUTILATION

- Refers to the procedure that diminishes but DOES NOT destroy the functional integrity of the human body.
- For example: Tonsillectomy, Circumcision, Tooth Extraction etc.

Functional Integrity

- The degree of completeness necessary for the performance of functions to the human body.
- The mutilation does not constitute any destruction of functional integrity.

3 CONDITIONS ON SURGICAL REMOVAL OF A HEALTHY ORGAN CAN BE MORALLY ALLOWED:

1. That the preservation or functioning of a particular organ provokes serious damage or constitutes a threat to the whole body.
2. That the damage cannot be avoided at least notably diminished, EXCEPT by the amputation or mutilation in question and that its efficacy is well assured.

3. That it can reasonably foresee that the Negative Effect will be compensated by the Positive Effect, exclusion of a damage to the whole body, mitigation of the pain etc.

C. STERILIZATION

- Refers to any technique that renders one sterile or unable to exercise the power to reproduce during sexual intercourse.
- It permits coitus but hinders conception.

TYPES OF STERILIZATION

1. VOLUNTARY OR DIRECT STERILIZATION

- a. A person wills and requests that the procedure be done on him/herself.

2. INVOLUNTARY OR INDIRECT STERILIZATION

- a. It is done by the order of a public authority or a state.

3. THERAPEUTIC STERILIZATION

- a. The removal or a portion of a reproductive organ to save one's life or to promote bodily integrity.

4. CONTRACEPTIVE STERILIZATION

- a. Intentional prevention of conception through sterilization.
- b. For example: serious illness, genetic abnormality, severe financial burden, childbearing puts one's health in danger.

5. EUGENIC AND SOCIAL STERILIZATION

- a. Are performed to hinder the conception and undesirable and physically and mentally unfit offspring.

6. PUNITIVE STERILIZATION

- a. Is a form of penalty or punishment usually ascribed to sex related crimes particularly rape.

CONTINUING EDUCATION PROGRAMS ON ETHICO - MORAL PRACTICE IN NURSING

CONTINUING EDUCATION PROGRAM

- is a specific learning activity generally characterized by the issuance of a certificate or Continuing Education Units (CEU). This certificate is for the purpose of documenting attendance at a designated seminar or course of instruction.

BOARD OF NURSING

- Encourages continuing education requirements on members who hold licenses to practice.
- These requirements are intended to encourage professionals to expand their knowledge and stay up to date on new trends and developments.

PURPOSE

- Tends to meet high performance level needs of the nurses
- Strengthen knowledge, skills and attitude.

SCOPE

- Professional and Personal Growth and Development that relates to professional and organizational development.

OBJECTIVES

- Promote development of KSA for enhancement of nursing practice.



CODE OF ETHICS

- A written list of profession's values and standards of conduct and framework of decision making for nursing profession.

NURSING ETHICS

- a branch of moral science that refers to the conduct and behavior of nursing practitioners which by reason of public approval has become customary among professional nurses.

INTERNATIONAL COUNCIL OF NURSES

- Operated by nurses and leading nurses internationally.
- Founded in 1899, ICN is the world's first and widest reaching international organization for health professionals and is headquartered in Geneva, Switzerland.
 1. To ensure quality nursing care for all.
 2. Sound health policies globally.
 3. The advancement of nursing knowledge.
 4. The presence worldwide of a respected nursing profession.
 5. A competent and satisfied nursing workforce.

ETHICAL CONDUCT

- Essential to the practice of professional nursing
- Described in the nursing code of ethics.
- Formal statement that determines the standards of conduct of a professional nurse

CODE OF GOOD GOVERNANCE

- Promulgated by the PRC on July 23, 2003:

- The hallmark of all professionals is their willingness to accept a set of professional and ethical principles which they will follow in the conduct of their daily lives.

GENERAL PRINCIPLES OF CODE OF GOOD GOVERNANCE

- SERVICE TO OTHERS
- INTEGRITY & OBJECTIVITY
- PROFESSIONAL COMPETENCE
- SOLIDARITY & TEAMWORK
- SOCIAL & CIVIC RESPONSIBILITY
- GLOBAL COMPETITIVENESS
- EQUALITY OF ALL PROFESSIONS

CODE OF ETHICS FOR FILIPINO NURSES

provides direction for nurses to act morally
fourfold responsibility of nurses:

- PROMOTE HEALTH
- PREVENT ILLNESS
- ALLEVIATE SUFFERING
- RESTORE HEALTH
- PROMOTION OF SPIRITUAL ENVIRONMENT

AMENDED CODE OF ETHICS FOR FILIPINO NURSES

- Section 3, Republic Act No. 877 "Philippine Nursing Law" - An Act to Regulate the Practice of Nursing in the Philippines, and for Other Purposes.
- Section 6 of P.D. No. 233 - "Amended Code of Ethics for Nurses" was adopted.
- October 23, 2003, Iloilo City consultation was done together with the accredited professional organization of RN, PNA and other affiliate organizations of RN's decided to adopt a NEW Code of Ethics under R.A. 9173
- July 14, 2004, a new Code of Ethics for Filipino Nurse was adopted under R.A. 9173 and was promulgated by the BON. The Code of Ethics for Filipino Nurses embodies ethical principles and guidelines to be observed.
- R.A 9173 known as, "Philippine Nursing Act of 2002." was enacted in 2002 to provide a comprehensive definition and understanding of the nursing profession.

FILIPINO NURSES CODE OF ETHICS ARTICLE 1

- Sec 1: Health is a fundamental right of every individual.
- Sec 2: Nurses must gain knowledge and understanding of man's cultural, social, spiritual, psychological, and ecological aspects of illness, utilizing the therapeutic process.
- Sec 3: The desire for respect and confidence for clientele, colleagues, co-workers, and the members of the community provides incentive to attain and maintain the highest possible degree of ethical conduct.

FILIPINO NURSES CODE OF ETHICS

ARTICLE 2

- REGISTERED NURSES AND PEOPLE

Ethical Principles:

- Values, customs, & spiritual beliefs are to be respected
- Freedom to make rational and unconstrained decisions will be respected
- Personal information acquired shall be held in strict confidence

ARTICLE 3

- REGISTERED NURSES AND PRACTICE

Ethical Principles

- Human life is inviolable
- Quality and excellence in care are the goals of nursing practice.
- Accurate documentation of actions and outcomes is the hallmark of nursing accountability.

ARTICLE 4

- REGISTERED NURSES AND CO-WORKERS

Ethical Principles:

- RNs in solidarity with other members of the healthcare team in working for the patient's best interest
- RN maintains collegial and collaborative working relationship with colleagues and other healthcare providers

FILIPINO NURSES CODE OF ETHICS

ARTICLE 5

- REGISTERED NURSES, SOCIETY AND ENVIRONMENT

Ethical Principles:

- Preservation of life, respect for human rights, and promotion of healthy environment shall be a commitment of a RN.
- Establishment of linkages w the public in promoting local, national, and international efforts to meet health and social needs of people as a contributing member of society is a noble concern of a RN.

ARTICLE 6

- REGISTERED NURSES AND THE PROFESSION

Ethical Principles:

- Maintain loyalty to the nursing professional and preserve its integrity
- Comply with by-laws of accredited professional organizations
- Commit to continual learning and active participation in development and growth of profession
- Contribute to the improvement of the socio-economic conditions and general welfare of nurses through appropriate legislation is a practice and visionary mission

Ethical Issues Related to Technology in the Delivery of Health Care

Republic Act No. 10173 DATA PRIVACY ACT

- "To protect the fundamental human right to privacy of communication while ensuring free flow of information to promote innovation and growth.... inherent obligation to ensure that personal information in information and communications systems in government and private sectors are secured and protected."
- The "Data Privacy Act"

- To protect all forms of information, be it private, personal, or sensitive.
- To cover both natural and juridical persons involved in the processing of personal information.

PROCESSING OF PERSONAL INFORMATION

Section 3 of RA 10173:

- "Processing refers to any operation or any set of operations performed upon personal information including, but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure, or destruction of data."

Personal Information

Section 3 of RA 10173:

- "Personal Information refers to any information whether recorded in a material form or not, from which the identity of an Individual is apparent or can be reasonably and directly ascertained by the entity holding the information, or when put together with other information would directly and certainly identify an individual."

Privileged Information

Section 3 of RA 10173:

- "Privileged information refers to any and all forms of data which under the Rules of Court and other pertinent laws constitute privileged communication.

Personal Information

Sensitive Personal Information

1. Person's race, ethnic origin, marital status, age, color, religious, philosophical, and political affiliations.
2. Person's health, education, genetic or sexual life, past offenses committed or allegedly committed by a person, or a court cases.
3. Social security numbers, health records, licenses, suspensions, tax returns.
4. Information established to be kept private by law.

The Data Privacy Act explicitly states that its provisions are not applicable in the following cases:

A. Person who IS or WAS an officer or an employee of a government institution that relates to the position or functions of the Individual.

B. Information about an individual who is or was performing service under contract for a government institution that relates to the services performed, including the terms of contract, and the name of the Individual given in the course of the performance of those services.

C. Information related to any discretionary benefit of a financial nature such as the granting of a license or permit given by the government to an individual, including the name of the individual and the exact nature of the benefit.

D. Personal information processed for journalistic, artistic, literary, or research purposes.

E. Information necessary for banks and other financial Institutions under the jurisdiction of the independent, central monetary authority or Bangko Sentral ng Pilipinas to comply with Republic Act No. 9510 and Republic Act No. 9160, known as the Anti-Money Laundering Act and other applicable laws.

F. Personal Information originally collected from residents of foreign jurisdictions in accordance with the laws of those foreign jurisdictions, including any applicable data privacy laws, which is being processed in the Philippines.

R. A. NO 10173 applies to:

- If the person, either an individual or an institution, involved in the processing of personal data is in the Philippines.
- The act or practice involves personal data of a Philippine citizen or Philippine resident.
- The processing of personal data is done in the Philippines.
- The act, practice or processing of personal data is done by an entity with links to the Philippines, subject to international law and comity.

NATIONAL PRIVACY COMMISSION (NPC)

Mission

We shall continuously deliver services to:

(1) Be the authority on data privacy and protection, providing knowledge, know-how, and relevant technology.

(2) Establish a regulatory environment that ensures accountability in the processing of personal data and promotes global standards for data privacy and protection.

(3) Build a culture of privacy, through people empowerment, that enables and upholds the right to privacy and supports the free flow of information.

VISION

A world-class regulatory and enforcement agency upholding the right to privacy and data protection while ensuring the free flow of information, committed to excellence, driven by a workforce that is highly competent, future-oriented, and ethical, towards a competitive, knowledge-based, and innovative nation.

Benefits and Challenges of Technology

TECHNOLOGY

the application of scientific knowledge to the practical aims of human life or, as is sometimes phrased, to the change and manipulation of the human environment.

1.) COMMUNICATION

Benefits - Messaging is easy and there are plenty of options for these easy ways. (Not to mention, cheap.)

CHALLENGES - Some things get lost in translation. Communication becomes more distant, cold, and it can be easily misunderstood. It has made people impatient.

2.) DATA COLLECTION

Benefits - For sellers, it's easy to get data from customers and potential customers. Social media also makes it easy for sellers to get to know their market and make it easier to reach out. Anybody can make a form now that asks to fill in your name, address, age, birthday, etc.

CHALLENGES - There is less privacy. We've heard of data breaches or scams wherein people can make their own website that looks like a legit bank website. It pays to be vigilant! We also have hackers, not only

social media accounts, but even banks and big companies can be hacked.

3.) INFORMATION ACCESS

Benefits - It's not only a person's data that is easy to acquire, but Google has also made it easier for everyone to learn and search for things.

CHALLENGES - Misinformation can easily spread. Patients nowadays can easily search their symptoms or research about a subject which leads to some just self-diagnose and don't get immediate treatment. Also, misinformation about certain medications and vaccines which is of course, potentially dangerous.

4.) DISTANCE WORK AND SCHOOL FROM HOME

Benefits - Attending classes or meetings through Zoom or Microsoft Teams has been the new classroom. It made us more creative and forced us to work smarter.

CHALLENGES - It has become more stressful because there is now no boundary between school, work, and home. Most people right now report fatigue from being online almost 18 hours a day.

5.) PATIENT CARE

Benefits - Technologies help us keep track of our health. Tele-health or E-Health provides doctors that can hold virtual consultations, allowing the patient to be safe at home. Modern technology also allows us to provide better patient service.

CHALLENGES - Less physical assessment of the patient. Some information gets lost in the call.

6.) DATA STORAGE

Benefits - A large terabyte of information can be hand carried. It saves space as well. Digital information is also easier to find, all you need is a search bar and a click of a mouse. It saves you time! If a hospital has a universal data system, one doctor can input a program and another doctor can see his input in real time from another venue. Easy data transfer and passing it on to another health care worker.

CHALLENGES - Personal data nowadays is very attractive to hackers. There have been multiple cases wherein big companies, even Facebook,

experienced a data breach. It has been said that these stolen personal data are being sold online in the deep web for who knows what purpose! If your computer gets wet and if you didn't back up your data, it could be gone in a flash especially in cases wherein it gets wet, or a virus corrupts it.

HEALTH INFORMATION TECHNOLOGY

supports decision-making and promotes quality health care delivery.

INCREASED CYBER ATTACKS

- Hackers will lock up the data, making it inaccessible.
- There are also some medical devices which are vulnerable due to manufacturer negligence when it comes to providing adequate security protections and the use of legacy equipment by health care providers.

Non-traditional healthcare delivery

TELEHEALTH

- The hospital and the patient's home should both have high-speed internet to be able to provide/send excellent video/photos/diagnostic data transmission between the two. Aside from that, it should also be affordable, especially for the patients.

Application Management

- Those in charge of healthcare IT systems/programs/applications must manage a lot, and there's only several limited staff who are knowledgeable about this area.
- Experienced/knowledgeable staff require higher salaries which makes it harder for hospitals to retain the staff to help them achieve their IT goals.
- LACK OF KNOWLEDGEABLE STAFF

QUIZZES

QUIZ 1

1. What statement refers to the Golden Rule?

Ans: "You should Treat others the way you want to be Treated"

2. An individual may not dispose of his organ/ or destroy their capacity to function except that this is necessary for the general wellbeing of the whole body.

Ans: True

3. Refers to the whole is greater than its parts.

Ans: Principle of Totality

4. The law can be broken to achieve greater good in a reasonable manner.

Ans: True

5. There is always an exemption to the rule.

Ans: Epikia

6. Focus on maintaining basic human capacities to function well.

Ans: Integrity

7. Uses operative manual and instrumental techniques on a person to investigate or treat a pathological condition

Ans: Surgery

8. A desired result is good in any method, even a morally bad one maybe used to achieve it.

Ans: The End Does Not Justify the Means

9. Refers to the procedure that diminishes or destroys the functional integrity of the human body.

Ans: Mutilation

10. It permits coitus but hinders conception. *

Ans: Sterilization

11. Intentional prevention of conception through sterilization.

Ans: Contraceptive Sterilization

12. Is a form of penalty or punishment usually ascribed to sex related crimes particularly rape *

Ans: Punitive Sterilization

13. The degree of completeness necessary for the performance of functions to the human body.

Ans: Functional Integrity

14. The following are example of Minor Mutilation except:

Ans: Total Abdominal Hysterectomy

15. It refers to the procedure that destroys the functional integrity of the human body by means of surgical procedures

Ans: Major Mutilation

QUIZ 2

1. It refers to the scope of professional and personal growth and development that relates to professional and organizational development *

Ans: Continuing Education Program

2. Adopted the International Code of Ethics for Nurses wherein it guides nurses in the decision making and enables them to provide highest quality care to every patient they serve no matter what the circumstances.

Ans: International council of nurses

3. The hallmark of all professionals is their willingness to accept a set of professional and ethical principles which they will follow in the conduct of their daily lives.
*

Ans: Code of good governance

4. These are the four-fold responsibility of nurse except:

Ans: To Correct Medical Malpractice

5. This is known as the "Philippine Nursing of 2002".

Ans: R.A. 9173

6. A planned experience to help nurses perform effectively and efficiently and to enrich their competence in the practice of Nursing.

Ans: Standard skills and development

7. Code of Ethics are guidelines or protocol to be followed in the hospital settings.

Ans: False

8. The nursing governing body sets the standards for safe nursing care.

Ans: Board of Nursing

9. ICN works for presence nationwide of respected nursing profession.

Ans: True

10. Ethical conduct is a formal statement that determines the standards of conduct of a professional nurse.

Ans: True

11. The child jumped out of the moving car, because the car doors is not locked causing fatal injuries, these refers to the doctrine of:

Ans: Res Ipsa Loquitor

12. A principal is legally responsible for the negligence and wrongdoing done by an agent if the act occurs within the scope of employment.

Ans: Respondeat Superior

13. It means an irresistible force, one that is unforeseen or inevitable.

Ans: Force Majuere

14. The nurse does not follow specific protocols and fails to perform procedures intended to the patient.

Ans: Malpractice

15. Healthcare professionals make honest mistakes that lead to injury.

Ans: Negligence

HEALTH CARE ETHICS

PPT BASED | ENDTERMS | By: Laren Llanes

Dignity in Death and Dying

SIGNS OF DEATH

- **ALGOR MORTIS**
 - cooling of the body.
- **RIGOR MORTIS**
 - muscle stiffening due to depletion of ATP
- **LIVOR MORTIS**
 - purplish-blue discoloration of the skin due to collection of blood in skin vessels caused by gravitational pull.

Inviolable

- "Life is inviolable"
- never to be broken, infringed, or dishonored.
- SACRED

Euthanasia

- "Death without suffering": "easy death"
- Greek word eu meaning easy, thanatos meaning death.
- It is painless, peaceful death.
- It is the deliberate putting to death, in an easy, painless way, of an individual suffering from an incurable and agonizing disease.
- "Mercy Killing" merciful release from an incurable and prolonged suffering.
- In theory, euthanasia affirms an individual's right to die in a painless and peaceful manner whenever he/she is confronted with a horrible disease and the quality of his/her life deteriorates.

2 types of euthanasia

1. Self-administered

- a. **act of commission (active)** - terminally-ill patient will deliberately and directly terminate his life by employing painless methods.
- b. **act of omission (passive)** - one allows oneself to die without taking any medicine or by refusing medical treatment.

2. Other-administered

- a. **Active and voluntary** - either by a physician, spouse, or a friend of the terminally ill patient will terminate the patient's life upon patient's own request.
- b. **Passive and voluntary** - terminally-ill patient is simply allowed to die by the physician, spouse, or immediate relative upon patient's own request.
- c. **Active and non-voluntary** - physician, spouse, close friend, decides the life of the terminally ill patient.
- d. **Passive and non-voluntary** - terminally-ill patients are simply allowed to die as requested by family members or doctor.

Safeguards and Guidelines for a Policy in Assisted Death:

(commonly proposed by supporters of assisted death)

1. Patient must have an incurable (not necessarily terminal) condition and associated with severe suffering without hope of relief.
2. All reasonable comfort-oriented measures have been considered and tried.
3. Patient must express a clear and repeated request to die that is not coerced (emotionally or financially).
4. Doctor must ensure patient's judgment is not "distorted". Patients are competent to make rational treatment choices.
5. Physician-assisted death must be carried out only in the context of a meaningful physician patient relationship.
6. Consultation must be obtained from another physician to ensure the patient's request is rational and voluntary.
7. There's clear documentation that the previous six steps have been taken and a system of reporting, reviewing, and studying such deaths must be established.

Dysthanasia

- "Bad death", artificially postponed death
- opposite to the concept of euthanasia

- slow painful death without quality of life. used to extend the process of dying that only prolongs the patient's biological life. It neither has dignity nor improvement.
- aims to extend the life of the patient but subject them to so much suffering.

Orthothanasia

- natural manner of death and dying
- sometimes used to denote the deliberate stopping of artificial or heroic means of maintaining life.

Euthanasia - painless, to accelerate Death, peaceful to end a life after being asked to "mercy killing."

Dysthanasia - prolong death with lots of suffering slow, painful death.

Orthothanasia - natural or correct death

MOST COMMON DRUG USED TO END LIFE:

Barbiturates - causes brain activity and nervous system activity to slow down, sedatives.

- example: secobarbital, Nembutal (both can be used alone or in combination; also used in animal euthanasia)

Advanced Directives

- a written statement of a person's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the person be unable to communicate them to a doctor.

DNR

- end of life care plan
- DNR means Do Not Resuscitate. This is a medical order written by a doctor according to the wishes of the patient or the patient's family when the patient is unable to speak for himself already. Usually included in a person's advance directives
- DNR must be signed by the doctor and also the patient. Patient's family members must also be aware of a DNR form.

PHILIPPINES:	
Euthanasia:	Illegal
Physician-Assisted Suicide:	Illegal

In June 1997, the Philippine Senate considered a bill to Legalize passive euthanasia (the withdrawal of treatment or life-sustaining machinery). The bill did not advance. On Oct. 14, 2013, Senator Miriam Defensor-Santiago filed [Senate Bill 1887](#), which would have made passive euthanasia Legal. The bill died in the Senate.

Sources:

Amado S. Tolentino, Jr., "Mercy Killing: Yes, No, Why?" manilatimes.net, Apr. 16, 2014
 Claire Wallerstein, "Philippines Considers Euthanasia Bill," *BMJ*, June 7, 1997

Bioethics and its application in various health care situations

SEXUALITY and HUMAN REPRODUCTION

1. ON CONTRACEPTION

- Issues, Its Morality and Ethico-Moral Responsibility of Nurses

2. ON ABORTION

- Morality and other Problems Related to Destruction of Life

3. ON ARTIFICIAL REPRODUCTION

- Issues and the Ethico-Moral Responsibility of Nurses

SEXUALITY

- Sexual being.
- Condition of having sex
- Sexual activity
- Expression as a sexual being.

Two general views of Sex

1. Traditional View

- Sex is for procreation.

2. Liberal View

- Sex is like any other act.

The Human Reproduction

- The union of female and male sex cells.

REPRODUCTION

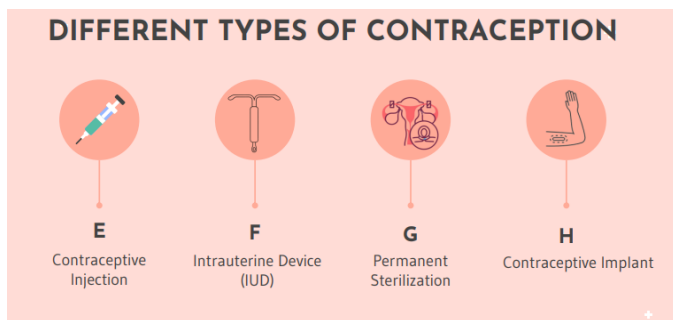
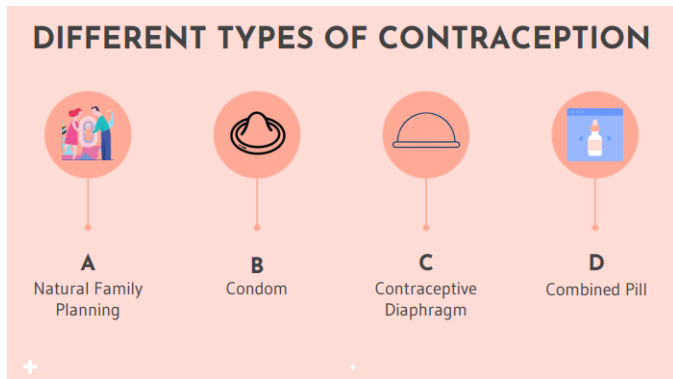
- the process by which living beings transmit their genes and give birth to a new generation of living beings.

ON CONTRACEPTION

- Issues, Morality and Ethico-Moral Responsibility of Nurses.

BIRTH OR FERTILITY CONTROL

- the deliberate use of artificial methods and other techniques to prevent pregnancy because of sexual intercourse.



ETHICO-MORAL RESPONSIBILITY OF NURSES IN CONTRACEPTION

Who needs to know what needs to be known?

1. Welfare of the patient and respect for the autonomy of the patient
2. Make sure the patient gets all the information and advice that they need to be able to choose wisely.

ON ABORTION

- Morality and other Problems Related to Destruction of Life.

ABORTION - the expulsion or removal of a nonviable fetus.

TWO PRINCIPAL MORAL CONSIDERATIONS

1. STATUS OF THE FETUS

- a. When is a fetus considered as a person.

2. STATUS OF THE MOTHER

- a. Does the mother have the right to decide if she is to carry the baby to term or not?

COMPREHENSIVE LEGAL MORAL GROUNDS

1. Threat to the mother's life

- a. How is the status of the baby endangering the life of the mother?

2. Threat to the mother's health

- a. How is the status of the baby affecting the health of the mother?

3. Unwanted Pregnancy

- a. As a result of rape or incest

4. Threat to the baby

- a. Fetal impairment

5. Economic and social reasons

- a. How will the baby affect the family's needs? How will society accept this?

6. On Request

- a. The mother desires to abort.

GUIDING PRINCIPLES FOR HEALTH CARE WORKERS

1. Provide information.
2. Offer counseling.
3. Provide follow-up care.

ON ARTIFICIAL REPRODUCTION

- Issues and the Ethico-Moral Responsibility of Nurse.

ARTIFICIAL REPRODUCTION - the creation of new life by other than the natural means available to an organism.

ARTIFICIAL INSEMINATION - Medical procedure of injecting semen into the vagina or uterus. [Intrauterine Insemination] (IUI)

TYPES of ARTIFICIAL INSEMINATION

1. **Homologous Artificial Insemination** - Donor of the sperm is the husband.
2. **Heterologous Artificial Insemination** - Donor of the sperm is not the husband.

ETHICO-MORAL RESPONSIBILITY OF NURSES IN ARTIFICIAL INSEMINATION

Who needs to know what needs to be known?

1. Take informed consent.
2. Assess a couple's emotional status relative to infertility.
3. Counsel and inform side effects of procedure.

4. Describe legal ramifications of the procedure.
5. Assist in the interview of donors to the program.

IN-VITRO FERTILIZATION

- Process of fertilization where an egg is combined with sperm outside the body. [IVF]

TYPES of IN-VITRO FERTILIZATION

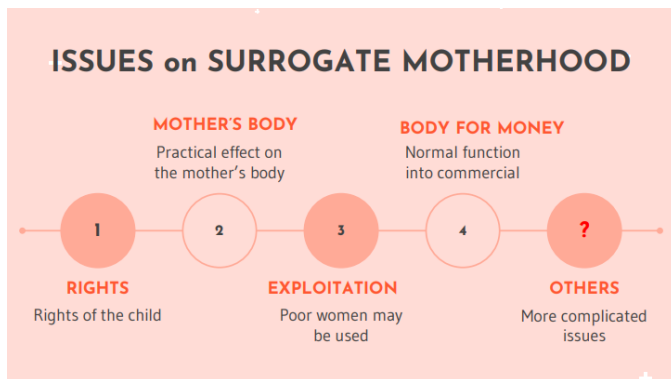
1. **HOMOLOGOUS IVF** - involves the gametes from both spouses; no third party is involved.
2. **HETEROLOGOUS IVF** - involves the gametes of a donor (a third party supplies necessary gametes).

SURROGATE MOTHERHOOD - Practice in which a woman (surrogate mother) bears the child for a couple unable to produce children in the usual way.

TYPES of SURROGACIES

1. **TRADITIONAL**
 - a. The surrogate mother is impregnated through artificial insemination with the sperm of the husband.
2. **GESTATIONAL**
 - a. The wife's ova and the husband's sperm are subjected to in-vitro fertilization, and the resulting embryo is implanted in the surrogate mother.

COMPENSATED SURROGACY - Form of surrogate pregnancy in which a gestational carrier is paid to carry a child to maturity in her womb and is usually resorted to by well-off infertile couples who can afford the cost involved.



GENERAL ROLES OF NURSES in CLINICAL ETHICAL DECISION-MAKING

- Recognize responsibilities and rights to care for the whole person.

- Be aware of personal values and how they relate to professional practice.
- Develop and grow knowledge of ethical principles and concepts.
- Understand processes and resources available to assist patients in ethical decision making.
- Be aware of the changing legal and health care policy issues to be considered during ethical decision making.

Resource Allocation

RESOURCE - Stock or supply of money, materials, and assets where we draw from for provision.

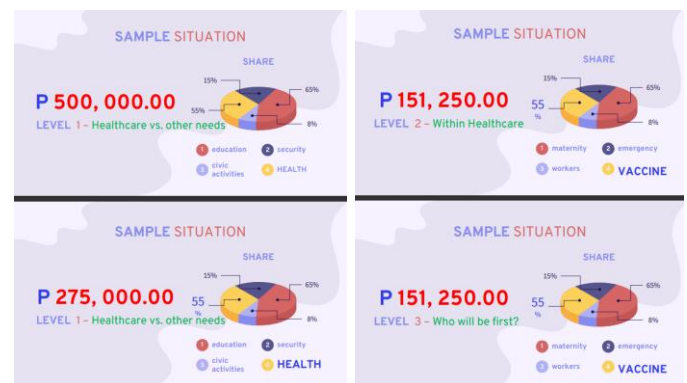
ALLOCATION - Process for assigning resources.

RESOURCE ALLOCATION - the process of assigning and managing assets in a manner that supports an organization's strategic goals. - Includes managing tangible assets such as hardware to make the best use of softer assets such as human capital.



Levels of Allocation

1. Healthcare versus other social needs
2. Within healthcare
3. Individual patient



PRINCIPLES of HEALTH ALLOCATION

- 1 Improve people's health
- 2 Information of allocation for members
- 3 Consent or denial of members
- 4 Minimize conflicts of interest

ISSUES ON ACCESS TO CARE

1. **LIMITED APPOINTMENT AVAILABILITY**
 - a. Wait two hours to see a doctor.
2. **CLINICIANS SHORTAGE**
 - a. Rural and geographical; Fewer specialists.
3. **TRANSPORTATION**
 - a. Fewer ambulances in secluded areas.

Bioethics and Research

A. Principles of Ethics in Research

1. NUREMBERG CODE

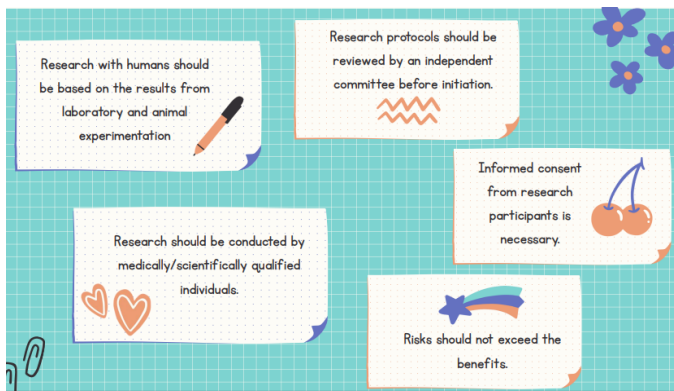
- a. Result of the horrific and unethical experiments carried out during the World War II at Nazi war camps by German physicians.
- The voluntary consent of the human subject is essential.
 - The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary by.
 - The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the

anticipated results justify the performance of the experiment.

- The experiment should be conducted so as to avoid all unnecessary physical and mental suffering and injury.
- No experiment should be conducted where there is a prior reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects,
- The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
- Proper preparations should be made, and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
- The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
- During the experiment, the human subject should be at liberty to bring the experiment to an end if he/she has reached the physical or mental state where continuation of the experiment seems to him/her to be impossible.
- During the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he/she has probable cause to believe, in the exercise of the good faith, superior skill, and careful judgment required of him/her, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

2. THE DECLARATION OF HELSINKI

- a. Developed by the World Medical Association.
- b. Initially adopted in June 1964 in Helsinki, Finland.
- c. Set of ethical Principles for the medical community regarding human experimentation.
- d. Developed from 10 principles of Nuremberg Code 1947 and incorporated elements from the Declaration of Geneva (made in 1948), a statement of the ethical duties of physicians.



3. BELMONT REPORT

- April 18, 1979 – former U.S. Department of Health, and Welfare (renamed as Health and Human Services)
- "Ethical Principles and Guidelines for The Protection of Human Subjects of Research"

THREE FUNDAMENTAL PRINCIPLES OF RESEARCH ETHICS

- **Respect For Persons** - Informed Consent
- **Beneficence** - Assessment of Risks and Benefits
- **Justice** - Selection of Subjects.

B. ETHICAL ISSUES IN EVIDENCE-BASED PRACTICE

- **ETHICAL ISSUES** - occur when a given decision, scenario or activity creates a conflict with a society's moral principles.
- **EVIDENCE** - something that furnishes proof or testimony, or something legally submitted to ascertain the truth of matter.
- **EVIDENCE BASED PRACTICE** - is the use of the current best evidence in making decisions about the patients.

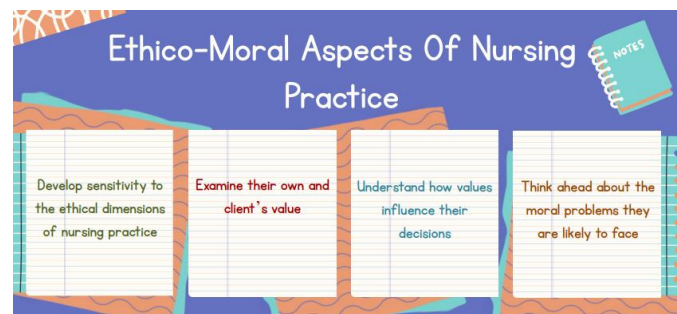
ISSUES/CONCERNS ABOUT EVIDENCE-BASED PRACTICE

- Some types of knowledge are not included in the evidence-based practice.
- Evidence-based practice runs counter to patient-centered care.
- "Testable by Randomized Controlled Trials" is not the same as "most effective".
- Decisions based on EBP can be unjust.

C. ETHICO-MORAL OBLIGATIONS OF THE NURSE IN EVIDENCE-BASED PRACTICE

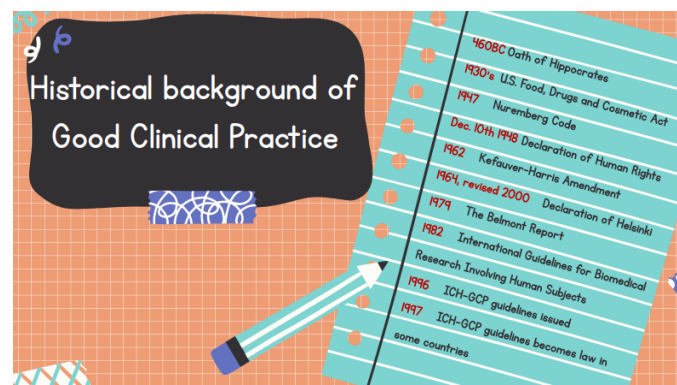
Good Clinical Practice Guidelines

- "An international, ethical, and scientific quality standard for the design, conduct, performance, monitoring, recording, analysis, and reporting of clinical trials."
- serves to protect rights, integrity, and confidentiality of trial subjects.



ETHICAL ISSUES

- **Moral/Ethical Dilemma** - Two or more clear principles apply but they support inconsistent courses of action.
- **Moral Uncertainty/Conflict** - When the nurse is unsure which moral principle to apply, or even what the problem is. Common with new nurses.
- **Moral Distress** - When the nurse knows the right thing to do but organizational constraints keep them from doing it.
- **Moral Outrage** - An individual witnesses an immoral act by another but feels powerless to stop it.



13 Principles of Good Clinical Practice Guidelines

1. Clinical trials should be conducted in accordance with ethical principles that have their origin in the Declaration of Helsinki, and that are consistent with GCP and the applicable regulatory requirement(s).
2. Before a trial is initiated, foreseeable risks and inconveniences should be weighed against anticipated benefit for the individual trial subject and society. A trial should be initiated and continued only if the anticipated benefits justify the risks.
3. The rights, safety and well-being of the trial subjects are the most important considerations and should prevail over the interest of science and society.
4. The available non-clinical and clinical information on an investigational product should be adequate to support the proposed clinical trial.
5. Clinical trials should be scientifically sound, and described in clear, detailed protocol.
6. A trial should be conducted in compliance with the protocol that has received prior institutional review board (IRB)/ independent ethics committee (IEC) approval/favorable opinion.
7. The medical care given to, and medical decisions made on behalf of subjects should always be the responsibility of a qualified physician or, when appropriate, of a qualified dentist.
8. Everyone involved in conducting a trial should be qualified by education, training, and experience to perform his or her respective task(s).
9. Freely given informed consent should be obtained from every subject prior to clinical trial participation.
10. All clinical trial information should be recorded, handled, and stored in a way that allows its accurate reporting, interpretation, and verification.
11. The confidentiality of records that could identify subjects should be protected, respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirement(s).
12. Investigational products should be manufactured, handled, and stored in

accordance with applicable Good Manufacturing Practice (GMP). They should be used in accordance with the approved protocol.

13. Systems with procedures that assure the quality of every aspect of the trial should be implemented.

Guidelines and Protocol in Documentation and Health Care Records

- Nursing documentation is aligned with the 'Nursing Process' and it reflects the principles of assessment, planning, implementation, and evaluation. It is continuous and the nursing documentation should reflect this.
1. Each page in the record contains the patient's name or patient number.
 2. Personal biographical data includes the address, employer, home and work numbers, and marital status.
 3. All entries in the medical record contain the author's identification.
 4. All entries are dated.
 5. Legible to everyone.
 6. Significant illnesses and medical conditions are indicated.
 7. The history and physical examination identify appropriate subjective and objective information pertinent to the patient's presenting complaints.
 8. Laboratory and other studies are ordered, as appropriate.

Quiz 1 ENDTERM