

**Applying Ethical Principles**

Name

Capella University

NHS FPX 4000: Developing a Health Care Perspective

Instructor

August 17, 2022

### **Applying Ethical Principles**

Healthcare professionals come across ethical dilemmas frequently. There is a set of principles that are expected to be followed; they include autonomy, beneficence, nonmaleficence, and justice. Overall, they are a sort of “set of rules” if you will on how to treat a patient.

Autonomy is to respect the patient’s freedom to choose what they feel is right for them, non-maleficence is to not harm, beneficence is the intent to do good, and justice is to treat and provide care fairly (Milliken, 2018). These guidelines should be in the back of any health care professional’s mind to help guide their moral judgment and behavior.

### **Overview of the Case Study**

Monday morning the operating room supervisor appears at Hopewell Hospital’s director of clinical services, E.L Straight’s door. She is concerned that a needle cover was left inside Mrs. Johnson’s abdomen during her surgery. A syringe was used by Dr. Cutrite and in with the rest of the surgical items in the pack that had been counted. At the end of the week, it had been made aware that the syringe (which was not originally supposed to be there) did not have its protective cover on it and was in no other part of the end-of-surgery counts. Mr. Straight suggests bringing Mrs. Johnson back into surgery to “check her incision” when really, he is indicating looking for the cap. Unfortunately, Mrs. Johnson has already been discharged from the hospital. When the operating room supervisor brought her concern up to the surgeon, Dr. Cutrite, told her that he “won’t consider telling Mrs. Jameson” (Capella, n.d.) claiming it will only be uncomfortable and will not hurt her any further and that she will not know that the item is inside of her. Straight brings a hypothetical situation up to the chief of surgery to ask if this plastic cover will be life-threatening to a patient if left inside their body. The chief of surgery informs Straight it shouldn’t but cannot say for sure that it will not cause issues later. Straight overwhelmed by the situation,

he does not know what to do next, he does not want to confront Dr. Cutrite since he has a lot of power at the hospital.

### **Analysis of Ethical Issues in the Case Study**

Non-maleficence, the obligation to not harm, and patient autonomy are the main dilemmas in this case study. As health care professionals, it is our responsibility to bring awareness to any mistakes that may have occurred to our patients, especially in an instance where they are subjected to harm. Several mistakes arose throughout the case study that contribute to the overall ethical dilemma. E.L. Straight should have been straightforward with the chief of surgery instead of bringing up a hypothetical, however, on the other hand, the chief of surgery could have asked more probing questions having an inkling something was going on. The surgeon should have immediately let the patient know there may be something left inside her abdomen after the surgery was complete. If the surgeon and chief of surgery both believe it will cause no harm other than some discomfort, the patient would need to be made aware of the possible side effects and options available to her, so she could make an educated decision if she wanted it removed or not (Milliken, 2018).

### **Using the Ethical Decision-Making Model to Analyze the Case Study**

The Ethical Decision Making Model includes a) moral awareness, knowing that there is an ethical dilemma, b) moral judgment, the decision of right and wrong, and c) ethical behavior, taking action to do what is right. Throughout the case study, there is a moral awareness that is brought to light when the operating room supervisor alerts the director of clinical services of a potential RSI (retention of surgical items). It is possible that an RSI can hurt someone if it is not removed. Knowing this fact should help one know that ethically and morally it would be wrong to not notify that patient. The case study seems to waiver their judgment. The OR Supervisor and

Director seemingly know it is wrong but are being told not to do anything by the surgeon as he believes the patient will be fine and does not need to know. The abdomen (as in the case study) is one of the most common sites where an RSI occurs at 56% (Sebastian, et al., 2020). The case study ends without a decision being made on how to move forward with this scenario. As a healthcare provider, “it is the moral responsibility of each surgical team member to be ethical towards their responsibilities to avoid any negligence to not harm the patients” (Sebastian et al., 2020, p. 376).

### **Resolving the Ethical Dilemma by Applying Ethical Principles**

The ethical dilemma we see in this case study can quickly be resolved by simply contacting the patient. The surgeon and his team should take responsibility for the mishap and practice beneficence, even if they do not believe any harm will be caused. The director should have been more forward with the chief of surgery or gone to the surgeon directly to first ask questions and hear what happened from Dr. Cutrite’s point of view, even if he is declining. This situation will be a good teaching lesson for the team to practice better communication during surgery especially when an item not planned initially is brought in to be used, and how to effectively add it to the counts (immediately and not relying on memory to add it later) and produce a plan on how to make sure a needle and its protective sheath get to the correct area so neither are missing when final counts occur. Furthermore, the expected ethical behavior would be to admit something may have happened during surgery and notify the patient. The patient should be allowed to make their own decision on whether they want to remove the item or not.

### **Effectiveness of Communication Approaches in the Case Study**

Throughout the case study, communication could have been better. I believe the OR supervisor went through the correct channels when there was a realization of a missing needle protector but that is about where it ends. She approached the scrub nurse to first find out where the syringe came from and then confronted the surgeon to allow him to contact the patient, when the surgeon disagrees, she goes to the director, E.L. Straight. The director's communication with the chief of surgery should have been much more straightforward instead of asking a hypothetical question. The chief of surgery should have been made aware of the situation and the reluctance of the surgeon to do right by the patient so they can come up with a plan to resolve the issue. The original suggestion of bringing the patient back into surgery to "check on sutures" without telling her there may be an RSI violates the patient's right to know what is going on with her own body and further will bring a lack of trust to the hospital.

### **Conclusion**

In the end, Mrs. Jameson's rights were ethically and morally disregarded. She was not informed of a potential plastic cap left in her abdomen after surgery, therefore her autonomy was not protected, if she were told there could be no harm, she could choose to leave the item, but it should be her choice to make. The surgeon chose to potentially harm a patient (the opposite of nonmaleficence) and threaten the operating room supervisor to do the same, putting her job at risk as well if she were to abide. Thus, creating this large ethical dilemma. The issue could have easily been resolved by contacting the patient when the error in counts was initially found instead of trying to hide it.

### **References**

Capella University. (n.d). Ethical Case Studies Retrieved August 15, 2022, from <https://media.capella.edu/CourseMedia/nhs4000element18655/wrapper.asp>

Milliken, A. (2018). Ethical awareness: What it is and why it matters. *Online Journal of Issues in Nursing*, 23(1), 1-7. <https://doi.org/10.3912/OJIN.Vol23No01Man01>

Sebastian, T., Dhandapani, M., Gopichandran, L., & Dhandapani, S. (2020). Retained surgical items: A review on preventive strategies. *Asian Journal of Nursing Education and Research*, 10(3), 375-379. <https://doi.org/10.5958/2349-2996.2020.00080.4>