



A Professional Growth Module:

ETHICAL DILEMMAS IN HEALTHCARE



Developing Top-Notch CNAs, One Inservice at a Time



A Professional Growth Module:

ETHICAL DILEMMAS IN HEALTHCARE

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____.
Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

- Provide at least two definitions of ethics and describe what makes a situation an ethical dilemma.
❖
- Explain why behaving in an ethical manner is important for healthcare professionals.
❖
- Describe the steps involved in making an ethical decision.
❖
- Discuss at least four common ethical dilemmas that you might face at work.
❖
- Demonstrate ethical behavior in your daily work with your clients.

THANK YOU!



Developing Top-Notch CNAs, One Inservice at a Time

Inside This Inservice:

History and Terms	2
Guideline to Making Ethical Decisions	3
Ethical Issues in Healthcare	4-8
Ethical Traps	9
Workplace Ethics	10
Final Tips for Make Ethical Decisions	11



© 2014 In the Know, Inc.
www.knowingmore.com
 May be copied for use within each physical location that purchases this inservice from In the Know. All other copying or distribution is strictly prohibited.

A Professional Growth Module: Ethical Dilemmas in Healthcare

KNOWING BETTER, DOING BETTER

Each year, the public rates nurses, nursing assistants, doctors and other medical professionals very highly when it comes to honesty and ethics.

Does that mean that all medical professionals always do the right thing in every situation? Of course not. No one is perfect! But an understanding of ethics is important for anyone who works in healthcare.

What exactly *is* ethics? Take a moment right now, before reading any further and write (on a separate sheet of paper) your definition of ethics.

Now consider this: Can ethics be taught? You may argue that if it *can't* be taught, there is no need to read this lesson! Or, you may think of all the crime and injustice in the world and wonder why the individuals who commit such acts never learned ethics.

The reality is that ethics **CAN** be taught and learned by most individuals . . . however, it remains a personal choice.

Each day you must make personal choices about things that affect you, your family, your clients, your friends, your co-workers, your

neighbors, people driving down the street, a man out walking his dog . . .

Wait . . . STOP! *Are you wondering how your personal choices affect some stranger walking his dog?*

Well, what if you make a *personal choice* to take your eyes off the road as you dig in your purse for your ringing cell phone? Suddenly you swerve . . . hit a man who is out walking his dog and change all of your lives completely.

Many small details of life (even deciding to answer a cell phone) can involve making an ethical decision.

Ethics become even more important in healthcare because **human lives are at stake**.

Maya Angelou wrote, "***I did then what I knew how to do. Now that I know better, I do better.***"



The purpose of this inservice is to bring attention to the ethical issues you may face in your daily work. By helping you know a little more about certain issues, you may find it easier to know better **AND** do better!

A BRIEF HISTORY AND A FEW TERMS TO KNOW!

The most *basic ethical standard* is thousands of years old and has been encouraged by many famous philosophers throughout history. For example:

- **“What you do not want done to yourself, do not do to others.”** Confucius, 500 BC
- **“We should behave to others as we wish others to behave to us.”** Aristotle, 325 BC
- **“As ye would that men should do to you, do ye also to them likewise.”** Jesus Christ

Today, we call this standard the **Golden Rule**. If we follow the Golden Rule when we are faced with ethical dilemmas, we will:

- Keep other people’s well-being in mind at all times—and avoid doing harm to anyone.
- Put ourselves in other people’s shoes.
- Decide how we would like to be treated...and then behave that way to others.

MEDICAL ETHICS—also called *bioethics*—is the study of right and wrong in the medical field. Medical ethics was first defined by the Greek Hippocratic Oath which physicians still take today when they first become doctors. It requires them, above all, to **“do no harm”** to their patients.

Today, medical ethics is concerned with four basic principles, including:

1. **AUTONOMY:** Patients should be able to make their *own* healthcare decisions.
2. **JUSTICE:** Healthcare should be available to *all* people—equally and fairly—regardless of their age, sex, race or income.
3. **CARING:** Patients should expect quality care from employees who *want* to help them.
4. **NON-MALIFICENCE:** No healthcare treatment should cause *harm* to individuals—or to society.

A FEW TERMS TO KNOW

- **VALUES** are what we believe to be of *worth* and importance in life. We generally learn values at home (from our family), but we can also be influenced by friends, school, church, and overall society. For example, some families place a high value on accumulating wealth. Other families place high value on charity and building a better community. Our values often determine what decisions we make in the world.
- **MORALS** influence the way we *decide* what is right or wrong, good or bad. Morals are shaped by our values. For example, someone who places high value on accumulating wealth may *decide* to build a shopping mall (which makes money) instead of a playground. While the person who values community may *decide* a playground is the right thing to build.
- **ETHICS:** There are several definitions for “ethics.” Here are a few:
 - a. The decisions, choices, and actions we make that reflect and enact our values and morals.
 - b. The study of good and right behavior and how people make those judgments.
 - c. The core values that guide our decisions and actions.
- **ETHICAL DILEMMAS** are situations that require ethical judgment calls. Often, there is more than one right answer and no win-win solution in which we get everything we want.

SUMMARY: Our *values*, which are generally taught at home (and influenced by society) shape our *morals*. Our *morals* influence the decisions we make during *ethical dilemmas*.

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn’t know before. Share this new information with your supervisor and co-workers!



MAKING AN ETHICAL DECISION

It would be easy to make an ethical decision if there was only one right answer, wouldn't it? Unfortunately, the reason a situation becomes an ethical dilemma is because there is *more than one* acceptable course of action.

Making ethical decisions requires some common sense, patience, compassion and communication with others. While there are no set rules for how to make an ethical decision, there are some useful guidelines:

1. **DEFINE THE PROBLEM:** Be sure you have the facts! Ask yourself: *"What is the ethical dilemma that is making me uncomfortable?"*
2. **LIST YOUR CHOICES:** Think of as many alternatives as you can for how you might solve the problem. Ask yourself: *"What choices do I have?"*
3. **NARROW IT DOWN:** Decide which choices are acceptable. Ask yourself: *"Will I be able to sleep at night if I decide on alternative # 1?" "Will anyone be hurt if I decide on alternative # 2?"*
4. **SEEK GUIDANCE:** Ask for help, if needed, from co-workers, supervisors and/or the ethics committee at your workplace. Ask yourself: *"Is this my decision to make or should someone else decide?"*
5. **CONSIDER THE CONSEQUENCES:** Make your ethical decision by picking the best course of action. Ask yourself: *"If my decision was published in the local newspaper, what would people in the community think of me and my workplace?"*
6. **ACT ON YOUR DECISION:** Tell yourself: *"It's not enough to think about what's right...I have to do what's right, too."*
7. **REFLECT ON YOUR DECISION:** Try to look back and see if your decision was really best. Ask yourself: *"Would I do anything differently if I could do it over again?"*



An Apology Can Make All the Difference!

In recent years, there has been a trend toward physicians telling the truth and *apologizing* for any medical errors that affect patients who are under their care.

This trend started out as a way to reduce the number of malpractice lawsuits brought on by disgruntled patients. But, the actual act of coming clean and expressing sincere regret can have a profound effect on everyone involved.

For the physician, an apology can help diminish feelings of guilt and shame. For the patient, it can pave the road toward forgiveness and emotional healing.

An apology includes:

- Being honest about the event and your role in it, and
- A genuine expression of regret for the outcome.

Some people argue that admitting you are wrong is a sign of weakness. Others argue it is a sign of strength.

- **What do you think?**
- **What is your workplace's policy on apologizing?**



ETHICAL ISSUES IN HEALTHCARE

INFORMED CONSENT

Informed consent is the practice of telling clients about the benefits—and risks—of a particular medical treatment. You've probably seen doctors and nurses explaining how a procedure might help...and how it might hurt. Providing this knowledge to clients allows them to make their own healthcare decisions *based on the facts*.

- For example, a doctor might say to his patient, *"If you have this back surgery, I believe it will reduce or even eliminate your pain. However, 1 of every 1400 people who have this surgery ends up with some paralysis."* Now, it's up to the patient to decide if the risk of paralysis is worth the chance that his pain will go away. If he decides to have the surgery, he will be asked to sign a paper saying that he was informed about the procedure and gives his consent.
- To be informed, clients must also be told what may happen if they stop a medical treatment. For example, *"If you stop taking this medication, your blood pressure may rise to dangerous levels. You could be at risk for a stroke."*

AUTONOMY

Autonomy means that each individual has the right to make decisions without being *pressured* by other people.

- People demonstrate their autonomy when they make healthcare decisions based on their *own* values and beliefs—even if other people disagree with them. For example:
 - Refusing blood transfusions because of religious beliefs.
 - Having an abortion.
 - Leaving the hospital early—against medical advice.
- Please note that both informed consent and autonomy are overlooked during medical emergencies. For example, a man is brought into the emergency room after a serious car accident. He is unconscious, bleeding and in need of surgery. Doctors won't wait until he wakes up to explain why he needs surgery and to ask for his permission. They assume that this man wants to live, so they do everything they can to save him.



CONNECT It NOW!

Apply what you know

Your client, Susan, is twelve. She is having surgery next week to remove a cancerous tumor. Her parents have been informed of the risks and benefits of the surgery, but they haven't told Susan. She doesn't even know that she's going to have surgery! Her parents ask you not to say anything to Susan—even if she asks.

- ***Does Susan have the right to know about the surgery?***
- ***Or, do her parents have the right to keep it from her?***

Your neighbor, Mrs. Tucker, is 80 years old and lives alone. She has trouble cooking meals and keeping her house in good order, but she doesn't want any help. You've noticed that her health seems to be going downhill. Unfortunately, if you report the problem, Mrs. Tucker may end up in a nursing home.

- ***Should she be able to live the way she wants even if it makes her sick?***
- ***Or, do you have a duty to get help for your neighbor?***

ETHICAL ISSUES IN HEALTHCARE – CONTINUED

CONFIDENTIALITY & PRIVACY

Confidentiality is one of the basic rights of every client. However, the issue of confidentiality has become more difficult in modern times. Many medical records are now stored on computers which may make them open to theft by computer “hackers”.

There are times when it’s legal to share your clients’ medical information with others. These include:

- For testimony during a court case.
- To report client abuse.
- To report a client’s infectious disease such as tuberculosis.

Generally, no one outside your workplace has the right to know anything about a client—even the fact that they are your client.

- **WHAT DO YOU THINK?** *You care for Mrs. Daley at her home. Recently, Mrs. Daley’s adult son has moved in with her. Since he arrived, you’ve noticed that Mrs. Daley has bruises on her arms and back. She seems frightened of her son, although she tells you that she loves having him live with her. Do you have the right to discuss Mrs. Daley’s case with social services—without her permission? Or, does Mrs. Daley have the right to total confidentiality?*

NUTRITIONAL SUPPORT

Nutritional support used to mean that people were bottle-fed or spoon-fed. If they became unable to swallow, they died. Now, because of special IV tubing, it’s possible for people to be fed through their veins.

You may have experienced caring for clients who are in a deep coma—also called a *persistent vegetative state*. Unfortunately, these people would die without IV nutrition, but they can live for years with it. People continue to debate whether medical dollars should be spent providing nutritional support to these patients since they have no quality of life.

- **WHAT DO YOU THINK?** *Mr. Simpson is very ill with a disease that is causing his intestines to “die”. He can no longer swallow food—and digesting food is very painful. Do you think he should be given IV nutritional support so he doesn’t starve to death? Or, should it be avoided because trying to digest the food causes him severe pain?*



THINK about it!

What Would You Have Done?

A young woman in Florida, named **Terry Schiavo** collapsed in her home.

She had *bulimia*, which is an eating disorder that causes the person to self induce vomiting after meals.

The bulimia led to a severe electrolyte imbalance which caused Terry’s heart to stop. Without oxygen, her brain soon died.

Upon discovery, Terry’s heart was restarted but her brain never recovered. With IV nutrition, Terry was kept alive for five years in a ***persistent vegetative state***.

Terry’s husband fought to get Terry’s life back for several years, but finally gave up and made the decision he thought Terry would have wanted. He decided it was time to remove the feeding tube and allow Terry to die.

Terry’s parents disagreed with the decision for religious reasons and the story turned into a national debate.

Eventually, Terry’s husband won. The feeding tube was removed and Terry died.

- **Do you think this was the right thing to do?**
- **What would you have done?**
- **What do you think Terry would have wanted?**

ETHICAL ISSUES IN HEALTHCARE – CONTINUED

PAIN CONTROL

Relieving pain and suffering is what drives many healthcare professionals to do the work they do. However, pain must be managed in a way that makes it effective and safe.

Why do some patients have ineffective pain control? There are many reasons, including:

- Most states have laws about how many narcotics a physician may prescribe.
- When managing pain, doctors must also manage the side effects caused by pain medications (constipation, depression, addiction).

Remember . . . clients have the right to adequate pain control.

- **WHAT DO YOU THINK?** *You find out that your client—who has severe chronic pain—is getting prescriptions for narcotic pain medicines from four different doctors. He tells you that he doesn't abuse the medicine, but that he is terrified that if he visits just one doctor, his request for ongoing pain medication will be denied. Your client begs you not to tell your supervisor. Should you tell your supervisor anyway—even if it means your client may suffer? Or, do you keep quiet and hope your client isn't abusing the drugs?*

RESOURCE ALLOCATION

Resource allocation involves the decisions about *who should get what kind of healthcare...and when* they should get it.

Ethical dilemmas often arise when there aren't enough resources to go around. For example, if two patients need blood transfusions and there's only enough blood for one, who gets the transfusion?

Some people argue that the best way to solve these dilemmas is by using the principle: "First come, first served". Others say this isn't always fair. For example, what if doctors give the blood transfusion to the patient who arrived at the hospital first—even though that means the other patient will probably die.

- **WHAT DO YOU THINK?** *Two women, both aged 75, with Alzheimer's Disease, need to be admitted to your nursing home on the same day. Unfortunately, there is only one opening. Who should be admitted? The woman whose husband is already a resident at your facility? Or, the woman whose application arrived first?*



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 48 year old woman who suffers from painful episodes of MS. She is currently having a flair up and her pain medications are not helping.
- She calls the nurse to ask about other medication options. The nurse tells her she is on the most common course of medications and there is nothing else to be done.
- **WHAT YOU KNOW:** You know your client has a history of overusing pain medications. So, you wonder if the nurse is holding back information to protect the client and the practice . . . but you also know your client is really in need of relief right now!
- **GET CREATIVE:** Think of **3 creative solutions** you might try to get your client some pain relief right now.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

ETHICAL ISSUES IN HEALTHCARE – CONTINUED

EUTHANASIA

Euthanasia is a Greek word that means “an easy death”. In healthcare, this word is used to describe the process of ending a human life *on purpose*. You might also hear euthanasia described as the “right-to-die” or “physician-assisted suicide”.

There are different levels of euthanasia, including:

- The first level is known as “pulling the plug”. This involves removing a comatose or brain dead person from the machines that are keeping him alive. This type of euthanasia is considered “acceptable” by some people. Others feel that once a person is put on a life-sustaining machine, no one has the right to stop the treatment.
- The second level of euthanasia involves giving high doses of morphine to patients who are in the final, painful stages of a terminal illness. The morphine relieves their pain, but it also slows down the patient’s breathing. If the dose is high enough, the patient stops breathing entirely.
- The third level is the most controversial. It involves helping people who are not near death to end their lives. These people may have an illness—such as cancer or Alzheimer’s disease—that will become painful or debilitating in the future. They want to end their lives before this happens.

IN FAVOR: People who *favor the right to die* believe that everyone should be able to die at the time and in the manner of their choice, and feel that too many suffer needlessly during the dying process.

AGAINST: People who are *against the right to die* believe that euthanasia will lead us down a dangerous path. Who will decide when it’s time for someone to die? Will older people be “forced” to agree to euthanasia to free up healthcare dollars? In addition, they don’t believe that doctors should be put in the position of “playing God”.

Some people might see a **Do Not Resuscitate** (DNR) order as a form of euthanasia. This is not true because a DNR order does not *bring on* death. It just means that no extraordinary measures (like CPR or using a ventilator) will be taken when the patient stops breathing. DNR orders are never written without the consent of the individual—and/or his family.



THE NEXT STEP!

Apply what you've learned!

DO NOT CONFUSE ETHICS WITH RELIGION

Religion provides rules that a person must follow to live a good life.

For example, one of the Ten Commandments is “*Thou shalt honor thy father and mother*”. This strict rule doesn’t leave any room for discussion. If you show respect for your parents, you are a good person. If you disrespect them, you are bad.

- ***What if the parents are abusive? What about parents who abandon their children? Do the children still have to honor them to be good people?***

Ethics is different from religion because it provides *guidelines* for looking at different acceptable alternatives for every situation. The final decision for how to live a good life is left up to individuals.

- ***How does your religious philosophy influence your ethics?***
- ***What rules are required by your religion?***
- ***Does your religious text state that working on Sunday is against the rules? What if you have to work on Sunday to feed your family or keep your job?***

ETHICAL ISSUES IN HEALTHCARE – CONTINUED

ABORTION

- Do unborn babies have rights?
- When does life begin? Is it at conception or at birth?
- Should abortion be legal? If not, what about all the women who could become sick or die from careless, illegal abortions?

CONJOINED TWINS

- Do doctors have the right to separate “Siamese” twins even when they know that one of the twins will not survive the surgery?

“TEST TUBE” BABIES

- Couples who are divorcing have gone to court to see who gets “custody” of frozen embryos. How should a judge decide a case like this?
- Doctors often implant six or more embryos into a woman’s uterus to increase her chances of having one baby “stick”. Then, if too many of the babies begin to develop, the doctors abort the “extra” babies. Should this practice be allowed?



GENE THERAPY

- Some women have been denied health insurance after blood tests showed that they have the gene for breast cancer. Should this be illegal?

CLONING

- Should scientists be allowed to clone humans?
- Is it okay for scientists to clone animals?

STEM CELLS

- Doctors believe that special cells taken from aborted fetal tissue can be used to treat many diseases, including heart disease and diabetes. Should this research be funded by our government?

ORGAN TRANSPLANTATION

- Should rich people and celebrities be able to “cut in line” for a new kidney or liver?
- Should children who need new organs have priority over senior citizens?
- Should people be allowed to sell their organs for money? (You may have heard about the man who put one of his kidneys up for auction on the internet. He was forced to remove the offer.)

ANIMAL TESTING

- Is it okay for scientists to use animals—like dogs, cats, mice and monkeys—to test new drugs and medical procedures—even if it often means that the animals suffer and die during the experiments?



ETHICAL “TRAPS”

When faced with ethical dilemmas, it's easy to get sidetracked during the decision-making process. Here are just a few of the most common “traps” that tend to lead us down the wrong path:

IF SOMETHING IS NECESSARY, THEN IT MUST BE THE RIGHT THING TO DO.

- Here's an example: *Mrs. Chase has fallen down several times recently. She is elderly and slightly confused. The doctor is worried that she's going to break her hip if she falls down again. He says it's necessary to protect her from falling. Your supervisor orders you to tie Mrs. Chase to her bedside chair with a chest restraint.*
- Remember...just because something is *necessary* doesn't mean you can do anything you want to make it happen. You still have to consider Mrs. Chase's rights...and look for alternative ways to solve her problem.

IF SOMETHING IS FOR YOUR CLIENT'S OWN GOOD, THEN IT MUST BE THE RIGHT THING TO DO.

- Here's an example: *Mr. Smith has a lung disease and uses oxygen at night to help him breathe. The doctor tells your supervisor that if Mr. Smith doesn't stop smoking, he'll soon have to use the oxygen 24 hours a day. Your supervisor orders you to take away Mr. Smith's cigarettes and to tell him that he is no longer allowed in the smoking lounge.*
- Remember...just because it will be good for Mr. Smith to stop smoking doesn't mean that you can ignore his right to smoke.

IF NO ONE GETS HURT, THEN IT MUST BE THE RIGHT THING TO DO.

- Here's an example: *Mr. Dowd and Mr. Tuttle both wear adult diapers. Mr. Dowd's insurance company pays for his diapers and he always has extra at the end of the month. Mr. Tuttle's family has to buy his diapers, and he's always running out of his supply before the month is over. You decide to use Mr. Dowd's extra diapers for Mr. Tuttle—since the insurance company can afford the extra diapers and Mr. Tuttle's family can't.*
- Remember...it might seem like no harm comes to Mr. Tuttle by sharing his diapers with Mr. Dowd. However, it is technically “stealing” to use his diapers for another client. What if Mr. Tuttle's family asks you what happened to the extra diapers? Be sure to consider all the consequences of your actions before you decide that no one will be hurt.



TALK about it!

Open the Discussion

Different cultures have different values . . . which leads to a difference in *opinion* on what is the ethical thing to do in certain situations.

For example, Mr. Jones is dying from cancer. Most American doctors believe that the ethical thing to do is to tell Mr. Jones about his illness—because he has a right to know.

Compare that to the culture of Southeast Asia. There, most doctors believe that the ethical thing to do is to keep Mr. Jones' illness a secret—to spare him the emotional distress of knowing he is dying.

So, which culture is doing the ethical thing? They both are. Remember, ethics are based on values. What seems completely ethical to you may seem *unethical* to a co-worker or client from another culture.

- **Talk to co-workers, clients and friends who are from a culture that is different from your own.**
- **Ask about how the other culture views pain management, dying, blood transfusions, organ transplants, etc. Compare these views to your own.**
- **Use this information in the future to be more sensitive to the values and ethics of other cultures.**

ETHICS IN THE WORKPLACE

WHAT IS AN ETHICS COMMITTEE?

An ethics committee consists of a group of people who carefully review ethical dilemmas and give advice about how to resolve them.

Some healthcare organizations are required to have an ethics committee and others have a choice. Some large hospitals have more than one ethics committee.

The members of the committee may include physicians, nurses, therapists, social workers, nursing assistants, chaplains and even people from the community. If clients and their families are directly involved in an ethical dilemma, they may be invited to attend an ethics meeting.

Ethics committees may also:

- Conduct educational sessions regarding ethics for employees throughout a workplace.
- Help set policies for the organization.

Ethics committees do not:

- Settle personal disputes between employees.
- Make medical decisions about client care.

Ask your supervisor if there is an ethics committee at your workplace and, if so, how you might participate.

WHAT IS A WHISTLEBLOWER?

Whistleblowers are not troublemakers. They are people who have the courage to *speak out* when they witness abuse, neglect and other unethical behaviors in the workplace. Usually, they start by telling a supervisor about the problem.

Employees who observe unethical behavior face an ethical decision of their own. Do they tell the truth even though it may mean “ratting” on a co-worker? Or, do they ignore the situation even though other co-workers or clients may suffer?

If you witness unethical behavior, you must make your own decision about whether or not to “blow the whistle”.

WOULD YOU BLOW THE WHISTLE IF . . .

- One day, you witness a co-worker slapping her client? *Would it make a difference if you’d seen that co-worker slapping other clients before?*
- You smell alcohol on a coworker’s breath? *What if you see him taking sips from a small bottle of whiskey he keeps in his pocket?*
- You see a coworker take syringes and needles home with her? *Would it matter if you knew the syringes were for her diabetic mother?*



5 KEY points

Key Points to Remember

1. Our values, which are generally taught at home (and influenced by society) shape our morals. Our morals influence the decisions we make during ethical dilemmas.
2. Ethical dilemmas are situations that require ethical judgment calls. Often, there is more than one right answer—and no win-win solution in which we get everything we want.
3. Medical ethics is the study of right and wrong in the medical field. The foundation remains the Hippocratic Oath which requires medical professionals, above all, to “**do no harm**” to their patients.
4. Making ethical decisions requires common sense, patience, compassion and communication with others.
5. There are many ethical issues, unique to health care, that you may encounter on a daily basis. It’s important to understand your role and consequences for every decision because human lives are on the line.

FINAL TIPS ON ETHICAL DECISION MAKING

- Take some time to evaluate your own personal and professional values and how they relate to the ethical dilemmas described in this inservice.
- Reassess your values on a regular basis because as you mature and gain more experience - you may make different (sometimes better) choices.
- Use the four guiding principles (from page 2) to guide ethical decision-making in your day-to-day practice:
 - **Autonomy:** Patients should be able to make their *own* healthcare decisions.
 - **Justice:** Healthcare should be available to *all* people—equally and fairly—regardless of their age, sex, race or income.
 - **Caring:** Patients should expect quality healthcare from employees who *want* to help them.
 - **Non-maleficence:** No healthcare treatment or procedure should cause *harm* to individuals—or to our society.
- Familiarize yourself with your workplace Code of Ethics and your state’s code of ethics for Nursing Assistants.
- Participate in your workplace's ethics committee, if possible.
- Know the Patient's Bill of Rights. If you are not familiar with this, ask your supervisor for guidance. Clients are protected by law to have certain rights. Be sure to ask your supervisor about consequences of violating Patient Rights.
- Use the ethical decision-making guidelines on page 3 of this inservice to help you make the best ethical decision in every situation.
- Some final rules to live by . . . a popular leadership training tool describes the **Five Cornerstones of Ethical Behavior** as:
 - Do what you say you will do.
 - Never divulge information given to you in confidence.
 - Accept responsibility for your mistakes.
 - Never become involved in a lie.
 - Avoid accepting gifts that compromise your ability to perform in the best interests of the organization.



WHAT I KNOW NOW!

Now that you’ve read this inservice on ethical dilemmas, take a moment to jot down a couple of things you learned that you didn’t know before.



Developing Top-Notch CNAs, One Inservice at a Time

A Professional Growth Module:
Ethical Dilemmas in Healthcare

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about ethical dilemmas? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. True or False

Medical professionals are *always* ethical and *always* do the right thing in every situation.

2. True or False

Our values shape our morals. And, our morals influence the decisions we make during ethical dilemmas.

3. True or False

Autonomy means that clients can earn the right to make their own decisions if they prove they can make good choices.

4. True or False

It is legal to share your clients' medical information with others if you suspect your client is being abused.

5. The first thing you should do when faced with an ethical dilemma is:

- A. Make a decision as quickly as possible, your first instinct will be right.
- B. Define the problem, list your choices and consider the consequences.
- C. Do what your religious leader would want you to do.
- D. Ignore the situation even though co-workers or clients may suffer.

6. True or False

A "Do Not Resuscitate" (DNR) order is a form of euthanasia.

7. True or False

If something is for your client's own good, then it is the right thing to do.

8. True or False

Being religious and being ethical are the same thing.

9. True or False

Whistleblowers are "tattle-tales" and trouble makers.

10. Fill in the Blanks

An apology includes being _____ about the event and, expressing genuine _____ for the outcome.