Patient Safety and Ethics: A Conflict of Goods

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Nurses often face ethical dilemmas when providing care to patients with cancer. Although "doing the right thing" may seem obvious in the decision-making process, nurses are frequently challenged with a conflict of doing good regarding patient safety and patient advocacy versus maintaining collegial relationships.

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Working hard to update and maintain her skills is one of the things C.F. enjoys most about her job as an oncology surgical nurse. As part of a safety initiative at C.F.'s institution, a patient safety policy was implemented that includes a short presurgical checklist to verify characteristics such as patient identity and site of surgery. C.F.'s job involves completing the checklist with the surgeon and making sure filing is done properly. Institutional policy mandates use of the checklist prior to any procedure that requires anesthesia. Internal audits occur regularly to monitor compliance and to verify proper record keeping for external regulatory purposes.

Prior to a morning surgery, C.F. prepared the patient safety checklist in the usual manner but was rebuffed by Dr. T, a recently hired surgeon with whom C.F. had never worked. "We don't need that," he said, "I know what I'm doing." C.F. gently but firmly informed Dr. T that completion of the checklist is mandated for all surgeries regardless of who performs a procedure, but he still refused. No one else in the room said anything. What should C.F. do?

Commentary

This scenario presents C.F. with a conflict of goods, which in itself defines the concept of an ethical dilemma. In other words, C.F. must choose among competing obligations, each of which constitutes a virtue of character or action among nurses. In this case, C.F. should prioritize and choose among the ethical precepts of advocating for patients with cancer generally (and this patient in particular), maintaining collegial relationships with other health professionals, and observing institutional and regulatory standards.

The ethics of patient safety have been well documented, particularly since publication of the Institute of Medicine's (1999) influential report, *To Err Is Human: Building a Safer Health System*. The American Medical Association, the American Nurses Association (ANA), and other healthcare professional societies and journals emphasize that preventing harm to patients is both an individual and organizational ethical responsibility (Batcheller, Burkman, Armstrong, Chappell, & Carelock, 2004; Egan, 2004). In addition, the ANA (2006) specifically applied its Code of Ethics to Patient Safety in a position statement that addressed the ethical responsibility of nurses to prevent harm by considering their level of fatigue when asked to accept work assignments extending beyond the regularly scheduled work day or week. The same four code provisions identified in the 2006 document also apply to C.F.'s situation: the nurse's primary commitment to the patient; the nurse as an advocate for patient rights, health, and safety; the individual obligation to provide optimal patient care; and the responsibility to establish and maintain quality care (ANA, 2001).

Provisions

Commitment to the patient: This provision, in particular, establishes the nurse's primary obligation to the patient (ANA, 2006). In this case, an existing, identifiable patient is about to undergo surgery. This self-evident element of C.F.'s predicament would seem in and of itself to indicate C.F.'s course of action: Insist on completion of the checklist. Why would C.F. or any other nurse hesitate? At least two important factors should be taken into account. First, because no one present at this impasse has supported C.F. (an ethical breach on their part), the potential for delay in resolving this matter must be weighed against the possibility of harm to the patient resulting from that delay. It may be that this policy includes steps for reporting or resolving this situation in a timely fashion, such as calling an in-house rapid response number or documenting the refusal, proceeding with the intervention, and reporting the noncompliance immediately thereafter. When implementing new policy and practice, the steps that should be taken when a breach occurs should be considered by weighing the time required for corrective action against unintentional harm that may result to a patient as a consequence. In this case, ironically, it would undermine the intent of the checklist if the patient's immediate health is compromised as a result of C.F. and Dr. T protracting this disagreement. If that is the case, then the second best course of action is for C.F. to wait until