what should C.F. do?

No one else in the room said anything.

forms a procedure, but he still refused.

for all surgeries regardless of who per-

completion of the checklist is mandated

that,” he said, “I know what I’m doing.”

C.F. had never worked. “We don’t need

T, a recently hired surgeon with whom

prepared the patient safety checklist in the

external regulatory purposes.

and to verify proper record keeping for

occur regularly to monitor compliance

use of the checklist prior to any procedure

properly. Institutional policy mandates

volves completing the checklist with the

surgeon and making sure filing is done

identity and site of surgery. C.F.’s job in -

to verify characteristics such as patient

since pub-

of harm to the patient resulting from that

of delay in resolving this matter

must be weighed against the possibility

harm to the patient resulting from that
delay. It may be that this policy includes
steps for reporting or resolving this situa-
tion 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 there-
after. 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.

Prior to a morning surgery, C.F. pre-
pared 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 per-
forms 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 par-
cular), maintaining collegial relation-
ships with other health professionals,
and observing institutional and regula-
tory standards.

The ethics of patient safety have been
documented, particularly since pub-
lication 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 responsibil-
ity (Batcheller, Burkmann, 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 sched-
uled 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 pa-
tient rights, health, and safety; the indi-
vidual obligation to provide optimal patient
care; and the responsibility to establish
and maintain quality care (ANA, 2001).

Provisions

Commitment to the patient: This provi-
sion, in particular, establishes the nurse’s
primary obligation to the patient (ANA,
2006). In this case, an existing, identifi-
able patient is about to undergo surgery.
This self-evident element of C.F.’s pre-
dicament 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 pres-
ent at this impasse has supported C.F.
(an ethical breach on their part), the po-
tential 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 situa-
tion 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 there-
after. 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