



Ethics in the O.R. Setting: *The Other Side of Professional Practice*

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PART 1

Editor's Note: This article will be continued in next month's issue. The author will complete her discussion of medical ethics by providing practical examples of ethical situations that surgical technologists may face in the operating room.

In today's health care practice, technological advances permit the use of interventions and advanced practices that have blurred what once were clear lines of distinction between life and death, and between treatment and non-treatment. There was also clear division between medical decisions dictated by the physician "for the good of the patient" as opposed to patient-directed care. Today's health care consumers are better educated and often knowledgeable about the various treatment options available to them. While these advances have improved the overall quality of health care and have extended the normal lifespan, accompanying these changes are the issues of a lack of inexhaustible resources to support these costly treatments and equitable access to these sometimes limited resources. From these dilemmas has risen the field of health care ethics.

An ethical dilemma arises when there is no clear-cut right or wrong solution or where there is a no-win situation for all parties involved. It is important, therefore, that the surgical technologist has a working knowledge of what health care ethics entails, some of the considerations that need to be evaluated when making ethical decisions, and some of the more commonly encountered ethical situations found in today's medical and/or surgical setting.

Definitions

Ethics, in general, is the field of philosophy that studies the morality of human conduct. It is the science of morals: the philosophic and spiritual disciplines that systematically examine the values of good or bad, right or wrong, and justice or injustice in human conduct. Ethics also involves the study of the cultural, religious, and professional impact of these values on society. In the health care field, ethical and moral principles provide the basis for the development and implementation of professional standards, such as the Association of Surgical Technologists' Standards of Practice and the AST Code of Ethics (see page 15).

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Clinical medical ethics is the discipline that provides a systematic and structured approach to identifying, analyzing, and resolving the ethical problems of a particular patient population. The most common guiding principles used to formulate ethical views today involve the concepts of utilitarianism versus deontology.

Utilitarianists, also referred to as consequentialists or teleologists, believe that the good of society outweighs the benefit to any one individual. They judge the "rightness or wrongness" of a decision based upon the predicted outcome that what is right is also beneficial to the greatest num-

ber of individuals within society. Under the principles of utilitarianism, the need to spend resources on developing vaccines against communicable diseases would take precedence over the expense of providing medical support and resources to one patient in need of a liver transplant.

Deontologists believe that decisions should be based on a moral obligation to each member of society, regardless of the impact to the group as a whole. Deontology uses the principle of autonomy, or self-rule, and supports the patient's right to self-determination. Using the previous example, a deontologist would view the rights of the patient to have access to the care and procedures required to perform a liver transplant equally as important as the right to access vaccines to prevent disease. The deontologic approach is the guiding principle most commonly used in health care practice in the United States today, where we see virtually open access to medical care for all individuals, regardless of any obstacles related to that access.

Primary bioethical principles in health care

The health care profession, by its nature, is a caring profession, dedicated to assisting patients in attaining and maintaining an optimal level of wellness. The care provided by health care practitioners is commonly guided by two basic principles. Today, these two bioethical principles continue to be used to establish criteria for evaluating and implementing all other bioethical decisions.

Beneficence

The principle of beneficence is the first overriding and compelling paradigm utilized for determining patient care in the surgical setting. The principle of beneficence upholds that all interventions should ultimately benefit the patient and that the intent of any action undertaken on the patient's behalf has the overall goal of helping the patient more than causing harm. The action should promote good and prevent or remove evil. In medicine, rarely is any intervention totally beneficent. There are generally some negative consequences associated with most

actions, such as the pain associated with starting an intravenous line to administer pain medication or the making of a surgical incision to access a diseased organ. While the overall outcome of the actions is positive, the patient will have to undergo a pain-inducing procedure as one step in the pain-relief process.

Non-maleficence

The principle of non-maleficence is the second overriding and compelling paradigm used as the basis for all patient care. The overall goal of any medical or surgical intervention should be to do no harm or that any harm done should not outweigh the overall benefit to the patient. The creation of a surgical incision, outside of the operating room setting and without the patient's informed consent, would constitute assault and battery with a dangerous weapon. The incision, though, is an integral step in the removal of an abscessed appendix. Failure to remove the diseased appendix would cause greater harm than that caused by the surgical incision and subsequent removal of the pathology.

Secondary bioethical principles in health care

Prior to the 1970s, the focus of health care was on the preservation of life, no matter the cost. The paternalistic model of physician as both care provider and "sage" has given way to consumer demands for the right to self-determination in regard to health care. Technological advances have permitted the extension of "life" beyond the limits of a quality existence, and the dilemmas resulting from this situation have spawned the field of bioethics, including the identification and consideration of the secondary bioethical principles that impact the delivery of health care in today's society.

Autonomy

The principle of autonomy, or self-determination, states that a competent person has the right to determine the course of his or her medical care, even when that choice is viewed as negative or "unacceptable" and may even result in death. This determination includes the ability to make

decisions based on the provision of valid and pertinent information determined without constraints or coercion, the power to have those decisions supported and implemented by caregivers, and the expectation that the decisions that have been determined will be respected and carried out by the caregivers to the best of their abilities.

In 1972, the American Hospital Association (AHA) published the *Patient's Bill of Rights*. This document supports and enforces the right of the patient to access respectful care, to obtain accurate information, to be provided with continuity of care, to have confidentiality maintained, and to have the right to self-determination.

AST CODE OF ETHICS

- To maintain the highest standards of professional conduct and patient care
- To hold in confidence, with respect to patient's beliefs, all personal matters
- To respect and protect the patient's legal and moral right to quality patient care
- To not knowingly cause injury or any injustice to those entrusted to our care
- To work with fellow technologists and other professional health groups to promote harmony and unity for better patient care
- To always follow the principles of asepsis
- To maintain a high degree of efficiency through continuing education
- To maintain and practice surgical technology willingly, with pride and dignity
- To report any unethical conduct or practice to the proper authority
- To adhere to the Code of Ethics at all times in relationship to all members of the health care team

Under the AHA Patient's Bill of Rights, the patient has the right to make decisions regarding the nature and extent to which interventions will and will not be performed. These decisions are based on factual information usually provided during the course of obtaining informed consent. Informed consent should be obtained when the individual is able to sort through information and options in a logical and rational manner. These "rights" also carry over into periods of time when the patient may be incapable of verbalizing and monitoring those decisions, such as

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during a surgical intervention. It is during these periods, when the patient is unable to speak for himself and the invocation of a living will or durable power of attorney is instituted, that the principle of autonomy must be safeguarded and support for the patient's decisions regarding care must be honored.

Justice

The principle of justice refers to the concepts of equity and fairness. In today's democratic society within the United States, each person is entitled to equal access to health care, regardless of such variables as social status or ability to pay for such services. While in principle justice is a worthy goal, today's health care crisis has been precipitated, to a degree, by this concept. In reality,

access to health care in the US is not completely equitable. Factors such as urban living versus suburban living, the cost of health care, medical technology resources, and medical personnel resource limitations impact the concept of equitable health care for all. The recent focus on the desire to implement a national health care system to provide a more equitable distribution of medical resources is an attempt to provide greater justice and equity to health care consumers.

Morality

Morality refers to that part of human behavior that can be evaluated in terms of right and wrong. In relation to ethics, morals are the behaviors demonstrated by the professional group that support ethical behavior and practice. Morals are the values about what is good, right, and just. They are developed based upon the belief system adopted through cultural, religious, or professional beliefs and values. Common morality is the communal consensus of a society or culture regarding norms of human conduct and human rights. Within health care, there are various professional groups who share a core moral code of support for the patient along with the four basic principles of ethics – as beneficence, non-maleficence, autonomy, and justice.

Moral guides in health care

Confidentiality

The concept of confidentiality involves the maintenance of patient privacy. During the course of care delivery, it is critical that the staff have access to patient information. Knowing that a patient has a history of drug abuse may impact the types of anesthetics and postoperative pain medications used for this patient. Other, less necessary, information may also be included in the medical record accessible by the health care staff, such as a prior suicide attempt by a patient during adolescence that has subsequently been resolved.

The professional surgical technologist has a moral obligation to the patient to treat any personal information as "privileged" information to be used only in the direct care of the patient. Student surgical technologists also need to be

aware of the importance of maintaining patient confidentiality in the preparation of educational journals, when sharing information during clinical seminars, and during other educational situations. While it is permissible to discuss procedures and patient issues with instructors and fellow classmates under the domain of education, for the purposes of learning, it is important that patient confidentiality be addressed and maintained.

Copies of patient documents should have the patient's name and identifying information removed or disguised. The patient should be referred to in a "generic" fashion, eliminating the use of patient names. Journaling should contain factual information, such as "the patient was a 39-year-old female who presented with the diagnosis of pelvic pain...." All information obtained during the course of externships or clinical seminars must be held in confidence. Discussing details of surgical cases without the intent to educate or provide care for that patient is a breach of confidentiality. This breach can give rise to legal action on the grounds of invasion of privacy.

Fidelity and loyalty

Fidelity and loyalty both involve the act of promise-keeping on the part of the health care practitioner. Every profession has a scope of practice that governs those procedures and responsibilities assigned to each team member. Some of these responsibilities overlap between professional groups, but professional codes of ethics dictate that health care practitioners, in general, support the desires of the patient, regardless of personal views or opinions. When a practitioner can not support a patient's personal decision regarding medical care, the practitioner has an obligation to provide a substitute caregiver.

This precedence is seen today in the operating room when a patient chooses to undergo elective termination of a pregnancy. If personal views are not supportive of this procedure, you, as a professional, can not simply choose to abandon a patient who does not share your moral or

ethical view. Instead, you have an obligation to notify your supervisor or nurse manager of the issue in a timely manner, so that substitutions in scheduling can be made to accommodate the needs of the patient.

Integrity and veracity

Integrity, the practice of being honest, and veracity, the act of telling the truth, are important moral tenets in the health care profession and are mutually supporting. A positive relationship needs to exist between the patient and the health care practitioners in order for optimal wellness to be achieved. Patients must be willing to enter into a trust relationship with people whom they do not know intimately. They must feel "comfortable" in entrusting these individuals with the information and feedback needed to guide their care during the critical time and events surrounding a surgical intervention. The professional health care practitioner must be willing to foster and support the development of such a relationship by providing accurate information during the process of informed consent without overwhelming patients and by demonstrating a caring and respectful attitude toward them and their decisions regarding care. Professional moral conduct compels health care professionals to provide patients with information and care that is both accurate and truthful in nature and with treatments that promote wellness and well-being.

Respect for persons and for the sanctity of life

Aeger primo, the patient first, and *Primum non nocere*, first—do no harm, are basic tenets of health care in general and the profession of surgical technology specifically. The focus of many surgical interventions is primarily therapeutic, providing a cure for disease or illness. There are also procedures in which the focus is either palliative, a procedure performed to provide better quality of life without curing the disease, or interventive, a procedure performed to halt the progression of a process. Whether therapeutic, palliative or interventive in nature, the overall intent of any procedure should be to assist the

patient in achieving a desired quality and quantity of wellness through the means determined by the patient to be in his or her best interest.

The Golden Rule (the rule of reciprocity)

“Do unto others as you would have done unto you” is an excellent guideline for health care practitioners to use when determining moral ethical practice. How would you want to be treated? Would you want the surgical team members to focus on you lying on the operating

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room bed, or would you want to hear about “last night’s date” or “the fight so-and-so had with their spouse this morning”? Would you want to be denied information because the team thought you couldn’t handle it? We would be appalled if treated in such a manner; yet one can find just such behavior occurring daily in operating rooms across the country.

Patients entrust the health care practitioner with their care, in some cases their very lives. Practitioners, in turn, have a professional and moral obligation to fulfill that duty to the best of their abilities. Assessing the needs of the patient and supporting them in a manner that shows caring and respect are actions that are as much a part of the job description of a surgical technologist as are scrubbing, gowning, and gloving.

Compassion and solidarity (respect for community)

Compassion and solidarity are moral principles that address equity of care, regardless of whom the patient is or the patient’s life circumstances. Compassion, the desire to alleviate patient distress, and solidarity, the desire to deliver quality, professional patient-centered care regardless of other intervening variables, are desirable qualities commonly identified in health care providers. The homeless person deserves the same consideration and level of care as does the CEO of a giant corporation. The moral principles of compassion and solidarity erase discrimination based on anything other than the urgency of the patient’s medical condition and the team’s ability to act in a professional manner to assist the patient in returning to an optimal level of wellness.

Professional integrity, honesty, and efficiency

The surgical patient has every right to expect and receive high-quality care from those professionals who make up the surgical team. Patients are in a most vulnerable position during surgical intervention, and they may place blind faith in the skills and knowledge of those caring for them. The surgical technologist, then, has the obligation to provide the highest level of patient care possible. Patients have the right to know that each and every team member will advocate for them when they are unable to advocate for themselves. This requires that the O.R. team be knowledgeable and supportive of the needs and issues of each surgical patient. This advocacy can take many forms, from providing protection and a safe environment in which the surgical intervention can take place, to ensuring that competent individuals provide care. If the surgical technologist on a procedure is unfamiliar with the equipment being used, the tech with the knowledge base has the duty and obligation to remain scrubbed for as long as the equipment is in use. Just because it is 3 pm and time for relief does not mean that the surgical technologist can leave a patient in the care of someone who does not have the proper knowledge base. The sense

of professional integrity possessed by health care practitioners in the surgical setting mandates that they stay and care for the patient.

Currency

Currency in one's knowledge base is the responsibility of each and every surgical technologist. The operating room is an area where the knowledge base is extremely dynamic, changing sometimes as frequently as every three months. While the basics of practice stay relatively unchanged, the introduction of new technology and methods demands that the O.R. team undertake continuous education to stay abreast of these changes. The surgical technologist owes the maintenance of a current and solid knowledge base to themselves, the team, the profession, and most importantly, the patient.

Surgical conscience

During the course of any surgical case, there are multiple opportunities for undetected errors to occur. "No one is looking..." or "No one called it..." are empty platitudes to keep a surgical technologist who does not possess a strong sense of surgical conscience from feeling "guilty" when breaks in aseptic technique occur or errors are made. Unfortunately, these sayings are erroneous in that the person who made them has, indeed, identified that an error has occurred and has gone uncorrected. Again, the standard of the "significant other" needs to be the moral guide of the surgical technologist – if that happened to someone you loved, would you find that behavior acceptable? Despite the aggravation, the added efforts, or the extra work required to remedy the issue, being able to "look in the mirror with your head held high" is the standard of care the professional surgical technologist should deliver in each and every instance.

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