I. MORAL PRINCIPLES IN BIOETHICS (except the “Utility” section, and Hippocratic Oath notes are on Powerpoints).

II. FUNDAMENTAL ELEMENTS OF THE PATIENT-PHYSICIAN RELATIONSHIP, COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS, AMERICAN MEDICAL ASSOCIATION (p. 165) 1993
   A. Overview of the Patient-Physician Statement. This is a modern (1993) statement that deals with the patient/physician relationship, whereas the Hippocratic Oath dealt more with the physician’s duties. There are two main points:
      1. The patient is responsible for bringing medical problems to the attention of the physician as soon as possible, providing accurate information about their medical condition, and working collaboratively with their physician.
      2. The patient has the certain rights (as seen below):
   B. The patient has the following rights:
      1. Information: The patient has the right to receive information about appropriate and optimum treatment alternatives, and the benefits, risks, and costs thereof. The right to receive copies of medical records, have questions answered, be advised of potential physician conflicts of interests, and independent professional opinions.
      2. Free Decision: The patient has the right to make decisions regarding treatment, and may accept or refuse any recommended medical treatment.
      3. Respect and Dignity: The patient has the right to courtesy, respect, dignity and responsiveness.
      4. Confidentiality: The patient has the right to confidentiality, unless otherwise agreed to by patient or to protect patient or the public.
      5. Continuity: The patient has the right to continuity of health care.
      6. Adequate Care: The patient has the right to have available adequate health care.
   C. Evaluation of Patient-Physician Fundamental Elements:
      1. Common Sense? Perhaps. However, as we’ll see, if physicians follow these guidelines, then certain potential issues that are raised as in fact being issues will be moot: EX: patient confidentiality and the possibility of a physician’s lying to patients.
      2. Redundancy? These guidelines really review the “Patient’s Bill of Rights”, and, more importantly, leaves out many rights and responsibilities that were mentioned above.
      3. Your reactions?

III. “CODE OF ETHICS FOR NURSES,” AMERICAN NURSES’ ASSOCIATION [NOT IN BOOK] 2001
   A. Overview of the Nurses’ Code: Nine points concerning nursing ethics. The Nurse: …
      1. Practices compassion and respect for the inherent dignity, worth, and uniqueness of every individual (regardless of social-economic status, personal attributes, or nature of health problems);
      2. …’s primary commitment is to the patient (individual, family group, or community);
      3. Promotes, advocates for, and strives to protect the health, safety, and rights of the patient;
      4. Is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care;
      5. Has equal duties – to self and others – of preserving integrity/safety, maintaining competence, continuing personal/professional growth;
6. Participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality healthcare (implying both individual and collective action);

7. Participates in the advancement of the profession (via contributions to practice, education, admin, and knowledge development);

8. Collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs;

9. The profession of nursing (its associations and their members) is responsible for articulating nursing values, maintaining the profession and practice’s integrity, and for shaping social policy.

B. Evaluation of Nurses’ Code:

1. What’s missing? Notice that there is nothing in this code that mentions the obligation to follow physicians’ orders.

2. “Nature of Health Problems” relevance. Point 1’s “nature of health problems” seems relevant to AIDS, when it first was occurring, when health care professionals were reluctant to treat these patients.

3. Physician’s incompetence? Point 2 seems to protect the client from physician’s incompetence or immorality (at least in the individual nurse’s opinion).

4. Is anything missing that should be included? Anything that should be left out?