

LEGAL ASPECTS OF NURSING PRACTICE WITH ETHICAL AND POLITICAL CONSIDERATIONS pdf

1: Five Top Ethical Issues in Healthcare

Correctional nursing allows the nurse to practice the essence of nursing while recognizing that all patients have intrinsic value. Achieving and staying true to professional nursing values while practicing in the correctional setting can create a unique set of ethical, legal and professional issues for the nurse.

Five Top Ethical Issues in Healthcare By Jennifer Larson, contributor March 6, - When members of Congress and the president recently failed to come to terms that would avoid the sequester, many people expressed concern over how the resulting budget cuts will affect medical research and other aspects of healthcare. Some questioned the ethics of an action that could have such a potentially devastating effect on healthcare in the future. But ethical issues in healthcare are common. Which issues impact hospital administrators and clinical leaders the most? Balancing care quality and efficiency Many of the challenges facing the healthcare system in the future will be related to the overall challenge of balancing quality and safety with efficiency, said Cynda Hylton Rushton PhD, RN, the new Anne and George L. Improving access to care Although the Affordable Care Act ACA was mostly left untouched by the sequester, the ongoing issue of providing everyone with access to basic medical care remains a concern. Building and sustaining the healthcare workforce of the future As the baby boomer generation continues to age, more healthcare professionals will be needed to take care of this population--to manage chronic illnesses, coordinate care and provide many other services. But will there be enough competent, compassionate people who not only enter the healthcare workforce but remain in it to provide that care? Despite a recent influx of younger people into the nursing profession, for instance, many experts are forecasting a resurgence of the nursing shortage by the end of this decade--just when more nurses will be needed. And one of the real threats to keeping the people we train in practice is having an ethical practice environment where they can actually practice with integrity, and where they are not constantly barraged with morally distressing situations that burn them out. Addressing end-of-life issues Nancy Berlinger, PhD, a research scholar with the Hastings Center, noted that end-of-life issues will also grow in importance as the population ages. The entire decision-making process, as well as the financing that pays for end-of-life care, will be up for discussion as these issues affect more people. But that is the reward for the great leaps in life expectancy that were achieved in the 20th century, she said. The Hastings Center will soon release a revised and expanded version of its guidelines on end-of-life decision-making and care; it will include resources for providers who want to learn how to have better conversations with each other and with patients and their families. How will organs be allocated in the future, when they are often in short supply? Although some advances have been made to encourage the reporting of drug shortages in an effort to reduce them, the Food and Drug Administration still expects shortages to occur in the future. According to clinical ethicist Katrina A. Bramstedt, PhD, the Affordable Care Act may help transplant candidates with coverage for certain necessary medications, such as immunosuppressants. Here is where continued research, as well as more donations, would help. But Rosoff maintains that access to care is the most significant ethical matter at present. The other issues are very important, but this one is at the top of his list.

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2: Center for American Nurses | Legal Basics for Professional Nursing: Nurse Practice Acts

1. safe nursing practice includes knowledge of the laws that affect nursing practice 2. nurses are accountable for their own actions and obligations 3. provision of safe competent care is the best way to avoid legal problems.

When unable to do what they consider the correct action, clinicians--nurses and other healthcare providers--may experience moral distress. Finding ways to successfully deal with ethical conflicts is critical not only to the distressed clinicians but also to organizations striving to improve outcomes, since moral distress can adversely affect patient care and is associated with employee burnout and job turnover. Support from leaders at the top is essential, said Mary K. Nurses should be familiar with the code and use it on a daily basis, Turner said. Hospitals should incorporate behavior consistent with the code of ethics into job descriptions and consider that during annual performance reviews. Additionally, some specialty nursing organizations have position statements related to ethical issues which nurses can use as a guide. Competencies for genetics and genomics include an ethics component. Education gives nurses tools for decision making, added Marsha D. Education may not always produce the expected results. Researchers at Loyola found that burn ICU nurses actually reported higher moral distress scores after participating in a four-week intervention about moral distress. But six weeks later, the scores went back down. Wasson, a co-investigator, surmised that the program may have raised awareness or brought up thoughts of past cases. But later the nurses were able to process the information. And the younger nurses said they sometimes wonder if anyone else feels that way.

Create an environment where nurses can speak up Having a practice environment that supports nurses in raising ethical questions and empowering them to address those concerns also is vital, Daly said. Ethical issues are complicated and everyone brings their own experiences and values to the situation. The best ethical analysis is done in the open with other people. Bring different disciplines together Physicians and nurses experience shared suffering. Working together could prove beneficial in addressing moral distress. Clinical ethics rounds often are helpful in addressing concerns, Turner added. Nurses also should be included in discussions about patient goals. Provide ethics experts On-site nurse ethicists or other ethics professionals who clinicians can confidentially talk with are valuable in helping people look at the situation from other perspectives. Watson often begins by asking questions to help nurses think through their concern and related values. Then she may suggest they talk with the patient or family to gain perspective or an understanding of their choices. She then can help the nurses focus on what went well, how they contributed to improving the situation, how they treated the person with respect and dignity and other positives. All staff should feel safe in reaching out, perhaps to request a consultation or just to talk things through, Daly said. Add unit-based ethics mentors Connie M. Everyday ethical issues need to be addressed, said Connie M. She suggested hospitals could develop unit-based ethics mentors, who could help their colleagues with those day-to-day concerns that come up. Hold a family conference Family conferences bring everyone together and should be planned, with clinicians thinking through uncertainties and recommendations before the meeting. Cecile Yacat, RN, recommended family conferences to address important topics and ethical issues. Sponsor ethics journal or book clubs Book clubs and journal clubs offer an opportunity to focus on ethics. Hospitals often can organize them, so participants can obtain continuing education credits, Turner said. Reading articles helps nurses to realize other people have experienced similar feelings. A journal club can make it safe to talk about, because the discussion starts with the article, although it can move into personal values, Watson said. Many nursing journals include an ethics column. The journal Nursing Ethics is dedicated to the topic. ANA publishes articles about ethical issues the Online Journal of Issues in Nursing, which is online and available at no cost. The World Health Organization offers an international ethics perspective. Reach out to professional associations Professional associations often provide resources to assist with training and handling of ethical issues. The ANA offers more than a dozen online ethics continuing education programs. Summit participants will discuss the inevitability of moral distress in familiar situations. Organizations, such as the American Society of

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Bioethics and Humanities, which has an affinity group for nurses, hold annual conferences. Offer employee counseling services Nurses especially troubled by an ethical issue--perhaps relating to something happening in their personal lives or how the current situation rekindles past events--may benefit from individual sessions with a counselor from an employee assistance program EAP.

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3: Legal, Ethical And Cultural NCLEX Quiz - ProProfs Quiz

Legal and ethical issues are prevalent in the health care industry, and in particular for the nursing practice, where nurses have daily individual contact with patients. Ethical issues are wide-ranging, from organ donation, genetic engineering, assisted suicide, withholding treatment in end-of-life care, or.

Many nurses may find it difficult to carry out their ethical obligations to patients due to the insufficiency in staffing. Because of this shortage, many nurses complain that they experience emotional distress and job dissatisfaction and end up not providing quality care to their patients. Such nurses end up in an ethical dilemma, whereby they must choose between caring for their own welfare or the needs of their patients. Poor Patient Care One ethical obligation nurses must fulfill during their daily duties involves ensuring they protect patients from any harm. However, due to staffing shortages, nurses find this challenging because the hospital where they work assigns them to care for several patients. In so doing, the hospital sets unrealistic goals, especially if these patients need specialized care due to terminal illnesses. Chronically ill patients require holistic care and a lot of emotional support. Inappropriate staffing levels deny nurses a chance to provide proper patient care despite their training and experience. According to the Online Journal of Issues in Nursing, this inadequate nursing shortage increases patient mortality because they fail to receive the necessary care during hospital stays. Decrease in Job Satisfaction Ethics help nurses make the right decisions under the guidance of their morals. However, due to acute staffing shortages, nurses may feel constantly dissatisfied with their jobs. Most hospitals respond to the increasing patient demands by providing overtime pay for nurses. In so doing, the hospital emphasizes only the technical aspect of nursing care and forgets about the ethics of care, a personal value that most nurses cherish. Job dissatisfaction results from finding an inappropriate working environment whereby nurses lack the time to communicate with the patients and provide meaningful nursing care. According to the Journal of Nursing Ethics, many nurses view providing support to patients and comfort care as a vital aspect that reflects professional values and ethics. Moral Distress Nurses working in health care settings with inadequate staff may suffer from moral distress because they feel that they compromise their ethical responsibility of protecting patients from harm by providing inadequate patient care. When hospitals assign several patients to a nurse, it also interferes with the principle of doing good to protect patients from harm. For instance, a nurse may decide to only give the basic mandatory care to a patient, such as injections or medicine, but lack the time to give them a back rub or take them out for a walk. In worse circumstances, nurses might end up making a medical error that leads to the death of a patient simply because the hospital overwhelms them with too many responsibilities. Such nurses may suffer from mental anguish because they believe that they would have provided better care to patients were it not for the multiple duties. Burnout Constant ethical conflicts at work may lead to emotional stress and physical and mental burnout. Nurses working around the clock to attend to all the patients the hospital assigns to them suffer from physical exhaustion. In addition, they end up working overtime to cater to the rising patient demands while at the same time compromising the quality of nursing care. In the long run, such nurses suffer from physical exhaustion and mental distress and may consider quitting their profession. Legal Implications The public is aware about the problem of understaffing and view it as a major fundamental issue in health care centers. According to plaintiff counsels, the public can readily access the data about the inadequate staffing levels in health care settings and use it to trigger lawsuits even in the absence of other systematic problems. For example, the Federal Office of Inspector General announced that it would treat failure of care resulting from inadequate nursing levels as grounds for criminal and civil prosecution using the Federal Civil False Claims Act. Moreover, in the past few years, health care facilities have continued to receive lawsuits relating to low staffing levels. Matters relating to these lawsuits touch on poor nursing care leading to injuries, bedsores, residents wandering and even death.

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4: 4 Common Nursing Ethics Dilemmas | NurseChoice

Legal, Ethical, and Political Issues in Nursing consists of 18 chapters that are divided into 5 parts. Part 1, Nursing Practice, addresses the legal rights and responsibility of individuals who practice nursing.

Gender bias and ageism Question 19 Explanation: The nurse is verbalizing a negative descriptor about the client. Question 20 Which statement is correct? A Consent for medical treatment can be given by a minor with a sexually transmitted disease STD. B A second trimester abortion can be given without state involvement. C Nurses who get sick and leave during a shift are not abandoning clients if they call their supervisor and leave a message about their emergency illness. D Student nurses cannot be sued for malpractice while in a nursing clinical class. Anyone, at any age, can be treated without parental permission for an STD infection. Permission from parents is not needed, based upon current privacy laws. Question 21 When providing care to clients with varied cultural backgrounds, it is imperative for the nurse to recognize that: A Generalizations about the behavior of a particular group may be inaccurate. B Current health standards should determine the acceptability of cultural practices. C Cultural considerations must be put aside if basic needs are in jeopardy. D Similar reactions to stress will occur when individuals have the same cultural background. Question 22 Which statement would best explain the role of the nurse when planning care for a culturally diverse population? The nurse will plan care to: Therefore identification of values, beliefs, and practices allows for planning meaningful and beneficial care specific for this client. Question 23 Ethical principles for professional nursing practice in a clinical setting are guided by the principles of conduct that are written as the: This set of ethical principles provides the professional guidelines established by the ANA to maintain the highest standards for ideal conduct in practice. As a profession, the ANA wanted to establish rules and then incorporate guidelines for accountability and responsibility of each nurse within the practice setting. Question 24 Even though the nurse may obtain the clients signature on a form, obtaining informed consent is the responsibility of the:

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5: Ethics & Legal Issues in Nurse Staffing | www.enganchecubano.com

Chapter 3: Legal Aspects of Nursing. According to the American Nurses Association (ANA), "the Standards of Professional Nursing Practice are authoritative statements of the duties that all registered nurses, regardless of role, population or specialty are expected to perform competently" (, p. 2).

This module provides the practicing nurse with current information regarding legal implications related to professional nursing. The module will address the regulation of nursing practice, current trends, and workplace issues. The module will also identify the most common complaints to the Boards of Nursing, analyze the role of the State Board in protecting the public, and describe risk management strategies for the professional nurse. Legal issues, risk management, liability, Nurse Practice Act Objectives: As a result of this independent study module, the learner will be able to: Explain the regulation of nursing practice and current trends. Identify the most common complaints to state Boards of Nursing. Describe the disciplinary proceeding process. Analyze the role of Boards of Nursing in protecting the public. Evaluate risk management strategies for the professional nurse. Regulation of Nursing Practice Legal requirements for nursing practice exist to assure the health, safety, and welfare of the general public and to protect the integrity of the nursing profession. A discussion of the legal basis of practice must start with an understanding of the regulations governing nursing practice. Nurse Practice Acts are statutes that outline the rules and regulations that govern the practice of nursing. However, many nursing practice acts are patterned after the Model Nursing Act and Rules National Council of State Boards of Nursing, , and in many aspects contain similar information. Without NPAs, people defined and practiced nursing in whatever manner they chose. Moreover, there was no prescribed educational curriculum or clinical model that guided the practice of nursing. There were wide variations both in the abilities of those who claimed to be nurses and in the quality of care that they provided. Even the use of the title "nurse" was not controlled in any way. This permissive act did not require those who practiced nursing to register with the state, and unregistered individuals could practice nursing but were prohibited from using the title "RN" Brent, The act also did not define nursing or its scope of practice, and no prerequisites such as education or character were established for those who decided to practice nursing. In , however, New York State passed the first mandatory NPA that contained requirements that had to be met and maintained by anyone seeking to practice nursing in that state Brent, The New York act required licensure for those who practiced nursing. Applicants had to pass a licensure examination in order to practice. Furthermore, they had to meet certain prerequisites before sitting for the examination. The act also defined nursing practice for those who practiced professional nursing. By the s, all states mandated licensure of professional and practical nursing. An important provision in NPAs is the creation of a Board of Nursing to enforce rules and regulations that govern nursing. Boards of Nursing differ from state to state in composition, power, and authority Catalano, For example, members of boards or committees can be appointed by the state governor with input from professional organizations, or they can be nominated from state nursing associations Brent, Boards of nursing have limited jurisdiction, which means they have only the powers granted to them by the state legislative body Brent, If the board exceeds its scope of practice, any decision it makes can be reversed by the court. A case presentation is provided to illustrate this principle. Louisiana State Board of Nursing, In August of , Hemphill was admitted to and enrolled in a school of nursing. The student successfully completed the initial phase of the nursing curriculum but was advised by the university personnel that he was required to contact the board in order to obtain approval to start the clinical phase of his nursing studies. In November, the Board issued an order directing him to show cause why admission into practice as a registered nurse should not be denied. Siding with the student, the court reasoned that the board actually had exceeded its authority. Therefore, it reversed the decision of the board. Board of Nursing The Board of Nursing while very powerful can only practice within the parameters granted to it by the legislature. Some of the common powers that the board has include enforcement of the NPA. The four general powers of nursing boards are: Enforcement of the

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Nurse Practice Act: The board establishes specific rules and regulations that both define and govern nursing practice. **Licensure of qualified nurses:** The board has the power to license qualified nurses. The board defines the criteria and process for licensure. The requirement for initial licensure application usually includes completion of an approved nursing program, obtaining a passing score on the licensing examination; and proof of good character. The Board of Nursing also has authority to make license decisions for those who are licensed in one state and seek licensure in another state. **Approval of education programs:** The Board of Nursing is empowered to approve nursing education programs. Many boards set nursing faculty education requirements, establish faculty-student ratios for clinical practice, and develop curriculum requirements for nursing education. **Disciplinary actions against licensees:** The Board has the power to conduct an investigation and discipline the license of nurses who violate the provisions of the NPA. **Grounds for Disciplinary Actions** Some of the common grounds and leading causes for disciplinary actions taken against a nurse license are unprofessional conduct, unsafe practice, unethical practice, criminal convictions, alcohol and substance abuse. **Unprofessional conduct** is conduct likely to deceive, defraud, or harm the public. For example, when an individual attempts to obtain a nursing license and falsifies documents or speaks or acts inappropriately to patients or colleagues. A nurse demonstrated inappropriate behavior that is, lost her temper after dealing with a very difficult complaining and demanding patient. The nurse spoke harshly to the patient and yelled at the patient. The patient indicated that the nurse used profanity, but the nurse denied the allegation. However, her license was disciplined, and she had to take a course in professional ethics and anger management as a condition of meeting probationary requirements. **Unsafe practice** is being negligent in the delivery of care, providing incompetent care, or lacking the physical or mental capacity to provide safe care. State Boards of Nursing initiate disciplinary actions against nurses for errors made in practice, such as medication errors and negligence, or malpractice in the care that the nurse provides. Should a nurse be held criminally liable for his or her actions? A case example is presented to illustrate this issue. **Fatal Outcome** Three Colorado nurses were involved in a medication error that resulted in the death of an infant. The state sought criminal charges against the nurses. Two nurses entered into a plea agreement. The third nurse went to trial and was cleared on all charges. Anonymous, ; Cook et al. The third common ground for disciplinary action includes unethical and unprofessional practices. Included in this category are violations such as breach of patient confidentiality; inappropriate sexual relations with patients; sexual harassment of patients or staff members; and discrimination against a patient based on the ethnicity, religious, or other characteristics. Nurses can also be disciplined for criminal convictions, conviction of a felony, or conviction of a crime involving moral turpitude or gross immorality. Felonies include fraud, misrepresentation, embezzlement, patient abuse, and murder. In some states if the nurse is convicted of a felony, he or she is barred from practicing for a certain period, which can be up to five years or more. A common and growing reason for disciplinary action is alcohol or substance abuse. Many state Boards of Nursing have recognized addiction as an illness that requires treatment. At one time, nursing licenses were simply taken away and impaired nurses had to endure very harsh treatment. Now, some states have programs that allow the impaired nurse to be shielded from disciplinary actions if the nurse enters into an approved treatment facility or program and is successful in completing all of the requirements. **Disciplinary Proceeding Process** **Fourteenth Amendment** There are several key principles that must be recognized in any disciplinary process. These are derived from the concept of due process of law. In order for the 14th Amendment to apply, a nurse must have a property interest in his or her license. **Due Process** Due process means that a state or federal governmental agency, such as the Board of Nursing, cannot take unfair, arbitrary, or capricious action against an individual without affording him or her certain rights, and this includes nurses. This usually involves notice of charges. The state must notify the nurse of the charges and the basis of the charges. The nurse has the right to a hearing, to hear the evidence against him or her, to question witnesses, and to produce evidence and witnesses on his or her behalf. **Substantive due process** has little to do with the procedure; rather it more or less relates to the fairness of the decision. In essence, there must be some substance to the charges, claims, or allegations. *Mississippi Board of Nursing v. Hanson*, *The Mississippi*

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Board of Nursing notified a nurse that charges were being brought against her to seek revocation or suspension of her registered nurse license. Such charges pertained to a situation where the nurse allegedly abused a neonatal patient. The charge also involved a series of practices that occurred over a period of time that the board deemed inappropriate. The notice that was sent to the nurse by the board not only outlined the charges, it gave the date, time, and place of the hearing. It also included information that the nurse had the right to appear, either personally or by counsel or both. The nurse had the right to produce witnesses or evidence in her behalf. The board outlined the charges. The first charge alleged the nurse held a naked baby around its neck with only one hand while on duty in the neonatal intensive care unit. The second charge accused her of carrying babies by holding them under their armpits. The third charge stated that she endangered patients by carrying babies around naked and by washing them in the sinks. And the last charge claimed that she endangered the babies by rapidly flipping the levers on their incubators in an attempt to stimulate them. According to the board, these acts violated provisions of the NPA, which specifically said the nurse negligently or willfully acted in a manner inconsistent with the health or safety of the persons under her care and the nurse negligently or willfully practiced nursing in a manner that failed to meet generally accepted standards of practice.

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6: Nursing is hard. Unaddressed ethical issues make it even harder. | Hub

ethical factors affect clinical nursing practice and how nurses must consider both aspects when making decisions in their practice. In the summer and fall of , a group of individuals from states out-

While some have the courage to speak up or take action, others do not. Pavlish found nurses also were concerned that patients and families were not fully informed about treatment options and their clinical prognosis and whether the patient voice was represented. For instance, advance directives were not being followed because families wanted something else. Nurses often come to Walton with concerns about informed consent, pain and going beyond a common goal, but dilemmas in nursing ethics are not limited to end-of-life care. The Work Environment Nurses report communication difficulties and workplace bullying and violence as serious work environment ethical dilemmas, Turner said. She is developing models and tools to allow such discussions to take place where everyone can feel comfortable speaking up. Did the patient or family feel cared for? Did you learn something? Priorities also are reset as new patients arrive and colleagues need something. As nurses develop and gain experience, they become better at that. Technology keeps evolving and blurring traditional values about privacy and boundaries. Education about what is available and how it can be used appropriately, without causing distress to patients, can help practitioners with this ethical issue, Turner indicated. Other Nursing Ethics Concerns Cultural diversity and caring for people with different values and traditions, and accepting their rituals, can present challenges in the practice setting, Turner explained. Education can help address this type of scenario. Access to care and affordable and equitable care present ethical dilemmas for nurses as they try to make that happen in their communities. Nurses working in non-acute care settings, such as schools and prisons, have concerns related to bedside nurses but they can differ, Turner explained. For instance, some school nurses are now dealing with the fallout from legal actions in their states that now allow untrained lay people to administer insulin and other medications to students. Additionally, parents opting to not vaccinate pose a challenge for school nurses. She explained that ethical concerns may change as the nurse matures in his or her role. Ulrich discussed the importance of education in nursing programs to prepare undergraduate and graduate students for clinical practice. The Joint Commission requires nursing ethics resources be available--be it a committee, an individual or a community organization, Turner said. She advocated for more creative solutions. At Penn, nurses generate between one-third and one-half of the ethics consults. In fact, having conversations with the health care team and holding family conferences can help ease the ethical conflict, Pavlish reported. Walton made the argument for moral advocacy, speaking up and discussing options early. Originally published on NurseZone. Start Your Job Search.

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7: 65 Items NCLEX Exam: Legal and Ethical Considerations

Ethical and Legal Issues in nursing The nursing regulatory body, the Nursing and Midwifery Council requires all registered nurses to have an understanding of the ethical and legal principles which underpin all aspects of nursing practice(NMC,).

Legal, Ethical, and Political Issues in Nursing consists of 18 chapters that are divided into 5 parts. Part 1, Nursing Practice, addresses the legal rights and responsibility of individuals who practice nursing. Licensure and credentialing processes have been developed to ensure public safety. Mechanisms such as nurse practice act, standards of care, codes of ethics, and state boards of nursing were developed to provide safe nursing practice. In addition, this section addresses disciplinary proceedings. Part 2, Nursing and the Law, defines the principles of healthcare law, which are based on the political processes that influence the development or changing of laws. This chapter includes sources for standards of care, and legal implications when deviations from the standards of care have been established. This section also reviews the role of expert testimony. Part 3, Nursing Ethics, defines the principles that influence ethical decision making. As healthcare practitioners, we can take an active role in the legislative and political process that can invoke change. The legal system and ethics often conflict. Ethical dilemmas may present the law with complicated circumstances that are not addressed by the legal system. This section assists the nurse in differentiating what is legal, but not necessarily ethical. Part 4, Liability in Professional Practice, addresses legal doctrines and compensation for the injured parties. Procedures that can be implemented to reduce or eliminate negative patient outcomes and to protect the nurse and institution from being held wrongfully liable are addressed. This section also reviews suggestions for nurses who may find themselves in a malpractice lawsuit, and provides a discussion of what to do when being deposed and how to be an expert witness. In addition, this section discusses the importance of having professional liability insurance. Part 5, Professional Issues, discusses the issue of entering into a written or oral contract, and provides suggestions for contract disputes. An overview of contractual law is presented with a focus on the needs of a nurse as an independent contractor. In addition, this section addresses conflicts and offers guidelines for effectively resolving conflict situations. This book presents legal, ethical, and political issues that affect nurses in all clinical settings and roles. Aiken believes that as healthcare practitioners our role as nurses has evolved over time and will continue to evolve as healthcare advances. Roles, functions, and responsibilities of nurses will continue to be redefined as regulatory agencies and professional associations respond to societal needs. Ethical issues are presented in the beginning of each chapter in the Chapter Thoughts, setting up the content of the chapter. Case in Point boxes are placed throughout each chapter illustrating scenario facts and citing court decisions. In a Nutshell summaries each chapter, and Afterthoughts allows the reader to think critically about the information presented in the chapter, which in turn generates further discussion. Ethics in Practice presents case scenarios and identifies possible decisions or actions to be pondered. Legal, Ethical, and Political Issues in Nursing is applicable for any nurse, from novice to expert. This book gives an excellent overview of the responsibilities of a nurse and his or her accountability and responsibilities within the legal realm of the law. The scenarios described throughout the book are situations that nurses can relate to, either from our own experiences or from the experiences of others.

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8: NCLEX Practice Exam for Legal , Ethical, Cultural & Nursing Jurisprudence - RNpedia

"It's a framework for helping nurses with issues that might arise," said Connie M. Ulrich, PhD, RN, professor of bioethics and nursing at the University of Pennsylvania School of Nursing and Medicine in Philadelphia and author of Nursing Ethics in Everyday Practice.

Unaddressed ethical issues make it even harder. But as the baby, born at 22 weeks, lay on the warmer, the parents could see that the heart was still beating. But the couple saw, and the father spoke up. A nurse swaddled the baby and handed it to the mother. She was called in to talk with the couple about what had occurred. We need to give them all information. Would you like to hold him? Here, the question was how to treat the parents of a newborn baby who barely has signs of life. Cross felt that an infant should be regarded much the same as an elderly hospice patient: And she started to see that discussions about ethics were not a regular part of the patient care routine. Talking about the loss of a baby is a taboo, she says, and doing so makes people uncomfortable. Cross felt that this patient, like others, had not been given the proper standard of care. Either the nurse is unclear about the right thing to do, or the nurse can see what should be done but cannot do it. As perinatal bereavement coordinator and bedside nurse for the Department of Gynecology and Obstetrics, Cross worked to change her department. She started hosting bereavement training for incoming nurses and residents. I was cussed at by professionalsâ€”by doctors and nurses. I think that I had to really develop a tough skin, and I had to come at it from a very rational standpoint, and, sadly, from a monetary standpoint. In January, after several years in this role, Cross transferred to the pediatric emergency department. Every day in every department of every health care organization, nurses grapple with ethical challenges. All too often, in the daily grind of nursing, ethics are not discussed. But when they are ignored, nurses burn out. Sometimes they leave their jobs. And with the demand for capable nurses constantly increasing, experts say that has huge implications for the future of health care. The ethical dilemmas faced by nurses include everything from speaking up about how a staffing shortage impacts quality of care to deciding how to allocate scarce resources like donor organs or blood. They encompass birth complications and end-of-life issues and just about everything in between. The matter becomes even more complicated when you factor in that each nurse has his or her own personal set of ethics shaped by upbringing, personal history, religion, race, and so on. While ethics impacts every health care worker, experts say nurses face unique challenges. They often spend more time with patients, so they are more likely to understand what the patient wants and how the family feels. Nurses are the ones who most often see patients and family members struggling to make crucial, sometimes excruciating decisions. It puts nurses in the thick of things, ethically. Nurses have to find a way to reconcile their own moral values with the obligations of their profession. She awoke one morning feeling nauseous and suffered a miscarriage in bed. That experience has followed her through life and was a big part of her decision to become a champion for girls and women dealing with loss. You generally get assigned based on what patients need, not what you want, not what you prefer. And what that really highlights is that we take care of everybody, regardless of their diagnosis, their gender, their culture, their socioeconomic status, their race. We take care of everybody. With more than 3 million nurses in the United Statesâ€”the largest segment of the health care workforceâ€”any conversation about impending challenges of caring for aging baby boomers or the advancement of technology is deeply tied to nurses and can lead to new ethical challenges and moral distress. How best to allocate limited resources to a growing patient population? How can hospitals continue to deliver quality care for ever more patients when the workforce is not growing at the pace needed to keep up? Ethics can be the elephant in the room. They fear being judged, or confronting people who see a situation as categorically right or wrong instead of shaded by individual ethical considerations. Is the bone broken? Does the patient have an infection? Has the tumor spread? What is the dosage? What is the prescribed treatment? Moreover, nurses may be too busy to stop and think about some of their frustrations as actually involving ethical dilemmas. And I see nurses who start their careers, and they have that same passion.

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It does no one any good to expend the time and energy to train nurses and then have them leave the profession in less than two years. That is not a good return on investment. As a professor of clinical ethics as well as a professor of nursing and pediatrics, her personal mission is to give nurses a voice and to see conversations about ethics happen on a daily basis as a part of routine health care, instead of being an afterthought or occurring only when things reach a boiling point. Rushton speaks with an enthusiasm and optimism not always associated with conversations about death, moral distress, and professional burnout. The committee provides recommendations to health care workers, patients, and their families on how to proceed in cases where ethics are a factor. Rushton says nurses are a big part of its consultations. She gives the example of an elderly man with cancer who now was going to die. He had undergone multiple operations on his abdomen, which had left him with a host of complications. The man and his family knew that death was imminent, but they requested that he continue to receive donor blood until he passed away. Donor blood was in limited supply, and a transfusion now would not help the patient. So the ethics committee was called in. They spoke with the family and conveyed that unlimited transfusions in this case were ethically unjustified. Rushton says she wants such conversations to happen before there is an ethical crisis or confrontation. She and her colleagues have begun to lead ethics rounds, during which they meet with the health care team, patients, and families to normalize conversations about ethics. To the health care team: How do you feel, ethically speaking, about the current course of care? Have you discussed the ethics with the family? If the patient could speak right now, what would she want us to do? Has she expressed any preferences in the past? The rounds are almost like educational icebreakers—they rotate among departments as a way to jump-start conversations about ethics. Rushton says her hope is that even after she leaves the department, health care teams across the hospital will continue to think and talk about ethics in everyday practice. While many hospitals have codes of conduct or guidelines to ensure quality and safety, fewer give the same attention to ethics. Individual departments are taking steps to do what they can, as well. The Kimmel Cancer Center, for example, has initiatives in place to support nurses as they deal with the moral distress that comes with treating long-term cancer patients, according to Sharon Krumm, administrator and director of nursing for the center and an associate professor at the School of Nursing and School of Medicine. The center has a staff chaplain to discuss dilemmas with nurses, and she feels her team is empowered to speak up. They are also aware of the available options for consultation. The course, co-taught by Wenzel and Rushton, has students role-play scenarios, draft position papers, and engage in debates. Rushton gives an example scenario: What do you say? How do you react? Are you willing to bypass the doctor and go up the chain of command? Students who go through the course often may know how they feel about a scenario but have trouble verbalizing why they feel that way, Wenzel says. By having discussions and debates, students learn not only about their own values but how to empathize with those on the other side of the argument. There is too little time, money, and staffing. When nurses get busy, ethics may go on the back burner. For Krumm the biggest problem is staffing. Nurses play a balancing role, he says: And is that OK? The patient was a child with a complex medical history and a poor prognosis. Children are resilient, Wise says, and they can surprise with how well they respond to a procedure. Wise was asked by the parents what he would do were the roles reversed. When they asked me what I would do, it was hard to even know how to respond to that. But we did end up having a good conversation about the patient as a person, about what clues the child had been giving as to whether they could survive something like this. PICUs generally have a high turnover rate, he notes, and new employees are understandably more concerned with learning the mechanics of the job—where equipment is, who does what, and so on—than with conversations about ethics. Many of the instructors who do lead ethics courses have no formal background. Seldom will you hear about formal ethics training for working nurses, or even brown-bag lunches to discuss the topic. There are just huge gaps everywhere," Rushton says. To Rushton, all the forces at play in the past year have finally started coming together so that real change could be effected in policy, education, and research. The American Nurses Association spent much of the past year preparing to release the first revision since to its Code of Ethics for Nurses with Interpretive Statements, which serves as guidelines for

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ethical practice for all nurses. The changes are intended to reflect the evolution of the health care landscape and technology. Among the material changes, Turner says, is the addition of terms like "social media" and "genetics."

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9: 10 Best Practices for Addressing Ethical Issues and Moral Distress

Legal and Ethical Issues in Nursing Explained Just like other healthcare professionals, nurses need to practice according to a complex web of federal and state statutes - while they make decisions in an ethically responsible manner.

This course expired Jan 31, and is no longer available for purchase. Legal Issues In Nursing Author: The goal of this course is to educate healthcare professionals regarding the complex issues involved in basic legal situations. Differentiate the concepts of beneficence and non-maleficence as applied to the medical profession State the four elements of malpractice the plaintiff must prove to recover for damages Describe the basic legal considerations of the Good Samaritan laws and how these apply to the nursing profession About the Authors Julie M. She has worked as an in-patient charge nurse, clinical research coordinator doing research for pharmaceutical companies, and has served as the RN-case manager for Great Plains Home Health and Asera Care Hospice serving central Nebraska. Excerpts written by Shelda L. She is the Director of Healthcare Information with over 21 years of extensive experience with course design and criteria. She has been an expert witness for nursing for the past 25 years. The goal of this course is to educate nurses regarding their responsibility and accountability to patients and the complex issues involved in basic legal situations. This course will help nurses become educated about and be alert to the legal aspects of nursing practice. Instructional Objectives Upon completion of this course, the learner will: List the three sources of law in the United States and the basic categories of torts. Explain the concepts of beneficence and nonmaleficence. List the four occasions when information concerning specific incidents must be disclosed. Compare the terms malpractice and negligence. Summarize the elements of malpractice the plaintiff must prove to recover for damages. Compare nursing responsibilities related to client consent in non-life-threatening versus emergency room situations. Utilize steps according to evidence based practice guidelines for Advanced Care Planning. Define standard of care and give specific examples. Describe the processes legal professionals may use to detect tampering issues in medical documents. Outline the potential consequences of tampering with a medical document. Relate the basic legal considerations of the Good Samaritan laws and how they apply to the nursing profession. Summarize types of discovery and the importance of discovery to the legal process. Describe the role of the legal nursing consultant. Describe the process of alternative dispute resolution. Summarize the litigation process. The concerned, informed, dedicated professional always strives to implement the education and competency to successfully accomplish all tasks, treatments, and responsibilities correctly and accurately. However, there are rare instances when regardless of the application of the most strict standards for quality care, variations occur which result in litigation. To help avoid these instances, it is important to be educated and informed about current laws, statutes, and standards that directly apply to your daily job requirements and the options available to you if your best efforts are questioned in a court of law. We are confident that you will find this course applicable and will contribute significantly to your understanding and implementation of important information about legal issues as they apply to the nursing profession. Introduction To Law Legal systems, and the conditions under which nurses work, vary worldwide. This course focuses on the U. In your previous studies in school, you may have learned about the three sources of law in the United States: You may also have heard about liability, negligence, and the Good Samaritan Act. These concepts and a few more are described in this section. Sources of Law There are basically three sources of law in the United States: Statutory law is written law set down by a legislature. These laws may originate with national, state, or local municipalities. Statutory laws are subordinate to the higher constitutional laws of the land. Cases involving statutory laws may be heard in courts where judgments are made to the interpretation of a statute as it relates to a particular case. Administrative law governs the activities of administrative agencies of government. Government agency action can include rulemaking, adjudication, or the enforcement of a specific regulatory agenda. Administrative law is considered a branch of public law. As a body of law, administrative law deals with the decision-making of administrative departments of government examples include tribunals, boards or

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commissions that are part of a national regulatory scheme in such areas as police law, international trade, manufacturing, environment issues, taxation, broadcasting, immigration and transport. Administrative law expanded greatly during the twentieth century, as legislative bodies worldwide created more government agencies to regulate the complex social, economic and political spheres of human interaction. A "common law system" is a legal system that gives great potential precedential weight to common law, on the principle that it is unfair to treat similar facts differently on different occasions. The body of precedent is called "common law" and it holds through to future decisions. In cases where the parties disagree on what the law is, a common law court looks to past precedential decisions. If a similar dispute has been resolved in the past, the court is bound to follow the reasoning used in the prior decision this principle is known as *stare decisis*. If, however, the court finds that the current dispute is fundamentally distinct from all previous cases called a "matter of first impression" , judges have the authority to make law by creating precedent. Thereafter, the new decision becomes precedent, and will bind future courts. A decision in a case that yields a new legal principle establishes a precedent. However, a precedent established in one state does not set a precedent for another state. Additionally, prior decisions can also be overruled if there is a change in social attitudes, public needs or contemporary political thinking. In general, common law follows the principle of *Stare Decisis* - "Let the decision stand. Beneficence and Nonmaleficence Many nurses are familiar with the term beneficence, which is a legal term that defines actions that promote the well-being of others, specifically in the medical field. Beneficence is further defined as taking action or not avoiding actions that are in the best interest of the patients assigned to a medical professionals care. Another guiding principle of nurses is the principle of nonmaleficence, which defines the phrase "first, do no harm. This principle has been researched and continues to be defined because medical professionals dealing with end-of-life decisions may order treatments they believe will do good, without considering that the treatments do harm or only acceptable levels of harm. Therefore, one of the most important considerations of physicians and nurses is to ensure that the patient understands all of the risks and benefits associated with their medical treatment. Physicians and nurses should also ensure that the patient agrees to implement treatment and document the understanding that the potential benefits may outweigh the risks. The principle of nonmaleficence is not easy to define or interpret. Nonmaleficence balances against the principle of doing good beneficence , and the effects of these two opposing principles often give rise to the legal question of double effect. Not as familiar to nursing professionals, double effect defines separate types of consequences that may be produced by one single action. In medical issues, double effect may be the combined effect of beneficence and nonmaleficence. An example of double effect is a dying patient using morphine or other strong pain medications to obtain the beneficial effect of relieving pain and suffering, although the drug may be having the maleficent effect of suppressing respirations and bodily functions, which hastens the death of the patient. As many nurses know, disagreements can arise among patients, family members, and healthcare professionals. In these cases, issues of autonomy arise. Autonomy can be questioned and in conflict with beneficence when the patient or family disagrees with recommendations that physicians and healthcare professionals believe will most benefit the patient. Different societies and cultures settle these types of conflicts differently. Western medicine usually recognizes the wishes of mentally competent patients to make their own personal decisions concerning healthcare, even when medical professionals believe the decisions may be detrimental to the patients. Other societies may choose beneficence over autonomy. Examples include when patients refuse recommended treatments due to religious or cultural principles or when patients desire excessive or unnecessary treatment due to hypochondria or when they desire excessive cosmetic surgery. Medical professionals may need to balance the wishes of the patient for medically unnecessary potential risks against the patient being informed and consenting to the risks associated with their desired medical treatment. An example includes a breach of autonomy that causes decreased confidence and less willingness to seek medical treatment because these circumstances may cause inability to enforce beneficence. Most laws involving malpractice cases come from common law and are based on the principles of autonomy, beneficence, and nonmaleficence; therefore, malpractice suits that have already

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been decided serve as a guide for future decisions. Theories of liability Theories of liability in medical malpractice and personal injury cases involve the following legal theories: Intentional torts involving battery, assault, false imprisonment, and intentional infliction of emotional distress. Negligence or gross negligence Negligent infliction of emotional stress All four legal elements of a medical malpractice or personal injury case must be proved in order to successfully win a legal case. If just one element is not satisfied, the case will be dismissed. The four legal elements are: Duty established relationship between the plaintiff and the defendant Breach of Duty failure to do what a reasonable and prudent professional would do under similar circumstances Damages injuries Causation An established correlation between the acts of negligence and the injuries Defenses to Negligence Also important in legal cases are the specific defenses to negligence. Contributory negligence acknowledges the patient was irresponsible, negligent, or reckless regarding his or her own healthcare. The Last Clear Chance doctrine allows the plaintiff to recover, regardless of his or her own contributory negligence. The person with the last available chance to avoid the accident but who fails is liable for negligence. Assumption of risk is also considered in legal cases. In assumption of risk, the plaintiff may be denied recovery if he or she takes responsibility for the damage risk caused by the acts of the defendant. The plaintiff must be aware of the risks and voluntarily consented. Good Samaritan Act The Good Samaritan Act in legal terms refers to someone who administers aid in an emergency situation to an injured person on a voluntary basis. Usually, if a volunteer comes to the aid of a person who is a stranger, the person giving the aid owes the stranger a responsibility of being reasonably careful. Generally, where an unconscious victim cannot respond, a Good Samaritan can help them on the grounds of implied consent. However, if the victim is conscious and can respond, a person should always ask their permission to assist them first. Under the Good Samaritan laws which grant immunity, if the Good Samaritan errors while administering emergency medical care, he or she cannot be held legally liable for damages in court. However, two conditions must be met; 1 the aid must be given at the scene of the emergency, and. Tort Law A tort is a civil wrong committed against a person or property real or personal and is punishable by damages i. There are three basic categories of torts: This last tort falls under the product liability umbrella, which will not be discussed in this course. Intentional Torts Here the plaintiff must prove that the willful act committed by the tort-feasor Tort - A civil wrong. Tort-feasor - One who commits a tort.

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