

# ETHICAL & LEGAL IMPLICATIONS OF PRACTICE IN RT

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**5/11/2020**

# Outlines:

- **Introduction**
- **Philosophical Foundations**
- **Code of Ethics**
- **Ethical Principles**

# Introduction

**Ethical** decisions arise for **Respiratory Therapists** (RT) regularly in daily practice – from simple the choice to see one client before another or to disclose a personal story for the sake of building rapport, to more significant decisions such as discussing with a family the risks and benefits of continuing mechanical ventilation or not.

# Philosophical Foundations

- ❖ Ethics has its origins in philosophy - the love of wisdom & the pursuit of knowledge
- ❖ Ethics is primarily concerned with the question, "How should we act?"
- ❖ Ethics represents commitment to "respect humanity in persons."

# Code of Ethics

- ❖ **Code of ethics** : Essential part of any profession claiming to be self-regulating
- ❖ **AARC** has Statement of Ethics & Professional Conduct
  - This code seeks to establish parameters of behavior for members of profession.
- ❖ Moral obligations impose ethical duties on therapists

[http://www.aarc.org/resources/position\\_statements\\_ethics.html](http://www.aarc.org/resources/position_statements_ethics.html)

# Ethical Principles

- The eight ethical principles in contemporary medicine are:
  - ❖ Beneficence
  - ❖ Capacity
  - ❖ Nonmaleficence
  - ❖ Veracity
  - ❖ Autonomy
  - ❖ Confidentiality
  - ❖ Justice
  - ❖ Role fidelity

# Beneficence

- ❑ Charity or mercy and imposes the responsibility to seek good for the patient under all circumstances.
- ❖ Raises "do-no-harm" requirement to higher level
- ❖ Requires health care workers to contribute to health & well-being of their patients
- ❖ Dilemmas in this domain have led to development of "advanced directives"
- ❖ The debate over prolongation of life versus relief of suffering in elderly patients mainly involves differing opinions of beneficence



# Capacity

- ❖ The determination by one or more principal caregivers, based on the best evidence available, that the patient is capable of making a sound decision to accept or to withhold care.



# Nonmaleficence

- ❑ The principle that requires therapists to avoid or refrain from harm and is often viewed as the opposite of beneficence.
- ❖ Principle obligates health care providers to avoid harming patient & to actively prevent harm when possible
- ❖ Problems occur when treatment has serious side effects or "double effect"

# Veracity

- ❑ Truth. This principle implies that tell patients the truth
- ❖ Principle binds health care provider patient be truthful
- ❖ Problems w/ veracity center around issues benevolent deception (withholding truth from patient for his her own good)
- ❖ In most cases, telling truth best policy
- ❖ What "benevolent deception"?

# Autonomy

- ❑ The right and the ability to govern one's self. It allows patients to make decisions about the medical treatment they will receive and decide which treatments they do not wish to receive.
- ❖ Principle acknowledges patients' personal liberty their right to decide their own course of treatment
- ❖ Basis for "informed consent"
- ❖ Under this principle, any use of deceit to get patient to reverse decision to refuse treatment considered unethical

# Confidentiality

- Ensures that the information entrusted to healthcare professionals in the line of duty is not revealed to others except when necessary to carry out their duties.
- Confidentiality is the most violated of the ethical principles and has become more difficult to maintain due to technologic advances.
- Is it ever appropriate to breach confidentiality?

# Confidentiality

- ❖ Requires health care workers to respect patient's right to privacy
- ❖ In certain situations, health care workers are permitted to share patient's medical history w/ others
- ❖ Risks of inadvertent disclosure of patient's protected health information (PHI) has increased exponentially w/ advent of social networking sites

# Justice

- ❑ The principle that deals with fairness and equity in the distribution of scarce resources, such as time, services, equipment, and money.
- ❖ Involves fair distribution of care
- ❖ Balance must be found between health care expenses & ability to pay

# Fidelity

- ❖ Implies obligation or faithfulness to duty.
- ❖ Each practitioner has duty to practice within scope practice (specific tasks and responsibilities), that usually set by tradition by the state legislature that regulates healthcare practice.



# Role Duty

- ❖ Practitioners have duty to understand limits of role & to practice w/ fidelity
- ❖ Respiratory therapists must not perform duties outside defined role



**Thank you for your attention**