BULE HORA UNIVERSITY

COLLEGE OF HEALTH AND MEDICAL SCIENCE

DEPARTMENT OF NURSING

COMPASSIONATE, RESPECTFUL AND CARING FOR POST BASIC NURSING STUDENTS

Chapter One: Introduction to Compassionate, Respectful and Caring Health Work Force

Definition

Compassion

Is a feeling of deep sympathy and sorrow for the suffering of others accompanied by a strong desire to alleviate the suffering? Therefore, we can say it is being sensitive to the pain or suffering of others and a deep desire to alleviate the suffering.

To be optimally effective in clinical medicine, every health professional without exception should be technically excellent and practice with compassionate care. However much technical advances in medicine are beneficial to patients, no person who is ill should have to suffer the indignity of a technically competent but uncaring doctor, nurse, or other staff member. Good medical practice has been perennially captured in the phrase "the art of medicine," which combines scientific-technical knowledge with humanism, defined as the physician's interest in and respect for the patient as a person experiencing illness.

> Too many patients experience de-humanizing and impersonal treatment, so much so that this is now a crisis within healthcare systems, proving destructive not only for patients, but for professionals, families and the systems themselves

Compassion lies at the intersection of empathy (in this case, understanding patients' concerns) and sympathy (feeling patients' emotions). A health professionals' care without compassion cannot be truly patient-centered. Compassionate care addresses the patient's innate need for connection and relationships and is based on attentive listening and a desire to understand the patient's context and perspective. The action meanings of the word respect are:-

- Pay attention to

- Honoring
- Avoiding damage e.g. insulting, injuring
- Not interfering with or interrupting
- Treating with consideration
- Not offending

Caring

Caring is an intensification of the affective dimension of empathy in the context of significant suffering. It is coupled with effective interventions to alleviate that suffering.

Compassionate, respectful and caring (CRC) - means serving patients, being ethical, living the professional oath, and being a model for young professionals and students. It's a movement that requires champions who identify with their profession and take pride by helping people.

Historical Background of CRC

Compatin is a Latin word meaning to 'suffer with', and as a word it has been with us a long time. Having said that as a word it is not easy to conceptualize and to say whether it is always good, or whether it is sometimes bad.

The term compassion has long association with most major religions and philosophies and taught to include a number of virtues, such as empathy, sympathy, kindness, respect, and perhaps most importantly, actually taking some kind of 'action'.

Compassionate Care within the healthcare setting has received much attention globally; following concerns that healthcare often fails at a fundamental level. Work is in place at a multi-disciplinary level to utilize and integrate this concept. The role and importance of a compassionate approach was brought to the forefront in the UK, with the release of the Francis Report. This report, which gained international attention, was

based on an inquiry into devastating events at Mid-Staffordshire Hospital and finding that for many patients the most basic elements of care were neglected.

Looking into the Ethiopian context there are many professionals who are compassionate, respectful and caring with the required skills needed. However, a significant proportion of health professionals see patients as just ‘cases’ and do not show compassion, lack of respect to patients and their families was the common complaint among the community at large and patients in particular .

The health sector transformation plan, in line with our country’s second growth and transformation plan (GTPII), has set ambitious goals to improve equity, coverage and utilization of essential health services, improve quality of health care, and enhance the implementation capacity of the health sector at all levels of the system. A focus in quality and equity requires a shift in the status quo to drive improvement at national scale over the next five years.

The National CRC Technical Working Group has developed training packages based on_a Rapid Training Needs Assessment (TNA) which shows the awareness of health care providers on compassionate and respectful care was found to be high; however the results of the assessment also demonstrate the poor translation of this knowledge in to practice. In effect, this discovery has brought to light the need for a tailored training aimed at improving the attitudes and skills of health care providers in relation to CRC

Characteristics of CRC Health Professionals

CRC health professionals have the following four essential characteristics:

1. Consider patients as human beings with complex psychological, social and economic needs and provide person-centered care with empathy;
2. Effective communication with health care teams, interactions with patients and other health professionals over time and across settings;
3. Respect for and facilitation of patients' and families,' participation in decisions and care
4. Take pride in the health profession they are in and get satisfaction by serving the people and the country.

1.3.1. CRC a Transformational Agenda

Helping health professionals' to become compassionate and respectful practitioners remains a major challenge for the health care. Compassionate and respectful care is not only morally and financially essential, but it is required in many countries through national legislation and/or national health policy.

The notion that health care services must be expanded beyond the prevention of morbidity or mortality is only one aspect of the agenda. It must encompass respect for patients' basic human rights, including respect for patients' autonomy, dignity, feelings, choices, and preferences. It must include choice of companionship wherever possible.

Taken from the United Nations human rights declaration, 'All human beings are born free and equal in dignity and rights.' The Ethiopian constitution of human rights article 25 and 26 states that the rights to equality and privacy.

A survey in USA of 800 recently hospitalized patients and 510 health professionals found broad agreement that compassionate care is "very important" to successful medical treatment. (Beth. et al. 2011).

In the Ethiopian health system, there are many health professionals who have dedicated their entire career to public service and are respected by the public they serve. However, a significant proportion of health professionals see patients as just ‘cases’ and do not show compassion.Lack of respect to patients and their families is also a common complaint.

CRC a Transformation Agenda

The transformation agenda builds on the fundamental principle of professional identification and creates a movement and champions that serve as role models to transform health care. It has to be noted further that it is necessary to create caring and supportive health care environments for not only patients and families, but for health care providers as well.

THE BENEFITS OF CRC

Table 1.The benefits and beneficiaries of Compassionate and Respectful Care

Beneficiaries	**Who**	**How**
First	**Patients**	▯ When health professionals are compassionate, patients ▯ are less anxious ▯ Adherence to medical advice and treatment plans Compassionate care correlates positively with both prevention and disease management. Diabetic patients, for example, demonstrate higher self-management skills when they self-report positive relationships with their providers ▯ Hostile emotional states in patients delay the healing processes ▯ Quality of health professionals –patient communication with increased physical functioning, emotional health and decreased physical symptoms of pain in patients
Second	**Health Professionals**	▯ Health care Professionals satisfaction with their relationships with patients can protect against professional stress, burnout, substance abuse and ▯ even suicide attempts Burnout is strongly associated with poorer quality of care, patient dissatisfaction, increased medical errors, lawsuits and decreased expressions of compassion ▯ Participation in a mindful communication associated with short-term and sustained improvement in well-being and attitudes associated with patient care ▯ A major predictor of patient loyalty

		▯ When health professionals are compassionate, they achieve earlier and more accurate diagnoses because the patient is better able to reveal information when he or she feels emotionally relaxed and safe ▯ Respect from the client/patients ▯ Health professionals will find their work more meaningful and gratifying
Third	**Students**	▯ Good role modeling is essential for students ▯ Increased motivation to be CRC health professionals
Fourth	**Health care facilities**	▯ Patient satisfaction will rise ▯ Quality of health care will be ▯ improved Lower malpractice suits ▯ Staff will be more loyal to their hospital or health care system ▯ Patient adherence to treatment will rise ▯ Resources can be conserved ▯ Greater employee satisfaction and reduced employee turnover.

NATIONAL STRATEGY AND APPROACH OF CRC

The development of caring, respectful and compassionate health workers requires a multipronged approach in order to make CRC as a culture, self-driven inner motive and a legacy that the current generation of practitioners leaves to their successors.

NATIONAL STRATEGY AND APPROACHES FOR CRC

- Reforming the recruitment of students for health science and medicine programs.

- Improving the curriculum of the various disciplines.
- Ownership and engagement of the leadership at all levels of the system. Inspirational leadership that aims to create an enabling environment.
- National, regional and facility level ambassadors.
- An advocacy campaign through mass media will also be launched to project positive images of health professionals.
- Patients and the general public will also be engaged in this movement.
- An annual health professional recognition event will be organized
- Putting in place a favorable legislative framework to reinforce CRC which would include regulation on patients' rights and responsibilities (PRR)
- Measurement of health care providers on CRC
- Comprehensive projects will be designed.
- Conducting national assessment related to CRC.
- Provision of continuous CRC trainings.
- Engagement and ownership of professional associations.
- Experience sharing from national and international best practices.

Chapter Two: Health Care Ethics

Professionalism, attitude, behavior and ethics are among essentially minimal competencies required from health professionals. However, health care ethics has not been given as a separate course till recently in the formal educational curriculum of health workers. As the aim of this training module under this chapter the concept of ethics and its basic principles will be discussed. It also explains confidentiality, informed consent, preventive ethics and the relationship between ethics and law.

By the end of this chapter, the trainees will have an understanding of ethical principles regarding decisions and treatment that have potential ethical implications; and act as an effective patient advocate with other members of the healthcare team by practicing compassionate and respectful care (CRC).

2.1. Definitions of ethics and health care ethics

Ethics:

Ethics is derived from the Greek word ethos, meaning custom or character. Ethics is the study of morality, which carefully and systematically analyze and reflect moral decisions and behaviors, whether past, present or future. It is a branch of philosophy dealing with standards of conduct and moral judgment.

Health care ethics:

It is a set of moral principles, beliefs and values that guide us to make choices about healthcare. The field of health and healthcare raises numerous ethical concerns, including issues of health care delivery, professional integrity, data handling, use of human subjects in research and the application of new techniques.

Ethical principles are the foundations of ethical analysis because they are the viewpoints that guide a decision.

There are four fundamental principles of healthcare ethics.

1. Autonomy
2. Beneficence
3. Non-maleficence
4. Justice

Autonomy

Autonomy is the promotion of independent choice, self-determination and freedom of action. Autonomy implies independence and ability to be self-directed in one's healthcare. It is the basis of self-determination, and entitles the patient to make decisions about what will happen to his or her body.

Case one:

A 49 year old client with diabetic finding came with right foot second finger gangrene to a hospital. The surgeon decided that the finger should be removed immediately. But the patient refused the procedure

Beneficence

Beneficence is the ethical principle which morally obliges health workers to do positive and rightful things. It is “doing what is best to the patient”. In the context of professional-patient relationship the professionals are obliged to always and without exception, favor the wellbeing and interest of their patients.

Example: Giving the correct and necessary information to patients about their condition is considered as a principle of beneficence. In addition, it will promote the autonomy of patients.

Case two:

Ms. X was admitted to Adult Surgical Ward with severe excruciating right flank pain with presumptive diagnosis of Renal Colic. Nurse Y was the duty nurse working that day. The physician who saw her at OPD did not write any order to alleviate the pain.

Question: What should the attending nurse do for Ms.X?

Non-maleficence:

The principle refers to “avoid doing harm”. Patient can be harmed through omitting or committing interventions. When working with clients, healthcare workers must not cause injury or distress to clients. This principle of non-maleficence encourages the avoidance of causing deliberate harm, risk of harm and harm that occurs during the performance of beneficial acts. Non-maleficence also means avoiding harm as consequence of good. In these cases, the harm caused must be weighed against the expected benefit.

Example: Any medical error (either omission or commission) could be considered as non-maleficence.

If a nurse does not give a patient medication timely and appropriately, it could be considered as violating the principle of non-maleficence.

If a laboratory technologist wrongly reports the investigation result, he or she violates the principles of “do not harm” or non-maleficence.

If a hospital finance manager could not release the necessary finances, especially due to negligence, to procure the drugs, equipment or any supply planned and the patient could not get the care due to the scarcity of the necessary material, he or she may violate the principle of non-maleficence.

Justice

Justice is fair, equitable and appropriate treatment. Justice refers to fair handling and similar standard of care for similar cases; and fair and equitable resource distribution among citizens. It is the basis for treating all clients in an equal and fair way. A just decision is based on client need and fair distribution of resources. It would be unjust to make such decision based on how much he or she likes each client.

Example:

- Resource scarcity is the common issue in healthcare settings. For example, there may be only one or two neurosurgeons and many patients on the waitlist who need the expertise of these neurosurgeons. In this case we need to serve patients while promoting the principle of justice in transparent way. Example, the rule of first come first serve could be an appropriate rule.
- Justice requires the treatment of all patients equally, irrespective of their sex, education, income or other personal backgrounds.

2.2. **Confidentiality and informed consent**

Confidentiality

Confidentiality in healthcare ethics underlines the importance of respecting the privacy of information revealed by a patient to his or her health care provider, as well the limitation of healthcare providers to disclose information to a third party. The healthcare provider must obtain permission from the patient to make such a disclosure.
The information given confidentially, if disclosed to the third party without the consent of the patient, may harm the patient, violating the principle of non-maleficence. Keeping confidentiality promotes autonomy and benefit of the patient.

The high value that is placed on confidentiality has three sources:

- Autonomy: personal information should be confidential, and be revealed after getting a consent from the person
- Respect for others: human beings deserve respect; one important way of showing respect is by preserving their privacy.
- Trust: confidentiality promotes trust between patients and health workers.

The right of patient to confidentiality

- All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind, must be kept confidential, even after death. Exceptionally, family may have a right of access to information that would inform them of their health risks.
- Confidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law. Information can be disclosed to other healthcare providers only on a strictly "need to know" basis unless the patient has given explicit consent.
- All identifiable patient data must be protected. The protection of the data must be appropriate to the manner of its storage. Human

substances from which identifiable data can be derived must also be protected.

Exceptions to the requirement to maintain confidentiality

- Routine breaches of confidentiality occur frequently in many healthcare institutions. Many individuals (physicians, health officers, nurses, laboratory technicians, students, etc) require access to a patient's health records in order to provide adequate care to that person and, for students, to learn how to practice care provision.

- Care providers routinely inform the family members of a deceased person about the cause of death. These breaches of confidentiality are usually justified, but they should be kept

to a minimum and those who gain access to confidential information should be made aware of the need not to spread it any further than is necessary for descendants benefit. Where possible, patients should be informed ahead that such a breach might occur.

- Many countries have laws for the mandatory reporting of patients who suffer from designated diseases, those deemed not fit to drive and those suspected of child abuse. Care providers should be aware of the legal requirements to be able to disclose patient information. However, legal requirements can conflict with the respect for human rights that underlies healthcare ethics. Therefore, care providers should look carefully at the legal requirement to allow such an infringement on a patient's confidentiality and assure that it is justified. If care providers are persuaded to comply with legal requirements to disclose their patients' medical information, it is advisable to discuss this issue with their patients the necessity of any disclosure before it occurs and enlist their co-operation.

Ethiopia Council of ministers' regulation 299/2013, Article 77 Professional Confidentiality

1. A health professional may not disclose, verbally or in writing, information regarding a patient unless the appropriate organ believed that there is a prominent health risk to the public demanding to do so, it is ordered by a court, he gets written consent from the patient or the patient's guardian or it is permitted by law .
2. A health professional may release or transfer information regarding patients for the purpose of conducting scientific research or studies where the information released is in such a manner that it does not identify directly or indirectly any individual patient.
3. A health professional shall encourage a patient with communicable diseases to disclose his status to individuals with potential exposure to the infection.

Informed Consent

Informed consent is legal document whereby a patient signs written information with a complete information about the purpose, benefits, risks and other alternatives before he/she receives the care intended. It is a body of shared decision making process, not just an agreement. Patient must obtain and being empowered with adequate information and ensure that he/she participated in their care process.

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. These terms are explained below:

- Voluntary: the decision to either consent or not to consent to treatment must be made by the person him or herself, and must not be influenced by pressure from medical staff, friends or family. This is to promote the autonomy of the patient.
- Informed: the person must be given all of the information in terms of what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments and the consequences of not doing the treatment. This will help to avoid harm—patients may

harm themselves if they decide based on unwarranted and incorrect information.

- Capacity: the person must be capable of giving consent, which means they understand the information given to them, and they can use it to make an informed decision.

General principle

You should ensure that informed consent be given by a patient before any medical treatment is carried out. The ethical and legal rationale behind this is to respect the patient's autonomy and their right to control his or her life. The basic idea of personal autonomy is that everyone's actions and decisions are his or her own.

Information for patients

Effective communication is key to achieving informed consent. You should take appropriate steps to find out what patients want to know about their condition and what they ought to know about their condition, its examination and treatment.

Every adult patient is presumed to have the capacity to make decisions about their own healthcare. A care provider or health worker has a duty to assist patients to make informed decisions by giving them information in a clear and comprehensible manner; and ensure that they have appropriate support.

A healthcare worker, should consider patients' individual needs and priorities when providing information. For example, a client's or patients' beliefs, culture, occupation or other factors may have a bearing on the information when making a decision. The health worker should ask a patient whether they have understood the information they have received and if they need more information before making a decision. The care provider must answer any questions the patient might have. Also, the care

provider must not withhold any information necessary for the patient to make an informed decision unless disclosure would cause the patient serious harm. In this context ‘serious harm’ does not imply becoming upset or decide to refuse treatment.

Timing of consent process

Obtaining informed consent cannot be an isolated event. It involves an ongoing process of keeping or in pain and therefore less likely to make a calm and reasoned decision. Where possible, you should explain risks well patients up to date with any changes in their condition and the treatments or investigation proposed. Whenever possible, the health worker should discuss treatment options at a time when the patient is best able to understand and retain the information. It is not recommended to seek consent when a patient may be stressed, sedated in advance of an intervention.

Health Professionals responsibility for seeking consent

Healthcare providers must have full understanding of the procedure or treatment, how it is carried out and the risks attached to it. If the healthcare provider does not have a full understanding of the procedure, he or she should appoint another colleague knowledgeable of the proposed investigation or treatment and understands the risks involved to inform the patient with sufficient information and time to make an educated decision to consent to the procedure or investigation.

Decision making for incompetent patients

Many patients may be incompetent to make a decision for themselves. Example, include young children, individuals affected by certain psychiatric or neurological conditions which potentially impair their decision making ability, and those who are temporarily unconscious or comatose. These patients require substitute decision-makers. Ethical

issues arise in the determination of the appropriate substitute decision-makers and in the choice of criteria for decisions on behalf of incompetent patients.

Refusal of treatment

Every adult with power to decide is entitled to refuse medical treatment. The healthcare provider must respect a patient's decision to refuse treatment, even if he or she disagrees with the patient's decision. In these circumstances, the care provider should clearly explain to the patient the possible consequences of refusing treatment and offer the patient the opportunity to receive a second medical opinion if possible

Ethiopia Council of minister's regulation 299/2013, Article 52. Patient's informed consent

1. Medical service may not be provided without obtaining the patient's informed consent
2. Notwithstanding the provision of sub-article 1 of this article, medical service may be provided to a patient without obtaining his/her consent when:
   - **a.** The patient is unable to give his consent and such consent is given by
     - i. A person authorized by the patient in writing to give consent on his behalf;
     - ii. In the absence of a person authorized to give such consent, the spouse, child, parent, brother, or sister of the patient; or
     - iii. A person authorized to give such consent in accordance with the law or a court order
   - **b.** Failure to treat the patient may result in a serious risk to public health;
   - **c.** The patient has not expressly or in any other way refused to

get the medical service and any delay in the provision of medical service could result in irreversible damage on his/her health

3. Any health professional shall make reasonable effort to obtain the patient's informed consent
4. The health professional shall explain to the patient who refused to get medical services, the possible risks of his refusal on his health and shall record same in writing
5. A consent given under this article shall be valid when it is obtained from the patient or any other third party in writing , unless it is permitted by directives to be expressed orally or through conduct with respect to specific types of medical services
1.

2.3. Preventive ethics in the aspect of CRC

What is preventive ethics?

Preventive Ethics is a systematic application of ethical principles and values to identify and handle ethical quality gaps, dilemmas, challenges and errors to appropriately and fairly. It could be carried out by an individual or groups in the health care organization to identify, prioritize and systematic address quality gaps at the system level.

Currently, litigation is on the rise and the regulatory ethics is being handled systematically by FMHACA. However, particular focus should be given to strengthen preventive ethics to enable the health workforce predict, identify and handle challenges and dilemmas through fairness and equity in a compassionate, respectful and caring culture. Health professionals' knowledge, attitude and skills need to be built in health care ethics.

Why Preventive ethics important for CRC health workers?

First and foremost, the CRC health workforce, patients, families and the community at large should have a common understanding that the experience of illness and the practice of medicine lead to situations where important values and principles come to conflict and ethical dilemmas and challenges arise everywhere. Moreover, the CRC health worker should always understand the context in which She/he operates (like the services, the clients, the providers, values, norms, principles, culture, religions, socioeconomic-geographic…) as the way in which ethical dilemmas are handled vary from case to case and place to place.

Preventive ethics helps the CRC health workforce to predict, identify, analyze, synthesize and manage ethical dilemmas, challenges and errors to make the appropriate and fair decisions. Hence, preventive ethics enhances honesty and transparency between healthcare workers, patients, families and relevant others to make a deliberated joint decisions. Moreover, it inspires mutual understanding and trust amongst the healthcare provider, recipient and the community at large. A CRC health work force positively influences inclusiveness, thereby, fostering joint Ownership and the Sharing of the Burdens and Benefits in the healthcare. At the end of the day, preventive ethics brings all efforts together productively and leads to the satisfaction of clients, providers and the community even if when the decisions are sometimes painful and outcomes are negative.

Step-by-step analyze and identifies the ethical gap:

1. What is the ethical dilemma and alternative actions/rules?
2. What do we know about the outcome of the alternatives?
3. Are there laws, rules or guidelines regulating decision-making?
4. Who are involved stakeholders?
5. What are the stakeholders' potential burdens and benefits?
6. Who's interests are in conflict?
7. What are the values and principles at stake?

Support mechanisms for preventive ethics

Develop functional tool, documentation, case banks, research, and monitoring and evaluation system and use them all for evidence based preventive ethics, including mitigation of medical errors

Priority setting/rationing in health care

The practice of medicine is resource intensive and there is often a gap between demand and supply. Often healthcare systems are required to set priorities and allocate resources within the constraints of limited funding. Decision-makers may not be well-equipped to make explicit rationing decisions. Resources should be understood broadly to include health personnel, time, equipment, infrastructure, medicines, beds, operating rooms and money.

Priority-setting in healthcare is defined as the ranking of health services and recipients of these services through a decision-making process. Rationing is defined as withholding of health services that could be of benefit on the grounds of resource scarcity. Health workforce at policy and institutional levels make explicit rationing decisions for large patient groups and future patients, while those working at clinical levels also have to make decisions at an individual level. In so doing, health professionals must balance multiple roles when being patient advocates, resource managers of institutions and financial risk protection of the patients. The health workforce should play these roles in a CRC manner.

CRC health workforce should have adequate knowledge and attitudes to conduct ethical and fair practice to set priorities and make rationing decisions at all levels of healthcare delivery.

Levels of priority setting

- International: WHO guidelines, donor funding, UHC towards SDGs
- National Macro: Policy, strategies and guidelines to align national needs and international commitments
- Meso: at the facility/institutions
- Micro: clinicians rationing by the bedside

Tough decisions takes place by clinicians in the face of scarcity related dilemmas Criteria for priority setting:

- Disease-related criteria: severity; realization of potential; past health loss; rare conditions.
- Criteria related to characteristics of social groups: socioeconomic status; area of living; gender; race, ethnicity, religion and sexual orientation.
- Criteria related to protection against the financial and social effects of ill health:
- Economic productivity; care for others; catastrophic health expenditures.

CRC health workforce with good understanding of the above mentioned issues will strive to participate in the planning and decision-making and play out their roles and responsibilities to their best. Research and Monitoring and Evaluation for evidence-based policies and programs Educate to build capacities and capabilities in preventive ethics:

Teachings in health care ethics pre and in-service, the development and use tools to prevent and handle ethical dilemmas, challenges and errors through trainings, guidelines, frameworks, checklists, flowcharts, critical pathways, for impartial ethical case analysis and appropriate priority setting and rationing is needed

Research, systematic generation and use of information and documenting cases are important undertakings for policy and program design and improvements in healthcare ethics

Ethics consultation

Provide ethics consultations by individual experts, namely through Ethics Consultation

Committees and individual ethics experts to healthcare providers

Ethics consultation is a service provided by an individual or group to help patients, families, surrogates, healthcare providers, or other involved parties address uncertainty or conflict regarding value-burdened issues or dilemmas emerging in health care. **Goals of Ethics Consultations:**

- To maximize benefit and minimize harm to patients, families, professionals and institutions by fostering fair and inclusive decision-making processes that honors patients' preferences and individual and cultural value differences and dilemmas among all parties
- To facilitate resolution of conflicts in a respectful atmosphere with attention to interests, rights, and responsibilities of those involved
- To inform institutional efforts at policy development, quality improvement, and appropriate utilization of resources by identifying the causes of ethical problems and promoting practices consistent with ethical norms and standards
- To assist individuals in handling current and future ethical problems in a compassionate, respectful, responsible and caring manner by providing education to the health workforce in healthcare ethics

Ethical Dilemmas (ED)



Which way to go and Why?

Ethical Dilemmas arise when principles cannot be respected and people disagree on what the best solution is; as legitimate solutions philosophically or practically. The values in conflict must be prioritized as the essence of 'doing ethics' to justify the breaching of the values and principles that are not respected. The choice to be made should be handled systematically, inclusively with due considerations of ethical and practical reasoning and documented in a CRC model health care services.

The following are among common ethical dilemmas encountered in the healthcare:

Resource Scarcity Related Dilemmas:

Health care is resource intensive and there is always gap between demand and supply. This dilemma is a universal phenomenon though particularly severe in low-income countries where there is a large population and high burden of disease. Handling such dilemmas fairly in a companionate, respectful and caring manner should be satisfying to all parties.

1. **Refusal of Treatment:**

This can happen in many ways including withdrawal from treatment against medical advice for different reasons, because of cultural and/or religious beliefs or personal reasons.

2. Disclosure and Truth Telling Dilemma:

Healthcare providers have the responsibility to tell the truth about the diagnosis, treatment, prognosis and related issues to the patient, parent or legitimate care taker. However, it is quite a common dilemma that relatives of patients come and ask health workers not to tell the truth to the patient with an excuse of protecting the patient from stress. The patient should be allowed to plan his/her life based on firsthand information on his/her health status.

3. End of Life dilemma

Futility is when it is known that all possible efforts would not reverse the patient's condition or patient is brain dead. In such situations, the dilemma of withholding or withdrawal of treatment arises. Health care providers and families get conflicted whether continuing the treatment is actually helping or hurting the patient, prolonging suffering.

1. Disagreement/conflict:

- Amongst colleagues:

    i. The cost of treatment for the patient always matters the CRC health workforce role as financial risk protector for the patient – providing updated information

ii. To save cost for institutions: institutions often want to serve more people with the limited available resources – offering second best treatment, early discharge

iii. A colleague's knowledge and practice is not of acceptable standard and the issue is brought up for possible corrective measures.

- Among patients/professionals and family members:
- Among family members: in case the patient is not able to make decisions (i.e. patient is in coma or has a mental health problem)
- On consent for procedures…
- Mostly on treatment cost if it is covered by someone (relatives, friends…) other than the patient
- withholding and withdrawal of treatment in case of futility

2.4. Ethics and law as enablers of CRC

The relation between Ethics and law

Ethics as discussed in the previous sessions, is considered as a standard of behavior and a concept of right and wrong beyond what the legal consideration is in any given situation.

Law is defined as a rule of conduct or action prescribed or formally recognized as binding or enforced by a controlling authority. Law is composed of a system of rules that govern a society with the intention of maintaining social order, upholding justice and preventing harm to individuals and property. Law systems are often based on ethical principles and are enforced by the police and criminal justice systems, such as the court system.

Ethics and law support one another to guide individual actions; how to interact with clients and colleagues to work in harmony for optimum outcome; provision of competent and dignified care or benefits of clients/ patients. Ethics serves as fundamental source of law in any legal system; and healthcare ethics is closely related to law. Though ethics and law are similar, they are not identical. Often, ethics prescribes higher standards of behavior than prescribed by law; and sometimes what is legal may not be ethical and health professionals will be hard pressed to choose between the two. Moreover, laws differ significantly from one country to another while ethics is applicable across national boundaries

Health professional code of conduct

The conduct health professionals should practice is clearly put on EFMHAC proclamation 661/2009 and regulation 299/2013. These legal documents explain necessary behaviors the health professionals should adopt. In addition to this regulation, other sources like the penal law, civil law, proclamations and other related regulations are the sources which regulates the health care practice in Ethiopia

The responsibility of health professionals

In healthcare settings, there is often interactions among colleagues and clients. The main responsibility of the health professionals to patients, FMHACA Regulation No. 299/2013, under Article 74, clearly states. Professional responsibilities with respect to patient relationships:

1. Obtain informed consent from a patient, in accordance with the relevant law, before rendering a service.
2. Respect patient confidentiality, privacy, choices and dignity
3. Maintain highest standards of personal conduct and integrity
4. Provide appropriate counselling service to the client
5. Maintain proper and effective communication with his patients and other health professionals

6. Register and keep accurate client records
7. Provide professional service in the working place during assigned duty hours
8. Ensure public participation and acceptance in designing and implementing public health program
9. Comply with any lawful instructions and procedures of the appropriate

Inter professional communication and teamwork among health workers

Furthermore, healthcare workers support each other for better outcomes, which is supported by ethics (Geneva declaration) and law. The law also indicates the main responsibilities of health professionals (Regulation 299/2013, Article 74, partial) as:

- Provide genuine and adequate information during professional communication with colleagues and clients
- Conduct himself or herself in a professional way in teamwork by respecting the contribution of other health professionals

Duty to report

FMHACA council of minster regulation no -299/2013 under article 95 clearly states that any person who believes that a health professional is unfit to practice or commits unprofessional conduct shall notify the appropriate organ

Almost all the health workforces practice competently, ethically and legally. Yet, there are very few who do not. Ethics and law is a foundation for providing compassionate care, such care is the aim of treating patients ethically and legally.

Ethical liabilities listed on proclamation 661/2009

- Duty to fully record personal health information generated during each encounter (Art.37)

- Duty to report the existence of professional mal-practice to the appropriate regulatory organ (36).
- Duty to practice in accordance with the standards of healthcare (Art. 34)
- Duty to practice with the scope of professional practice (Art. 34).
- Duty to render emergency medical treatment within the scope of his professional practice (Art. 38).
- If a health professional is not capable of providing the necessary emergency medical treatment, he or she shall immediately refer the patient.
- Duty to perform in accordance with the relevant Code of Ethics (Art. 35).
- No person shall practice as a health professional without having obtained a professional practice license (Art. 33).

Health professional ethics committee

Council of minsters' regulation no 299/2013 Art. 71 establishes the health professional Ethics Committee and its functions. The powers and duties of Ethics Committee include:

- Examine, investigate and propose appropriate administrative measure to the authority (FMHACA) on complaints made with respect to standard health services and incompetent and unethical health professionals
- Where there is sufficient evidence to support the complaint, FMHACA will send summon to the health professional or institution against whom a complaint is made with the notification to respond within 30 days
- Where appropriate, assign an independent researcher in consultation with the authority to investigate the complaint
- May propose suspension of license or certificate of competence to the authority until the appropriate decision is passed on complaint

- Upon identifying the root causes of frequently lodged complaints and grievances, propose policy directions intended to provide sustainable solutions to problems
- Shall perform other duties that may be signed to it by the authority

Process of complaint can begin by presenting to health facilities' complaint and grievance handling committee or directly approaching the health professionals' Ethics Committee.

Unethical acts committed within the health facilities operated by the federal government will be sent to the Federal Health Professional's Ethics Committee. Similarly, those under regional administration will be sent to Regional Ethical Committee.

If Ethics Committee determines validity of the complaint, based on the severity of the act, it might propose one or more administrative measures to be carried out by the authority; including an oral warning or written warning, suspension of the license for a definite period of time, further education to be taken on by health professionals, work to be supervised or withdrawal of his/her license for a limited period of time.

Following the decision of the health professionals' Ethics Committee on matters of professional fault, justice organs will decide whether to proceed with the case for further process. Based on the decision of the health professionals' ethics committee, the courts will make the final decision.

Patient rights and responsibilities

Patient rights

Ethical and legal rationale behind ensuring informed consent is to respect the patient's autonomy and their right to control their own life. The basic idea of personal autonomy is that everyone's actions and decisions are their own. Therefore, the patient has the right to get full information and decide what happens to their own body. Healthcare providers should

respect the right of the patient to choose treatment and accept or reject the recommendation provided to him. This is stipulated in Codes of Ethics of different health professions, international documents, as well as in legal documents like regulation 299/2013, directives and standards.

Patient Responsibilities

Every patient shall have the following responsibilities:

- To provide, to the best of the patient's knowledge, accurate and complete information regarding past medical history and issues related to the patient's health, including unexpected changes, to the health professional responsible for the patient's care
- To follow the course of treatment and instructions proposed by the attending clinical practitioner or to accept the consequences if treatment instructions are refused
- To report any changes in his/her condition or anything that appears unsafe to the responsible health professional
- To consider the rights of other patients and to respect their privacy
- To respect patients' caregivers
- To fulfill the financial obligations as promptly as possible
- To keep all appointments and notify health center/the appropriate person when enable to do so
- To observe the health center policies and procedures, including those on smoking, alcohol or drug addiction, cellular phones, noise and visitors
- Be considerate of and not to abuse the health center facilities and equipment
- Not to litter on health center premises
- To sign on "Against Medical Advice Notice" if patient refuses the recommended treatment or intervention

Summary:

- Improving the knowledge of ethics is important to boost the ethical behavior in practice.
- To facilitate CRC, ethics and law are tools to exercise CRC.
- Every member of the workforce is expected to work in harmony with a team (i.e. the whole is greater than individual parts).
- Adequate care must be taken so as not to make mistakes. Also, duty to report malpractice is legally mandatory.
- It is important to know and implement patient rights. Hence, obeying the law and ethics will help to be CRC, which in turn will benefit the patient, the health workforce and the facility.

Chapter Three: Principles and Standards of Compassionate Care

Humans are living in a very complex World and having more complex life, where many open questions are unanswered even in the 21st century of the scientific World. The World is changing and the phase of medicine is also changing, Neuropsychology: in 2009 experimental study at the Brain and creativity institute showed that compassion for social and physical is activated in the anterior insula, anterior cingulate and hypothalamus this is the same area of the brain associated with pleasure and reward. In almost all religions compassion is considered as the greatest virtues.

The center for compassion and altruism research and education /CCARE/

Stanford University states that “the cultivation of compassion is no longer a luxury, but a necessity, if our species is to survive.

3.1. Quality of Compassionate care

Compassion can be defined as: 'A sensitivity to the suffering of self and others with a deep wish and commitment to relieve the suffering '

Developing more compassion can be a way to balance emotions to increase the wellbeing of patients, healthcare professionals and facilitation of healthcare delivery. For patients, compassion can help prevent health problems and speed-up recovery. Compassion can improve staff efficiency by enhancing cooperation between individuals and teams and between patient and healthcare professionals.

3.1.1. Qualities of Compassionate Care

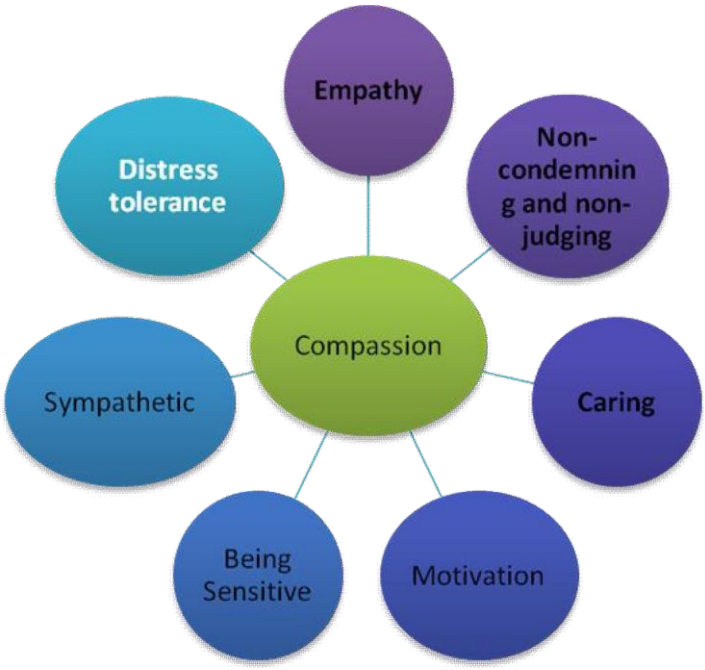


Figure 1: Qualities of compassion

- **Motivation:** Making a decision to be compassionate, and it is the commitment to try to do something about the compassionate care.

- **Being sensitive:** Making an effort to train one's mind to become **sensitive** to feelings and thoughts will heighten sensitivity to one's needs. It is difficult to be self-compassionate if one is completely insensitive to feelings of pain, sadness, want or needs. One must learn to notice one's thoughts and feelings as they come about. However, sensitivity does not mean merely react to situations without thought or reflection. To be sensitive means 'openness and ability to recognize and listen in appropriate ways'.
- **Sympathetic:** Compassion requires one to be emotionally open to one's suffering, as well as to the suffering of others. To be sympathetic is to be emotionally affected by suffering of others. Sympathy is an emotional reaction to one's own and other people's emotions and states (e.g. flinching when one sees someone fall. Sympathy can also be expressed by the feeling of joy over the well-being of others.
- **Empathy:** Understanding and how one perceives one's feelings and thoughts is to empathize. To be open and curious helps one to understand how one feels, what one feels and why.

  When we have empathy for others we try to understand the situation from their point of view, what others are thinking and how it may be different. Showing empathy requires work. For example, if client is shouting and complaining on you but you realize that they were under enormous stress and pain and then you don't take it personally and you forgive them: you are showing empathy. Compassion and empathy are closely related but the two terms cannot be used synonymously. Empathy is the ability to sense feelings or concerns of others; this often leads to compassion, which is a feeling of concern for the sufferings or misfortunes of others.

Compassion leads to an act of trying to alleviate suffering or misfortune.

- **Distress tolerance:** To be open to feelings, one must accept them. There are a number of different feelings ranging from being sad, angry or anxious and joyful. Some examples of reactions to feelings is sometimes to be critical, to run away from them, to hide or suppress them; but when one is compassionate, it is easier to be open, tolerant, accepting of different types of feelings . Therefore an important aspect of compassion is to learn how to tolerate and come to terms with, become familiar with, and less frightened of, one's feelings. At the same time, however, it is possible to change one's feelings for people, different events or even one's own person.
- **Not to condemn or judge:** The suffering mind, for example, can be filled with condemning and critical thoughts of one's self or others. Letting go of these negative thoughts is linked to becoming kind and mindful; we become more aware of thoughts and feelings from an observational point of view. We should not judge them, nor try to suppress them or push them out of our minds, avoid or run away from them (this means, we have to accept as they are). Rather, one should learn to reflect more and not react too hastily. These abilities can be developed incrementally. These positive reflections are engaged with the feelings of warmth and a genuine desire to relieve suffering and increase growth and flourishing.
- **Caring:** Promotes compassion. Because the action of caring has the potential to alleviate individual suffering. Care is the "action and activities directed towards assisting, supporting or enabling another individual **or** group with evident or anticipated needs to improve a human condition or life way or to face death".

3.2. Elements of compassionate care

1. Virtue

It is described as ‘‘good or noble qualities embodied in the character of the health care provider. Specifically, patients felt compassion stemmed from virtues of genuineness, love, honesty, openness, care, authenticity, understanding, tolerance, kindness, and acceptance. Compassion is predicated on health care provider virtues, independent of patient behavior, relatedness, or deservedness.

2. **Relational space:**

Relational space is defined as the context and content of a compassionate encounter where the person suffering is aware of and is engaged by, the virtues of the health care provider. The intent and depth of the health care provider-patient relationship was a defining feature of compassion, extending beyond simply acknowledging and understanding the needs of the patient to relating to them as a fellow human being and actively engaging their suffering.

The category of relational space comprised two themes.

- Patient awareness which describes the extent to which patients intuitively knew or initially sensed health care provider capacity for compassion.
- Engaged care giving which refers to tangible indicators of health care provider compassion in the clinical encounter that established and continued to define the health care provider-patient relationship over time.

3. Virtuous Response

It is the “Enactment of a virtue toward a person in suffering,’’ and it is both an individual category and an overarching principle of care that functions as a catalyst to the three core categories of compassionate

care giving: ‘‘**seeking to understand, relational communicating, and attending to needs**’’ The category of virtuous response contain three broad themes within it:

- **Knowing the person** refers to the extent to which healthcare providers approached their patients as persons and view their health issues and suffering from this point of view.
- **Seeing the person as priority** involves healthcare providers’ ability to priorities patient needs, setting aside their own assumptions and healthcare system priorities in the process.
- **Beneficence** refers to healthcare providers wanting the best for the patient, informing the three more targeted core categories of compassionate care giving.

4. **Seeking to Understand**

Seeking to understand refers to healthcare providers trying to know the patient as a person and his or her unique needs. Health care providers’ first act is to know and prioritize the patient as a person by pursuing a deeper understanding of the person and his or her unique illness experience to better diagnose the patient. Being seen as a disease, rather than a person living with a disease, is experienced subtlety and infrequently. When patients are seen as mere diseases, however, this has a detrimental effect on the relationship between the caregiver and well-being of the patient. The need to understand a person’s desires and tailor his or her care is identified by most patients as a fundamental feature of compassion.

- Seeking to Understand the Person.
- Seeking to Understand the needs of the Person

5. **Relational Communication**

The category of relational communication is an important element of compassion identified by patients consisting of verbal and nonverbal displays conveyed by the healthcare provider's engagement with the person suffering. There are four specific themes and associated subthemes that convey compassion within clinical communication:

- **Demeanor**(''being''): refers to the disposition of healthcare provider that is conveyed through nonverbal communication, such as body language, eye contact, tone of voice, posturing and expressions. Demeanor is closely related to ''patient awareness'' within the category of ''relational space''. It is more sensory-based and contextual to clinical communication.

- **Affect** (''feeling for''): describes the extent to which healthcare providers actively connects with their patients' emotions; as well as their influence over the process. In relation to compassion, affect is characterized by vulnerability and action, requiring healthcare providers to enter the relational space and position themselves; to be in the ''patient's shoes'' as clinical information is being shared.
- **Behaviors** (''doing for''): associated with relational communication and the use of interpersonal skills in clinical communication, which convey compassion. Compassion- related behaviors vary in expression; behaviors share a commonality that distinguish them from general caring of health care providers to give not only of themselves as a professional but as a person. The primary behaviors associated with relational communication is described by patients as showing respect; physical displays of caring; and listening and supportive words.
- **Engagement** (''being with''): refers to the degree to which patients feel healthcare providers are actively present in the clinical encounter.

- The first aspect of engagement is attentiveness through nonverbal actions (e.g. sitting versus standing at the patient's bedside) and temporal indicators (e.g. communicating regularly with patients about their needs or communicating potential health issues to other members of the patient's care team).
- Acknowledgment, the second essential aspect of engagement, involves recognizing the personal impact of suffering, reflecting back to the patient, and integrating this information into subsequent interactions.

The final aspect of engagement is dialogue, which consists of healthcare providers communicating clinical information accurately and sensitively, including the effective use of silence and allowing patients to participate in the clinical conversation.

Attending to Needs

It refers to ''a timely and receptive desire to actively engage in and address a person's multi-factorial suffering''.

Attending to patients' needs has three interrelated themes:

- **Compassion-Related Needs:** refers to the dimensions of suffering that patient feel compassion: physical, emotional, spiritual, familial and financial. Compassionate healthcare providers are those who, regardless of their scope of practice, is willing to actively attend to a patient's immediate needs.
- **Timely** refers to addressing suffering in a ''timely'' manner. It has dual understanding of time, referring to both the desire of healthcare providers to address suffering in a responsive manner and at an opportune moment.
  - The responsive dimension of time is frequently referred to as acute suffering (e.g. a pain crisis)
  - The opportune aspect of time is associated with situations where healthcare providers seek to sensitively address

protracted suffering, which includes addressing existential distress or sharing prognostic information at a time when patients are most receptive and supported to receive it (e.g. such as breaking bad news when family is present or discussing prognostic information over time).

- **Action** refers to the initiation and engagement of a dynamic and tangible process aimed at alleviating suffering. Compassion is more action.

Patient-Reported Outcomes

The impact of compassion on patients who are suffering is profound. Patient reported outcomes refer to the effect of compassion on suffering, patient wellbeing, and care.

- Although some patients feel that compassion directly improves the health outcomes, compassion primarily enhances patients' well-being and the quality of their relationship with their healthcare providers.
- These experiences have an equally enduring effect on their well-being and the care-giving relationship, often exacerbating suffering in the process.

3.3. Principles of compassionate care

The universal principles of compassion will help us know one another in a more meaningful way where we discover one another respectfully.
They create the conditions that allow a person who is suffering to experience the healing power of compassion.

	**What are the principles of compassionate care?**

1. **Attention** is the focus of healthcare provider. Being aware will allow the healthcare provider to focus on what is wrong with a patient; or what matters most to the patient.
2. **Acknowledgement** is the principle of what the healthcare professional says. The report of the examination or reflection on the patient's message. Positive messages of acknowledgment are buoyant; they let someone know that you appreciate them as a unique individual.
3. **Affection** is how healthcare providers affect or touch people. Human contact has the ability to touch someone's life. It is the quality of your connection, mainly through warmth, comfort, kindness and humor. Affection brings joy and healing.
4. **Acceptance**- is the principle of being with mystery – how you stand at the edge of your understanding or at the beginning of a

new experience, and regard what is beyond with equanimity. It is the quality of your presence in the face of the unknown, in the silence. Like the sun in the north at midnight, acceptance welcomes the mysteries of life and is at peace with whom we are and where we are, right now. It is the spirit of Shalom.

 The principle of acceptance is: being at peace with the way things are allows them to change.

3.4. Threats of Compassion

There are factors preventing compassion and compassionate behavior for individual members of staff, teams and units and health facility. Most research discusses compassion at the individual level. In general, the most common threats for compassionate care are:

- Compassionate fatigue
- Unbalanced focus between biomedical model (clinical training) and person
- Stress, depression and burnout Overall health facility context

3.4.1. Compassion Fatigue

- Physical, emotional and spiritual fatigue or exhaustion resulting from caregiving that causes and a decline in the caregivers' ability to experience joy or feel and care for others.

- A form of burnout, a kind of “secondary victimization” what is transmitted by clients or patients to care givers through empathetic listening.

3.4.2. Unbalanced Focus in Biomedical Model in Clinical Training

Medical training and practice for healthcare professionals are usually based on biomedical model with little emphasis on developing characteristics of compassion. The biomedical model explains and focuses on disease in scientific, pathological and physiological terms.

Effective clinical care is clearly fundamentally important, but human aspects of medicine and care must also be valued in training and in terms of how to be a good healthcare professional. Without emphasis on also the human aspect of medicine, there is a risk that professionals detach themselves from the patient’s distress and personal circumstances and ultimately mistreats the patients

3.4.3. Stress, depression and burnout

- **Self-reported stress** of health service staff is reported greater than that of the general working population. Evidence suggests that depression and high stress affect the performance of staff in a variety of ways, including problems in memory, decision-making, concentration, as well as potentially leading to abuse of alcohol and other drugs, and decreases the ability to perform compassion.

- **Burnout** (or **occupation burnout)** is a psychological term referring to general exhaustion and lack of interest or motivation to work.

3.4.4. Wider health facility Context

Attention by senior managers and health facility boards to achieve financial balance that affects priorities and behaviors of staff in health facility. If finance and other internal stakeholders are not perceived as being primarily important, it can have a negative effects on the whole achievement of the health facility and hampers the value of compassion.

3.4.5. Addressing Threats of compassion

Overcoming compassion fatigue: Compassion focused exercises and imagery is designed to try and create feelings to stimulate a particular kind of imagery. We can try to stimulate more compassionate responses in a number of ways. For example,

Developing an inner compassionate self: Focusing on creating a sense of a compassionate self, just like actors do if they are trying to carry out a specific role.

Compassion to yourself: This is linked to developing feelings, thoughts and experiences focusing on self-compassion. Life is often very difficult and learning how to generate self- compassion can be helpful during these times, particularly to help understand emotions.

Mind full: self-compassion breathing exercise:

5 Easy steps for deep breathing exercise:

- Lie down in a comfortable, quiet place. Allow yourself to be free from distractions for at least 5-10 minutes.
- Give yourself a moment to start relaxing your muscles. Seek out places that are holding tension and release it.
- Breathe in and out through your nose, inhale deeply, filling your lungs with air. Bring the air into your abdomen, not just your chest. Count slowly to five as you inhale. It may help to place a hand on your belly to feel it fill with air. Each breath should extend all the way down to your pubic bone.
- Exhale deeply, emptying your lungs completely. Again, count slowly to five as you exhale. As you exhale, release tension from your muscles.
- Continue to inhale and exhale deeply for several minutes, counting slowly to five each time. Concentrate on your breathing and counting. Let your mind take a break from distractions.

Teaching compassion to professionals through, training and education

Healthcare professionals' role is to increase compassion in healthcare. Training of health professionals should focus on aspects of care that are important in establishing a good relationship with patients.

Dealing with staff stress and burnout

Ways to address staff stress may include providing preventive strategies, including creating regular support groups or stress management workshops for health professionals or suggesting taking time outs. These preventive interventions can run parallel to secondary strategies including counseling and occupational health services. These strategies will also help to improve patient care.

Dealing with wider health facility context: As health facility s cope with increasing patient demand and higher levels of patient need, it

becomes even more important to address issues of humanity within the process, dealing compassionately with staff so that health facility staff can do the same for patients.

Chapter Four: Respectful Care

- Definition of Concepts of Respectful and Dignified Care
- Principles of Respectful Care
- Characteristics of Disrespectful Care
- Factors affecting Respectful Care Provision
- Demonstration of Respectful Care

Definition of Dignity

The word dignity originates from two Latin words: ‘dignitus’ which means merit and ‘dignus’ meaning worth. It is defined from two perspectives:

- Dignity is a quality of the way we treat others.
- Dignity is a quality of a person’s inner self.

Types of Dignity

There are four types of dignity: dignity of human being, personal identity, merit and moral status.

1. Dignity of human being

This type of dignity is based on the principle of humanity and the universal worth of human beings their inalienable rights-which can never be taken away.

2. Dignity of personal identity

This form of dignity is related to personal feelings of self-respect and personal identity, which also provides the basis for relationships with other people.

3. Dignity of merit

This is related to a person's status in a society.

4. Dignity of moral status

This is a variation of dignity of merit, where some people have a personal status because of the way they perceived and respected by others. **N.B.** Refer to Hand-out 3.1 for details.

Attributes of Dignity

There are four attributes of dignity:

1. **Respect:** self-respect, respect for others, respect for people, confidentiality, self-belief and believe in others
2. **Autonomy:** having choice, giving choice, making decisions, competence, rights, needs, and independence
3. **Empowerment**: Feeling of being important and valuable, self-esteem, self-worth, modesty and pride
4. **Communication (may be verbal or non-verbal):** explaining and understanding information, feeling comfort, and giving time to the patients / families

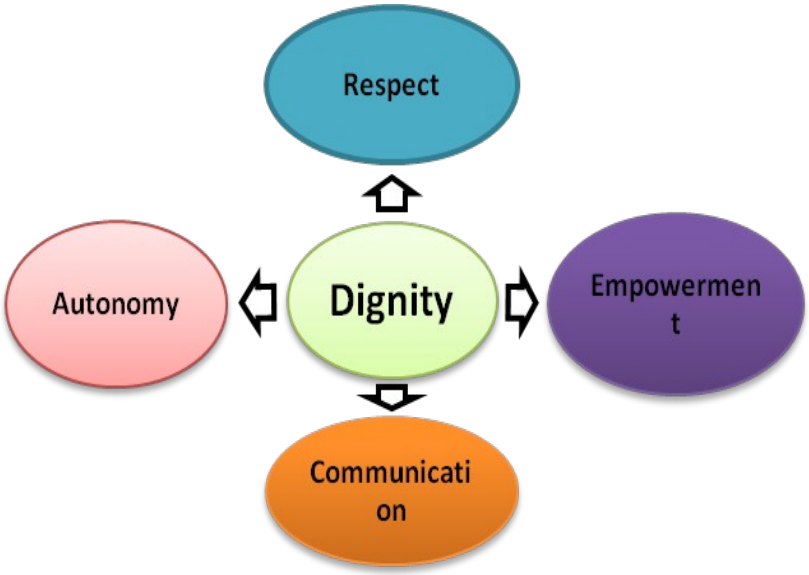


Figure 4.2. Attributes of dignity

Definition of Respect

- It is a term which is intimately related to dignity
- It is probably the most important action verb used to describe how dignity works in practice.



- **Avoiding damage e.g. insulting,**
- **Not interfering with or**
- **Treating with**
- **Not**

Therefore, dignity is brought to life by peopl

- Individuals believes of
- Habits and

- Ri
gh
ts

- Privacy and
- Cultur

and freedoms

- Capabilities and limits Personal merits
- Personal space Reputation

People can vary by their skills, educational background, gender, age, ethnicity, and experiences. But, as human being, all are entitled to get dignified and respectful care. Every human being must respect others and get respect from others.

Dignity and respect in the health care setting

Treating clients with dignity implies treating them with courtesy and kindness, but it also means:

- Respecting their rights
- Giving them freedom of choice
- Listening and taking into consideration what they say and
- Respecting their wishes and decisions, even if one disagrees.

Treating clients with dignity implies being sensitive to clients' needs and doing one's best for them, but it also means:

- Involving them in decision making
- Respecting their individuality
- Allowing them to do what they can for themselves and
- Giving them privacy and their own personal space

Session summary

- In all health care settings, clients must be treated equally irrespective of their social, economic, political, racial, or any other background and without any discrimination.
  Dignity of human being is the basis for healthcare delivery
- Clients should be treated as human being not as cases
- Clients must be called by their name and it is also important to ask their preference.

  However, they shouldn't be called by their cases.

4.2. Principles of Respectful Care

The principles of respectful care guide actions and responsibility of care providers in ensuring dignified care for their service users. This session will describe the seven core principles of respectful care

The principles of respectful care guide actions and responsibility of care providers in ensuring dignified care for their service users. Dignified care has seven core principles.



Figure 4.4. Principles of respectful care

Core Principle 1: Recognize Diversity and the Uniqueness of Individual

Respect and dignity may have different meaning to different people based on their culture, background, values and beliefs. Diversity of clients/ patients / in terms of ethnicity, religion, belief, culture, language, age, gender, disability , mental status , and social conditions shall be taken into account when we assess , examine ,diagnosing , plan and manage any health condition. Health care providers must fully appreciate the need to ensure that services are provided in a way that respects individuality as well as the ways in which personality impacts on user's perceptions of the services that are provided. Health care providers themselves shall understand the impact of their own personal values beliefs could impact the practice of care.

Core principle 2: Uphold the responsibility to shape care and support services around each individual

Health care providers must play a key role in translating the understanding and knowledge regarding diversity and uniqueness of patients in to clear practices of care planning and provision. When providing care and treatment, health care providers should understand the implications of the individual's mental capacity, knowledge, and experience, their involvement and level of participation in care planning and treatment.

Core principle 3: Communicating with individuals in ways that are meaningful to them Communication plays a key role in understanding individual needs and preferences. This is fundamental to care provision to ensure dignity and respect. Verbal, non-verbal and body language are important elements of communication and these are affected by individual's culture, disability and language. Maintaining confidentiality and transparency is also fundamental for good communication. It is essential that care providers understand these factors and provide opportunities for the service user to express their wishes and concerns to their care providers.



Meaningful communication

- Avoid Using Medical Jargons
- Avoid mixing foreign language with local language
- Use culturally appropriate eye contact
- Use body language that encourage clients to express their view

without fear

- Provide tailored information appropriate to the client's needs
- Allow sufficient time to actively listing and reflect on what was being said

Core principle 4: Recognize and respect how an individual's dignity may be affected when supported with their personal care

While every care provider aims to provide dignified care there are many occasions which

Unintentional compromises to dignity can happen due to lack of awareness and understanding. It is vital that all professionals providing care understand and support the need for an individual to receive personal care in a sensitive manner and protect their privacy at all times.

When treating or talking to patients remember their need of, and right to, privacy. Often a hallway or curtained bed space just isn't private enough. If a patients' bedside curtain or door is closed, please ask the patient or staff attending the patient if it is OK to enter. In general, in ensuring dignified care it is important that individuals are enabled to be independent and not made uncomfortable when receiving intimate personal care.

Core principle 5: Recognize that an individual's surroundings and environments are Important to their sense of respect

Ensuring a friendly and supportive environment is a key enabler for individuals to feel respected and maintaining their dignity. A welcoming atmosphere, respect for personal space and privacy and the right environment for effective

communications are all integral to caring with dignity. A simple welcome to a patient can do a lot to make them feel comfortable and relaxed.

Core principle 6: Value workplace cultures that actively promote the

Respect for everybody

In addition to providing the right environment for an individual it is also important to ensure a positive workplace environment for health care providers which would enable them to provide dignified care.

A respectful workplace A place where everyone can do his or her best, and where health care providers are free to report workplace concerns without fear of retaliation or reprisal. A health care setting/ facility that reflects and values the best in everyone, where professionals treat each other respectfully and professionally, and where individual differences are valued.

Core principle 7: Recognize the need to challenge care that may reduce the dignity of the individual

Respect is everyone's responsibility and this should be integral to all practices in a care setting. staff health care providers needs to have the opportunity to discuss things that make them feel uncomfortable but are not necessarily issues that meet safeguarding thresholds. If health facilities develop cultures

that are open and reflective of practice that is undertaken during service delivery then this will be addressed.

Opportunities to learn from mistakes and improving performance are a strong lever for improving the quality of care. A culture of maintaining integrity and following professional conduct enables health care providers to speak up when they come across substandard quality of care. The facility managers and leaders at all levels have a significant role to play in ensuring this. Encouraging everyone including staff, patient/client, and their families can provide ample learning opportunities and scope for improving practice.

The Seven categories of Disrespect and abuse

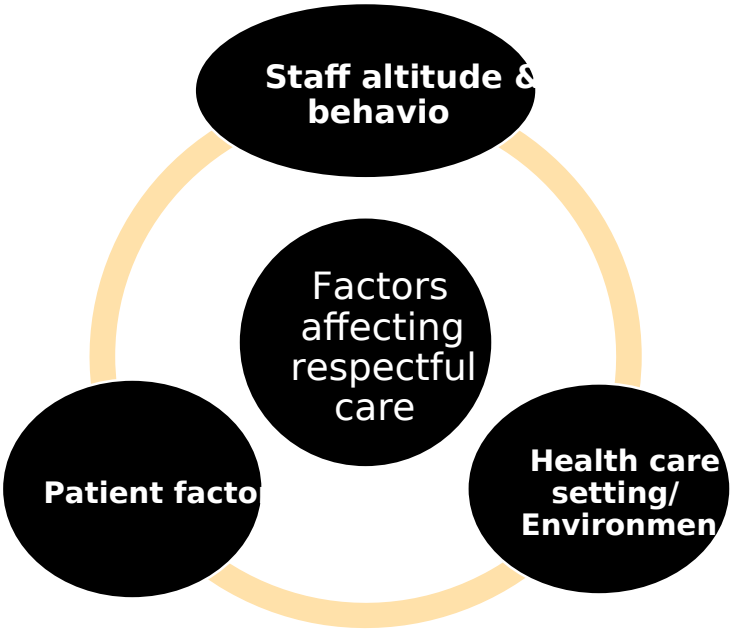
Category	Example
Physical Abuse	Slapping , pinching, kicking, slapping, pushing, beating,
Non-consented care	Absence of informed consent or patient communication , forced procedures
Non-confidential care	Lack of privacy(e.g. Laboring in public or disclosure of patient information
Non-dignified care	Intentional humiliation , rough treatment shouting , blaming, treating to withhold services laughed at patients, provider did not introduce themselves , patients not called by their names throughout the interaction.
Discrimination based on specific patient attributes	Discrimination based on ethnicity , age , language , economic status , education level, etc
Abandonment of care	Women left alone during labor and birth Failure of providers to monitor patients and intervene when needed
Detention in facilities	Detention of patients/family in facility after delivery , usually due to failure to pay

Session summary

Disrespectful and abusive treatment in health facilities includes physical abuse, Non-consented, care Non-confidential, care Non-dignified care, Discrimination based on specific patient attributes abandonment of care and Detention in facilities.

4.4. Factors Affecting Provision of Respectful Care

Different Factors have a significant impact on hindering or facilitating the provision of respectful care service. These factors can be broadly classified in to three major groups.



4.4.1. Health Care Environment

Positive attributes of the physical environment which helped health professional to provide dignified care are related to aspects maintaining physical and informational privacy and dignity, aesthetically pleasing surroundings and single sex accommodation, toilet and washing facilities. Aspect of the environment that maintain physical and informational privacy are listed below

- **Environmental privacy** (for example curtains, doors, screens and adequate separate rooms for intimate procedures or confidential discussions (auditory privacy).
- **Privacy of the body**: covering body, minimizing time exposed, privacy during undressing and clothing are some of the enabling factors to ensure bodily privacy done by health professionals.
- **Aesthetic aspects** of the physical environment (for example space, colour, , furnishing, décor, managing smells); and the provision of accommodation, toilet and washing facilities
- **Managing peoples in the environment:** such as other patients, family and ward visitors/public contribute positively to maintain dignity in the health
- **Adequate mix and proficient Staffing**: adequately staffed with appropriate number and skill mix, as high workload affects staff interactions, and have strong leaders who are committed to patient dignity.

Physical environment which hinders health professional form providing respectful care are related to the overall health care system, lack of privacy, restricted access to facility /service and lack of resources. Aspect of the environment that hinders the provision of respectful care are listed below,

- **The healthcare System:** Shortage of staff, unrealistic expectations, poorly educated staff, 'quick fix' attitude ,low wage, pay 'lip service' to dignity, low motivation, lack of respect among professionals ,normalization/tolerance of disrespectful care, lack of role model ,management bureaucracy and unbalanced staff patient ratio and skill mix.
- **Lack of privacy:** Lack of available single rooms, bath rooms and toilets without nonfunctional locks, use of single rooms only for infectious cases

and lack of curtains or screens

- **Restricted access to facility/service:** Badly designed rooms, inadequate facilities (e.g. toilets, bath rooms), Cupboards with drawers that does not open, toilet and bath rooms shared between male and females.
- **Lack of resource:** Run out of hospital ,gowns and pyjamas ,Lack of medical equipments and supplies

4.4.2. The attitude and behaviors of health care providers

While environment and resources are important factors, all staff working in practice should take individual responsibility for promoting patients' respect and dignity as just one individual's behavior in a team can lead to a distressing experience for patients the core values of healthcare (respect and kindness) are easy to overlook in the busy, high patient load facilities he. Yet it's the humanity of healthcare that gives meaning for the work we do as health care professionals and helps to achieve the best possible health outcome and creates a lasting memory for the public we serve.

Staff behavior: the behavior of staffs while providing care to the patients can hinder the provision of respectful care. Behaviors such as harshness, poor use of language, Authoritarianism, Prejudice and discrimination, breaching privacy, impede the provider patient communication which ultimately leads to poor patient satisfaction.

Patient and family factors

Many patients actively promote their own dignity. The patients identified that their attitude towards potentially undignifying situations helped either to promote their dignity or to accept a loss of dignity, thus, feeling more comfortable.

- **Rationalization**- Patients rationalized that bodily exposure to staff, and intimate procedures were necessary in hospital it's just part of the health professional job.
- **Adaptation**-having a urethral catheter was a loss of dignity. The patient thus adopted an attitude of acceptance which seemed to make them feel more comfortable
- **Take initiative to build relationship**: In addition developing good relationships with staff to promote their dignity and patients were often observed taking the initiative to build relationships.

  Some patient factor might affect the provision of respectful care. This includes, loss of function, psychological impact of diagnosis, diagnosis associated intimate procedures.



Ten Mechanisms to mitigate threats to respectful care -

1. Support clients with same respect you would want for yourself or a member of your family
2. Have a zero tolerance of all forms of disrespect
3. Respect clients' right to privacy
4. Maintain the maximum possible level of independence, choice, and control
5. Treat each client as an individual by offering personalized care
6. Assist clients to maintain confidence and a positive self esteem
7. Act to alleviate clients' loneliness and isolation
8. Listen and support clients to express their needs and wants
9. Ensure client feel able to complain without fear of retribution
10. Engage with family members and care givers as care partners**?**

4.5. **Demonstration of Respectful Care**

Session introduction: In this session students expected demonstrate different components of respectful care in a simulated environment

Objective: Demonstrate components of respectful care

Check list for demonstrating respectful care

S. No	Task or activity	Yes	No	Remark
	Getting ready			
1.	The provider greets the client respectfully			
2.	The provider introduces him/herself to the client			
3.	The provider properly address patients considering their social status and age			
	Care during practice			
4.	The provider actively listen to patients			
5.	The provider allocate adequate time to the client to talk			
6.	The provider respects patient's view on treatment and care			
7.	The provider obtain consent before examination and procedures			
8.	The provider ensures confidentiality of patient information			
9.	The provider maintains privacy in providing clinical care			
10	. The providers have good communication and collaboration within the team			
11	. The provider treat patients equally without discrimination			
12	. The provider responds promptly and professionally when patients ask for help			
Post procedure communication				
13	. The provider gives adequate information regarding patient treatment and care			
14	. The provider confirms her understanding with respect			

15	. The provider provides when to return with at most respect			
16	. If necessary he/she provides contact address			

Role Play on Respectful Care (Laboring mother)

The purpose of this role play is to provide an opportunity to the participants to appreciate the importance of respectful care practice and interpersonal communication when providing care for an emergency patient.

Participant's role

Provider – A health provider working at the local health centre

Patient – Ms XX is 16 years old girl got pregnant with her first baby after being raped by a relative

Patient's mother

Situation 1

Ms XX started to have labour in the middle of the night and was taken to the local hospital by her mother. The provider was very tired because he had a busy night. The provider wanted to evaluate Ms XX quickly and then to get some rest. The provider asked her to lie supine and get ready for a pelvic examination. Ms XX has never had a pelvic exam ination and she also felt uncomfortable because other patients could see her. She refused the examination. However the provider got angry and shouted at her saying that she shouldn't have got pregnant at this age. The provider said she is wasting time and started to perform the pelvic examination forcefully.

Situation 2

Mrs C started to have labour after midnight (1AM) and was taken to the local hospital accompanied by her husband and mother in law. On arrival the provider welcomed and examined her and told to her and the family she is in the early phase of labour; the ho spital was very busy and there were five mothers on labour ward and three mothers were on delivery bed to give birth. There was no place to admit Mrs C .unfortunately the hospital ambulance was down to refer her to the next facility and the relatives and M rs C insisted to stay in the facility despite an advice from the midwife to look other possibilities. On mean time one of the midwives brought a mattress from store and rested the mother to stay on the floor until admission bed is available. The

midwife told the relatives only one of the relatives to stay and the remaining to stay outside since there is no space to accommodate all of them.

At 9 am Mrs C gave birth a female baby, the midwife and her colleagues brought porridge and hot drinks to the mother. The relatives were very surprised with the service of the facility and thanked the midwife and her

colleagues for their kind and respected care. The next day Mrs.C is discharged after the baby having vaccination and mothers received all the health education related to her and her baby.

Discussion questions for both Scenarios

1. Which elements of respectful care are properly followed?
2. Which elements of respectful care are breached?
3. If you were in the provider's place what would have done differently?
4. What enabling factors hindered the providers to give respectful care?

Role Play on Respectful Care (A patient with urinary retention)

The purpose of this role play is to provide an opportunity to the participants to appreciate the importance of respectful care practice and keeping patient privacy when providing care for an emergency patient.

Participant's role

(1) A nurse
(2) A patient
(3) A doctor

Scenario

A staff nurse was inserting a urinary catheter on a 75 years old patient who has developed retention of urine. Just as the nurse was about to insert the catheter a doctor popped her head around the curtains. "Oh, sorry" said the doctor and proceeded to ask the nurse a question, to which she responded.

Discussion Questions:

(1) Which component of respectful care is violated in this situation?

(2) If you are in place of these health providers, what would you do

insure respectful care?

4.6. Guided clinical practice

Clinical practice is the major leaning step to transfer knowledge into practice and to understand the real situations at the ground. Therefore, this session supports to put into practice how they evaluate or assess the status of respectful care provision in the facilities. Moreover, it enhances the knowledge and skill of the participants in analyzing, interpreting and how to use the findings for further intervention.

4.5.1. Checklist for assessment of respectful care practice in health care facilities

Objectives

- To assess respectful care provision by facility and providers
- To identify strengths and gaps in respectful care provision

Instruction: Rate the performance of providers during care provision using the following checklist

S.No	Task or activity	Yes	No	Remark
1	The provider greets the client respectfully			
2	The provider introduces him/her self to the client			
3	The provider properly address patients considering their social status and age			

4	The provider actively listen to patients			
5	The provider allocate adequate time to the client to talk			
6	The provider respects patient's view on treatment and care			
7	The provider obtain consent before examination and procedures			
8	The provider ensures confidentiality of patient information			
9	The provider maintains privacy in providing clinical care			
17	The provider verbally abuse patients			
18	The provider treat patients equally without discrimination			
19	The provider responds promptly and professionally when patients ask for help			
20	The provider gives adequate information regarding patient treatment and care			
21	The provider physically abuse clients (slapping, pinching, inappropriate restraint, etc…)			
22	The provider abandon patient without care for a long time			
23	The providers have good communication and collaboration within the team			
24	The guards receive patient and families with respect			
25	The record officers treat patient and families with respect			
26	The record officers facilitate patient registration in a timely manner			
27	The facility detain patients without their will			
28	The facility ensures safe and clean care environment for			

	patients			

Chapter Five: The Compassionate Leader

Compassionate leadership begins with the intention to see and feel what other see and feel around a certain issue. By practicing genuine empathy, leaders are better positioned to cultivate mindfulness in others, enabling them to both fulfill their own potential and to unleash it in those around them for a greater good. Compassionate health care is universally valued as a social and moral good to be upheld and sustained. Leadership is considered pivotal for enabling the development and preservation of compassionate health care system. Culture and leadership are interdependent and synergistic; their development needs to be grounded in a sophisticated, scientifically based account of human nature. Developing leadership for compassionate care requires acknowledging and making provision for the difficulties and challenges of working in a complex health care setting. This chapter will explore the basic concepts and principles of compassion for leaders. It will focus on understanding, implementing, analyzing and disseminating CRC best practices using variety of methodologies. The module will contribute to creating an organizational culture where members have flexibility to express distress and to provide compassion in contextual and localized ways. Finally, it will encourage participants to identify

roles of team members and relevant stakeholders for successful CRC implementation.

5.1. Quality of Compassionate Leaders

Brief description of leadership theories

Transformational leaders lead employees by aligning employee goals with their goals. Thus, employees working for transformational leaders start focusing on the company's well-being rather than on what is best for them as individual employees.

Transactional leaders ensure that employees demonstrate the right behaviors because the leader provides resources in exchange.

Servant Leadership defines the leader's role as serving the needs of others. According to this approach, the primary mission of the leader is to develop employees and help them reach their goals. Servant leaders put their employees first, understand their personal needs and desires empower them and help them develop their careers.

Table 1. Characteristics of Transactional, Transformational and Servant Leadership styles

Transactional	Transformational	Servant
Contingent Reward • Clearly formulates expectations • Shows satisfaction if expectations were	Charisma/ Idealized Influence attributed • Mediates pride, respect and trust • Places own interests	Service to Others • Desire to help others • Encourage greatness in others
	above those of the Charisma/ Idealized influence behavior • Has ethical and moral principles • Demands and promotes high engagement	Holistic Approach to Work Challenge organizations to rethink relationshi
Management by exception active • Prioritizes	Communicates Inspirational motivation • Sees the future optimistically	Promoting a Sense of community

breaking of rules and deviation of set standards • Draws attention to	• Radiates enthusiasm • Offers attractive visions for the future	Encourage individuals
Management by exception passive Only intervenes when problems have arisen	Intellectual stimulation Promotes an intelligent, rational and carefully thought through resolution of problems	and groups to
	Individual consideration • Takes his or her time for each colleague • Promotes individual development • Treats every colleague as an individual • Acts a coach and	

	directs	

Characteristics of compassionate leaders

Compassionate leadership

Compassionate leadership is more than just being a compassionate, respectful and caring individual. A compassionate leader encourages employees to discuss their problems and tries to provide support. Compassionate leadership is about a) being a compassionate person and b) trying to create a culture where people seek or provide help to alleviate a sufferer's pain.

Characteristics of compassionate leaders

- '**In-tune' feeling**: Their actions abide by their words – and they always have the time to engage with others.
- **Manage their moods:** They know feelings affect others and they use positive emotions to inspire, not infect others with negative feelings.
- **Put people before procedures:** They are willing to set aside or change rules and regulations for the greater good.
- **Show sincere, heartfelt consideration**: They genuinely care for the well-being of others and have a humane side that puts other people's needs before theirs.
- **Are mindful:** They are aware of their own feelings and their impact on others. They are also attentive and sympathetic to the needs of others.
- **Are hopeful**: They move others passionately and purposefully with a shared vision that focuses on positive feeling of hope..
- **Courage to say what they feel**: They communicate their feelings, fears, even doubts which builds trust with their employees.

- **Engage others in frank, open dialogue**: They speak honestly with humility, respect and conviction, and make it safe for others to do the same.
- **Connective and receptive**: They seem to know what other people are thinking and feeling.
- **Take positive and affirming action**: They carry out compassion. They do not just talk about it; they make a promise, act on it and keep it.

What does compassionate leadership do for the organization?

- Positively affects sufferers, clients, employees
- Increases people's capacity for empathy and compassion
- Promotes positive relationships
- Decreases the prevalence of toxic viral negative emotions and behavior
- Increases optimism and hope
- Builds resilience and energy levels
- Counteracts the negative effects of judgment and bias

Self-evaluation of compassionate behavior

Good leaders can evaluate their own behavior using different methodologies. For example, one can conduct a Self-assessment Questionnaire (Appendix 1). The data should be analyzed and based on the required level of behaviors and practice. The self-assessment of compassionate leaders should be conducted every six months.

Enhance Self-compassion through mindfulness

This innovative program will help health leaders create compassionate cultures and develop mindful practice. Evidence suggests that mindful practice, i.e. paying attention, in the present moment, without judgment, to things as they are, can have a significant impact on key leadership

qualities. Mindfulness and meditation have demonstrable effects on the brain, including increasing immunity, reducing stress and improving relationships. An individual engaging in mindfulness and meditation suffers less stress and experiences better health.

Mindfulness begins with self-awareness: knowing yourself enables you to make choices about how you respond to people and situations. Deeper knowledge about yourself enables you to be consistent, to present yourself authentically. You will learn and practice different ways to develop mindfulness and explore how it can contribute to developing compassionate leadership practices through:

- Enhancing attention and concentration
- Increasing creativity and flexibility
- Working efficiently in complex systems and uncertain environments
- Creating meaning and purpose
- Making effective and balanced decisions
- Responding effectively to difference and conflict
- Acting with compassion and kindness
- Enhancing relationships and partnerships
- Enabling genuine and courageous action
- Working ethically and wisely
- Developing cultural intelligence

5.2. Systems Thinking for CRC

System: A system is a set of interacting or interdependent components forming an integrated whole.

Health System: A health system consists of all the organizations, institutions, resources and people whose primary purpose is to improve health. Strengthening health systems means addressing key constraints related to health worker staffing, infrastructure, health commodities (such as equipment and medicines), logistics, tracking progress and effective financing.

Fully functional health system: A point which various management systems and subsystems are connected and integrated to provide the best possible health services to all the intended beneficiaries of those services.

Management systems: The various components of the overall health system that managers use to plan, organize and keep track of resources. In well-developed management systems, routine transactions are systematic, replicable, consistent, and complete. Critical information is well documented, so that the system does not rely on the knowledge of individuals. Effective management systems are continuously maintained, updated, and improved to serve changing organizational needs and resources.

Management systems are run by people living in different contexts

Healthcare managers and providers in facilities, ministries, and nongovernmental and civil society organizations have to operate and sustain management systems and service delivery after the technical experts leave.

Health System Building blocks as defined by the WHO include (WHO 2007);

1. **Service delivery:** packages, delivery models, infrastructure, management, safety and quality and demand for care
2. **Health workforce:** national workforce policies and investment plans, advocacy, norms, standards and data
3. **Information:** facility and population based information and surveillance systems, global standards and tools
4. **Medical products, vaccines & technologies:** norms, standards, policies; reliable procurement; equitable access; and quality
5. **Financing:** national health financing policies; tools and data on health expenditures; and costing
6. **Leadership and governance:** health sector policies; harmonization and alignment; and oversight and regulation

Integration of CRC into existing system

Integrate CRC into Existing System

Integration of new initiatives into existing system has paramount importance in expediting the process of implementation and ensuring sustainability of CRC in a health system. Integration can be done using “AIDED” model.

Assess: Understand the capacity of the unit structure, especially in regards to the availability of resources, as well as human resource; also to assess the level of human capability when integrating and sustaining the CRC by determining the level of support the unit requires before or after carrying out CRC.

Innovate: Design and package the CRC to fit with the existing quality of unit structure and their environmental context to spread the CRC throughout the hospital departments.

Develop: Build upon existing knowledge of main stakeholders and opinion leaders by encouraging hospital policies, organizational culture, and infrastructure to support the implementation of principles of CRC

Engage: Use existing roles and resources within the hospital units to introduce, translate, and integrate

CRC principles into each employee's routine practices

Devolve: Capitalize on existing organizational network of index user groups to release and spread the innovation to new user groups

5.3. Organizational Culture

The goal of this session is to provide students with an overview of concepts and description related to organizational culture, and educate how to empower to enable them to practically empower the CRC health teams.

Description of organizational culture

Organizational culture consists of the values and assumptions shared within an organization. Organizational culture directs everyone in the organization toward the "right way" to do things. It frames and shapes the

decisions and actions of managers and other employees. As this definition points out, organizational culture consists of two main components: shared values and assumptions.

Shared Values are conscious perceptions about what is good or bad, right or wrong. Values tell us what we “ought” to do. They serve as a moral guidance that directs our motivation and potentially our decisions and actions.

Assumptions are unconscious perceptions or beliefs that have worked so well in the past that they are considered the correct way to think and act toward problems and opportunities.

A hospital’s culture reflects the beliefs, attitudes, and priorities of the staff, including clinicians throughout the organization. It influences the effectiveness of the hospital’s performance, including its ability to promote the goals of high-quality, safe care, financial sustainability, community service and ethical behavior.

Five key systems influence the hospital’s effective performance with respect to improving the safety and quality of patient care, as well as sustaining these improvements. The systems are:

- Using data
- Planning
- Communicating
- Changing performance
- Staffing

Leaders create and maintain a culture of safety and quality throughout the hospital. Rationale

- CRC thrives in an environment that supports teamwork and respect for other people, regardless of their position in the organization
- Leaders demonstrate their commitment to CRC and set expectations for those who work in the organization. Leaders evaluate the culture on a regular basis.
- Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. Disruptive behavior that intimidates others and affects morale or staff turnover can be harmful to patient care.
- Leaders must address disruptive behavior of individuals working at all levels of the organization, including management, clinical and administrative staff, licensed independent practitioners, and governing body members.

Table 2. Myths and Realities of Organizational Culture

Myths	**Realities**
What works as culture in one organization will	Organizational culture cannot be replicated. Organizational culture is constructed locally, socially and

work in another Organizational culture is the responsibility of top management.	Top management team/members cannot dictate all aspects of an organization's culture. No one person or team can control the communication activity of all
Organizational culture is the key to success.	Organizational members. Not necessarily. An successful organizational culture may fail; it is important to contextualize
Talking about changes to the culture will change the culture.	Espoused values cannot create a culture; only enacted values can.
Everyone needs to see the culture similarly for a sense of unity to exist	Differences and dissension among organizational members can exist. Acknowledgment of those differences can bring together groups to work together.
It is easy to see all aspects of an organization's culture.	No one person can see all aspects of the culture. From any one person's perspective, some aspects of the culture are unknown or unimportant, and thus, out of their awareness

Creating an Organizational culture of empowering employees for CRC

Having empowered employees is the aim of many leaders. Literature has reported that creating an organizational culture will empower employees to increase customer satisfaction levels, as well as to improve employee morale and productivity (references?).

What does empowerment really mean?

Empowerment is about giving employees the permission to give customers priority and to use their creative talents to find solutions when issues arise, without having to ask management for permission. Empowerment will enable lower management greater power over operational decisions, as well as employees will more likely make decisions that align with organizational goals and values because they have embraced them as their own.

Employee empowerment encourages communication, participation in shared decision-making and enabling physicians and staff to reach their full potential by creating and optimal healing environment. There are many different ways to build employee empowerment and engagement, but all share six fundamental actions to promote CRC on the part of leadership:

I. **Share information and communication:** Sharing information with employees is important because it not only helps to build trust; it gives employees important information to allow them to make the best possible decisions in critical situations when providing CRC services. The leader might have clear direction and more experience, but the leader should still get feedback and ideas from front-line workers. It is

important to give employees regular opportunities to formulate their thoughts, feelings and observations to allow employees understand that their input is valued even if the leader does not take their advice. The leader must acknowledge employees for sharing, as well as reward valuable input that helps implement the CRC.

II. **Create clear goals and objectives:** Inspire employees to embrace the mission or changes of the organization by appealing to their innate desire to help patients and provide an efficient CRC service. Great leaders share important information in a structured and consistent manner. Hence, an employee who clearly understands the core values, purpose and direction of the CRC can easily make consistent decisions and take appropriate action. It is important that the leader impart the vision of his or her health facility.

III. **Teach, accept and encourage:** If you empower employees to make decisions that will help keep customers happy, then you have to be willing to allow them to make mistakes and learn from those mistakes. Create an environment where employees can make and learn from mistakes. A leader will encourage employees to take positive action. CRC by its nature requires individual healthcare professionals to promote creativity to satisfy different customers with a variety of healthcare needs. As a result, give employees the opportunity to try new ideas that do not put the clients/patients or health facility in danger.

IV. **Reward Self-Improvement:** Create an environment that celebrates both successes and failures. A good leader celebrates successes; and employees who take risks for the benefits of patients/client; also, a good leader will assist employees to develop a plan for growth and

reward them as they advance. This environment will help empower employees to apply their newly-learned skills to new leadership opportunities.

V. **Support a learning environment:** Listen to the voice of physicians, nurses and other staff to understand key barriers, issues, and opportunities to allow them to have a voice in crafting solutions for CRC challenges. This is an ongoing process where working groups discuss how they might handle things differently in the future to achieve better results.

VI. **Create a clear role of autonomy:** Enable frontline workers to execute change by supplying resources (education, funding, access to other skill sets within the health facility, etc.) and removing obstacles themselves. This requires a lot of support from their teams as they move from depending on a leader for every decision to making more independent decisions. Boundaries also need to be explicit as there still needs to be accountability for instances of failure.

Specific roles and responsibilities with employees must be established so employees are clear of their roles and be able to work together.

5.4. Leading CRC Health Team

Apply moral and ethical practice

Leaders play a critical role in creating, sustaining, and changing their organization's culture through their own behavior and through the programs and activities they support, praise, neglect and criticize. All leaders must undertake behaviors that foster an environment conducive to ethical practices by effectively integrate ethics into the overall organizational culture.

Health facility leaders have intersecting roles as public servants, providers of health care, and managers of both healthcare professionals and other staff.

- **As public servants**, health facility leaders are specifically responsible for maintaining the public trust, placing duty above self-interest and managing resources responsibly
- **As healthcare providers,** health facility leaders have a fiduciary obligation to meet the healthcare needs of individual patients in the context of an equitable, safe, effective, accessible and compassionate health care delivery system.

- **As managers,** leaders are responsible for creating a workplace culture based on integrity, accountability, fairness and respect.

Ethical healthcare leaders apply at least the following six specific behavioral traits:

1. **Ethically conscious:** Have an appreciation for the ethical dimensions and implications of one's daily actions and decisions or, as described by author John Worthily, the "ethics of the ordinary" (reference?).
2. **Ethically committed:** Be completely devoted to doing the right thing.
3. **Ethically competent:** Demonstrate what Rush worth M. Kidder, president and founder of the Institute for Global Ethics, calls "ethical fitness," or having the knowledge and understanding required to make ethically sound decisions (reference).
4. **Ethically courageous:** Act upon these competencies even when the action may not be accepted with enthusiasm or endorsement.
5. **Ethically consistent:** Establish and maintain a high ethical standard without making or rationalizing inconvenient exceptions. This means being able to resist pressures to accommodate and justify change inaction or a decision that is ethically flawed.
6. **Ethically candid:** Be open and forthright about the complexity of reconciling conflicting values; be willing to ask uncomfortable questions and be an active, not a passive, advocate of ethical analysis and ethical conduct.

Nurturing problem solving skills of the health team

Problem-solving in healthcare

Problem-Solving

Problem-solving skills are no longer a responsibility for people in leadership positions. As hospital services and patient flow are increasing and becoming more complicated, health workers in hospitals have to assume more problem-solving roles.

Contemporary leadership prioritizes creating an atmosphere of empowerment for employees to meet customer and professional expectations through problem-solving skills. Nurturing employees' problem solving skills has numerous benefits. Solving a problem on the spot instead of over time reduces the overall hospital time of patients and clients.

Steps of Scientific Problem Solving Skills

1. Define the problem
2. Set the overall objective
3. Conduct a root cause analysis
4. Generate alternative interventions
5. Perform comparative analysis of alternatives
6. Select the best intervention
7. Develop implementation plan and implement plan
8. Develop evaluation plan and evaluate

Step 1. Define the problem

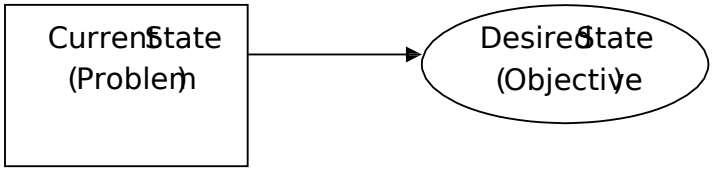
- A problem statement is a concise description of the issues that need to be addressed

- Good problem statement should:

1. Focus on a single problem
2. Not state the cause or the solution
3. Be concise
4. Address problems that are feasibly solved
5. Ensure the problem is shared widely by key constituents and stakeholders

Step 2: Set the Objective

Start with the desired outcome in mind! What do you want to achieve?



What is a good objective?

 One that addresses the problem statement.

Strep 3. Root Cause Analysis

- To find out the actual cause of the problem
- A difficult but crucial step

How to do root cause analysis?

1. Reflect on possible root causes

First, reflect on possible root causes and opinions by brainstorming, interviewing, through focus groups.

- Discuss with involved staff
- Ask them about the causes of the problem

- Allow them to provide staff to express their opinions
- Record the “suggested” root causes using “Fishbone”

2. Verify
    - Collect evidence to verify each “suggested” root cause
3. Identify the real root cause
    - Use the data and evidence collected to prove or disprove the “suggested” root causes
    - Identify the real root cause(s)

Potential tools for root cause analysis of CRC

- Prieto Diagram
- Flow Chart
- Questionnaire

Step 4. Develop Different Interventions

- To list all the possible solutions you might use to address the root cause(s)

Characteristics of good interventions:

- Clearly described
- Effective to address the root cause
- Feasible
- Distinct
- Specific
- Agreed by stakeholders

Step 5. Set criteria for Comparison

- To compare interventions using different criteria

Characteristics of good criteria

- Effectiveness (impact): How much will it improve the problem?
- Time to see the consequences: How long will it take to work?
- Feasibility: Is there capacity/stakeholder support/will in the organizational culture to accept it?
- Annual Cost: How expensive is it to carry out?

Step 6. Select the Best Intervention

- Select the best intervention(s) that could address the root cause

Step 7. Develop Implementation Plan

Steps to develop implementation plan

- Create a detailed list of tasks/activities
- Estimate the time required for each task
- Sequence the tasks/activities
- Identify a person(s) responsible
- Use Gantt chart format for the project plan

Step 8. Evaluate implementation of intervention

- Measure process
- Measure outcomes

Best Practice Identification, Documentation and Replication

Feasibility: Is there capacity/stakeholder support/will in the organizational culture to accept it?

Best Practice

Knowledge about what works in specific situations and contexts, without using unwarranted resources to achieve the desired results, can be adapted and used in similar health facility challenges

In other words, the term “Best Practice” is not about “perfection”, the “gold standard” or only elements that have been shown to work. Results can be partial and may be related to only one or more components of the practice being considered. Indeed, documenting and applying lessons learned on what does not work and why it does not work is an integral part of “Best Practice” so that the same types of mistakes can be avoided during implementation of CRC.

Criteria to select best practices

- **New/Novel idea-** not much practiced in other hospitals in Ethiopia
- **Effectiveness:** has brought empirical change to the implementation of CRC specifically to patient satisfaction and quality of service provision. The practice must work and achieve results that are measurable.
- **Relevant/impact:** improved CRC and quality of patient experience (Explain the relevance of the innovation using a clear baseline and current performance of CRC)
- **Diffusible:** implemented at low cost in other facilities or implemented innovation in other hospitals.
- **Sustainable:** Innovation is easy to understand, easy to communicate and works for long time.
- **Political commitment:** The proposed practice must have support from the relevant national or local authorities.
- **Ethical soundness:** The practice must respect the current rules of ethics for dealing with human populations.

By definition, “Best Practices” should be “new/novel”, “effectiveness” and “relevance”.

Documentation of Best Practices

To ensure readability and a clear presentation of what makes a practice innovative, interesting, and informative and a “Best Practice”, the following format should be used:

I. Title of the “Best Practice”. This should be concise and reflect the practice being documented.

II. Introduction. This should provide the context and justification for the practice and address the following:

- What is the problem being addressed?
- Which population is being affected?
- How is the problem impacting on the population?
- What were the objectives being achieved?

III. Implementation of the Practice - what are the main activities carried out?

- When and where were the activities carried out?
- Who were the key implementers and collaborators?
- What were the resource implications?

IV. Results of the Practice - Outputs and Outcomes

- What were the concrete results achieved in terms of outputs and outcomes?
- Was an assessment of the practice carried out? If yes, what were the results?

V. Lessons Learnt - what worked really well What facilitated this?

- What did not work – why did it not work?

VI. Conclusion

- How have the results benefited the population?
- Why the intervention is considered a “Best Practice”?
- Recommendations for those intending to adopt the documented “Best Practice” or how it can help people working on the same issue(s). VII. Further Reading
- Provide a list of references that give additional information on the “Best Practice” for those interested on how the results have benefited the population.

Methods of Sharing

Different methods of dissemination/replication can be used, especially

I. During regional and national review meetings, supervision and experience sharing events. This can be done by giving a brief introduction, presentation of the best practice and providing documents for further reading.
II. Through the national Ethiopian Hospital Alliance for Quality initiative where hospitals create a cohesive cluster to share their practices for better implementation of initiatives.
III. Distributing CDs and printed materials that contain the best practice details

Monitoring and Evaluation of CRC Health Team

Monitor and Evaluate (M&E) CRC Performance

Leaders design strategies to evaluate and ensure effective implementation of CRC practices.

The traditional practice of sitting down once or twice a year to discuss how employees implement CRC have not been effective. Hence, conducting

regular M&E sessions are important to evaluate how employees are implementing CRC practices.

Patients and families should also be involved in designing and evaluating care delivery and organizational policies at all levels. Healthcare, consumer and advocacy organizations can play a key role in educating patients and family members about the elements and importance of compassionate care, their right to ask for it when it is absent, and to take action when its absence impacts their health or wellbeing.

After each review and evaluation, leaders are expected to provide feedback in writing and/or orally to discuss CRC evaluation tools to their employees individually or in groups.

Potential focus areas where leaders focus to evaluate their CRC staff

- **Quality of work**: Provide accuracy and thorough CRC service
- **Communication and interpersonal skills**: listening, persuasion and empathy to clients/patients and teamwork and cooperation in implementing CRC
- **Planning, administration and organization**: setting objectives, and prioritizing CRC practice
- **CRC knowledge**: knowledge-base training, mentoring, modeling and coaching
- **Attitude**: dedication, loyalty, reliability, flexibility, initiative, and energy towards implementing CRC
- **Ethics**: diversity, sustainability, honesty, integrity, fairness and professionalism
- **Creative thinking**: innovation, receptiveness, problem solving and originality

- **Self-development and growth**: learning, education, advancement, skill-building and career planning
- Sample CRC health professionals evaluation questionnaire is attached in Appendix 2.

5.5. Mobilizing and Aligning Stakeholders for CRC

This goal of this session is to enable participants to identify relevant stakeholders, engage stakeholders for implementation of CRC and manage stakeholder roles in the CRC.

Distinguish relevant stakeholders

What is Stakeholder?

Is a person or group of persons having an interest or share in something, primarily something to gain or lose through the outcomes of a planning process, program or project. For health facilities, stakeholders are internal employees and customers, which includes patients, community and partners.

There are two types of Stakeholders

Internal stakeholders: Those within the health facility who carry out the day-to-day activities and have a key interest in the health facilities' decisions e.g. nurses, janitors, guards and cardroom workers. This excludes employees who are outsourced for services.

External stakeholders: Those external to the organization. Health facilities are key external stakeholders, including customers, suppliers, communities and charities/partners.

Differentiation of stakeholders

The first step in the process of stakeholder engagement is to identify the health facility stakeholders. This, however, can be challenging because it may not be sufficient to focus merely only on groups that are actually impacted by the health facility's CRC practices, but also those who perceive that they are adversely impacted or consider themselves the representatives of impacted people. Mapping of stakeholders is very important to identify the target groups and gather information about them.

The following questions are designed to expose stakeholders, as well as to help to identify the right people to involve in CRC implementation.

- Who is or will be affected, positively or negatively, by the implementation of CRC?
- Who holds official positions relevant to CRC?
- Who runs organizations with relevant interests in CRC?
- Who has been involved in CRC or any similar situations in the past?
- Whose names come up regularly when you are discussing CRC?

Engage stakeholders

Stakeholder Engagement is the process of effectively eliciting stakeholders' views on their relationship with the health facility CRC practices.

Steps of stakeholder engagement



Engagement Type	Description & Examples
Inform	Primarily one-way communication from the health facility to stakeholders about practices or new developments
Consult	Health facility asks for stakeholder perspective and may consider it in the decision-making process. Primarily a one-way flow of information from the stakeholders to the health facility. In this way, health facilities show that they value stakeholders' advice and feedback.
Involve	A two-way or multi-party conversation in which stakeholders play a more important role in decision-making. Decisions are often carried out by the health facility or the patients.
Collaborate	Collaboration between two or more parties on an area of mutual interest. The health facility and stakeholders achieve synergies and reduce risks by combining resources and areas of expertise. This anchors stakeholder relationships around a common purpose and can increase learning between the two groups.

	A negotiated outcome also allows both companies and stakeholders to come to a mutually agreed-upon decision and

	may be appropriate in certain situations where agreements are necessary to continue operations.
Empower	Stakeholders are given responsibility or legal recourse to influence health facility governance or operational decision-making.

Stakeholder management

What is Stakeholder Management?

Stakeholder management is essentially administering or controlling a stakeholder relationship, as the focus is the relationship and not the actual stakeholder groups.

List of principles those summaries the key features of stakeholder management:

Principle 1	Managers should acknowledge and actively monitor the concerns of all legitimate stakeholders, and should take their interests into account when making decisions
Principle 2	Managers should listen and openly communicate with stakeholders about their respective concerns and contributions, as well as the risks that they assume because
Principle 3	of their involvement with the corporation. Managers should adopt processes and modes of behavior that are sensitive to the concerns and capabilities of each stakeholder constituency.
Principle	Managers should recognize the interdependence of efforts and

4	rewards among stakeholders, and should attempt to achieve a fair distribution of the benefits and burdens of corporate activity among them, taking into account their respective risks
Principle 5	and vulnerabilities. Managers should work cooperatively with other entities, both public and private, to ensure that risks and harms arising from corporate activities are minimized and, where they cannot be avoided, appropriately compensated.
Principle 6	Managers should avoid activities that might jeopardize inalienable human rights (e.g. the right to life) or give rise to risks which would be unacceptable to relevant
Principle 7	stakeholders. Managers should acknowledge the potential conflicts between (a) their own role as corporate stakeholders, and (b) their legal and moral responsibilities in the interests of stakeholders, and should address such conflicts through open communication, appropriate reporting and incentive systems and, where necessary, third party review.

Chapter Summary

- In this chapter covers important issues about compassionate leadership that can enhance the implementation of CRC at all level within the health sector.
- Leaders strongly influence the ethical environment and culture of health care organizations, which, in turn, influence employee behavior.

- The Ethical leadership skills are important to foster an ethical environment and culture that will make it easier for employees to do the right thing.
- Integration of new initiatives into existing system has paramount importance in expediting the process of implementation and ensuring sustainability of CRC in a health system.
- Organizational culture consists of the values and assumptions shared within an organization. Organizational culture directs everyone in the organization toward the “right way” to do things. Contemporary leadership prioritizes creating an atmosphere of empowerment for employees to meet customer and professional expectations through problem-solving skills.
- Monitoring and evaluation that help participants ensure effective implementation of CRC practices. Stakeholder engagement to improve the performances your facilities in light of CRC.

National strategy for implementation of CRC

Stakeholders and roles in CRC

Stakeholders' roles and participation for national mobilization of CRC

For successful implementation of CRC agenda actors in health care and leaders have key role.

Through identifying the gaps the facilities should have detail plan in place for implementation. So stakeholders and health sector mangers have to maintain ownership and enhance mobilization effort for beneficial of the successors.

STAKEHOLDERS AND THEIR ROLES

FMOH/RHBs

- Lead national Mobilization Initiates
- Resource Allocation for the national mobilization
- Advocacy on stakeholders
- Monitoring mobilization of implementation

Health Facilities /public and private

 Providing CRC capacity building

- Monitoring and Evaluation of Mobilization effort
- Promote CRC agendas through local media
- Nominate one delegate to be a permanent member of the health facility
- Implement CRC plan of action as per the implementation guideline and measure CRC achievement based on indicators
- Align CRC plan with the facility annual operational plan and follow up the implementation process.

- Choose CRC Champions and engage them in various promotional activities.

Universities and health science colleges

- Incorporate CRC concepts in to the pre service education curriculums
- Provide CRC in-service trainings to health professionals educators and support staffs
- Support the establishment of health students CRC circle
- Lay down CRC monitoring and evaluation system that enables to capture improvements
- choose CRC Champions and engage them in various promotional activities
- Nominate CRC ambassadors and ensure their active engagement in CRC promotional activities
- Participate in the annual health professionals day /week, recognize and reward CRC Champions and model educators
- Health Professionals
- Practicing compassionate presence—i.e., being fully present and attentive to their patients and being supportive to them
- Listening to patients' fears, hopes and pain
- Obtaining spiritual history
- Being attentive to all dimensions of patients and their families: body, mind, and spirit
- effective communication with health care teams, interactions with patients and other health professionals over time and across settings;
- Respect for and facilitation of patients' and families' participation in decisions and care Strive to be a champion as members of the interdisciplinary health care team.

Health Professionals Associations

- Initiate health professionals to implement CRC

- Coordinate their members for the implementation compassionate and respectful care
- Subsequent provision of service on caring respectful and compassionate manner
- Advocate compassionate and respectful care in general assembly
- Provide support as technical assistance
- Commence & incorporate compassionate respectful care in continuous professional development training
- Initiate and support members research presentation
- Advocate concepts and needs of CRC in media and web site
- Association are expected to choose CRC candidates (ambassador)
- Follow for the provision of compassionate respectful care for service use

Definition:

Ethics is derived from the Greek word ethos, meaning custom or character. Ethics is the study of morality – careful and systematic reflection on and analysis of moral decisions and behavior, whether past, present or future.

Morality is the value dimension of human decision-making and behavior. The language of morality includes nouns such as 'rights', 'responsibilities' and 'virtues' and adjectives such as 'good' and 'bad' (or 'evil'), 'right' and 'wrong', 'just' and 'unjust'.

Ethics could also be defined as the branch of philosophy dealing with standards of conduct and moral judgment.

The most common ethical theories are:

1. **Deontology (Duty or rule-Based theory)**
2. This theory proposes that the rightness or wrongness of an action depends on the nature of the act rather than its consequences. This theory holds that you are acting rightly when you act according to

duties and rights. The theory denotes that duties and rights are the correct measuring tools for evaluating action. E.g Code of Professional Ethics **Teleology ((utilitarian or end based theory)**

This theory looks to the consequences of an action to judge whether that action is right or wrong. According to the utilitarian school of thought, a right action has greatest utility or usefulness. Utilitarian holds that no action in itself is good or bad, but only outcomes or results of actions.

3. Ethical Relativism-

This theory holds that morality is relative to the norms of one's culture. The theory states that before decisions are made, the context of the decision must be examined. The doctrine states that there are no absolute truths in ethics and that what is morally right or wrong varies from person to person or from society to society. The theory believes that variances in culture and society influence whether an act is moral. Unlike deontology, this theory believes that what is right for one group may not be right for another; this theory believes there is no “universal truth.” Those opposed to this theory feel that there are some issues (e.g. incest or torture) that are not open to debate.

The Role of Ethical principles in Health Care

Ethical principles are the foundations of ethical analysis because they are the viewpoints that guide a decision.

1. Autonomy

The autonomous person must

- Be respected

- ❖ Decide own personal goals. The goals may be explicit or less defined
- ❖ Have capacity to decide on a plan of action
- ❖ Have the freedom to act upon the choices

Example2: Mr Y, 20 years old, is referred to a nurse counselor for HIV Screening because he has history of sexually transmitted infections (STI). The nurse adequately offered HIV counseling and recommended to get HIV test. He refused despite the HIV counseling. A nurse counselor should respect his autonomy.

The counselor's duty is to provide the necessary information and benefit of HIV-testing. The decision to be tested, however, is up to the patient, provided that he or she received the necessary information.

Health Care Ethics principles in Practice

Consent

A person's capacity to give consent can be affected by illness (emotional, mental or physical). People who are considered not to have the capacity to give their consent are still entitled to the same respect for their human dignity and personal integrity as any person with full capacity.

If a patient is unable to understand, retain, use or deliberate information they have been given, or if they are unable to communicate their decision, they might be seen as lacking the capacity to give consent to the proposed investigation or treatment. A judgment that a patient lacks the capacity to make a particular decision does not imply that they are unable to make other decisions or will be unable to make this or other decisions in the future.

Information for patients

Information for patients prior to giving consent

Information patients want or should know before deciding whether to consent to treatment or an

investigation

might include:

- ✓ Details of the diagnosis, and prognosis and the likely prognosis if the condition is left untreated
- ✓ Uncertainties about the diagnosis, including options for further investigation before treatment
- ✓ Options for treatment or management of the condition, including the option not to treat
- ✓ Purpose of a proposed investigation or treatment
- ✓ Details of the procedures or therapies involved, including methods of pain relief
- ✓ Preparation for the procedure and what the patient might experience during or after the procedure,

  including common and serious side effects
- ✓ Explanations of the likely benefits and the probabilities of success and discussion of any serious

or frequently occurring risks and any lifestyle changes which may be caused or required by the

treatment (of all options)

- ✓ Advice about whether a proposed treatment is experimental
- ✓ Information about how and when the patient's condition and any side effects will be monitored or re-assessed
- ✓ Name of the doctor who will have overall responsibility for the treatment and, where appropriate,

  names of the senior members of their team
- ✓ Involvement of doctors in training
- ✓ Involvement of students in the investigation or treatment;
- ✓ Reminder that patients can change their minds about a decision at any time
- ✓ Reminder that patients have a right to seek a second opinion
- ✓ Details of costs or charges to be paid by the patient

Healthcare provider giving information should consider patients' individual needs and priorities.

For example, patients' beliefs, culture, occupation or other factors may have a bearing on the information they need to reach a decision. The health worker should ask the patient whether they have understood the information they have received and if they would like more information before making a decision.

The care provider must answer any questions the patient wishes. You must not withhold any information from a patient necessary for decision-making unless disclosure would cause the patient serious harm. In this context, serious harm does not mean the patient would become upset or decide to refuse treatment.

Advance healthcare planning

Sometimes patients might want to plan for their medical treatment in the event they become incapacitated in the future. This might include an advance refusal of medical treatment and/or a request for a specific procedure. Advance treatment plan has the same ethical status as a decision by a patient at the actual time of an illness.

If it is unclear that an advance treatment plan exists, the state of the patient's capacity at the time of developing the treatment plan or whether it still applies in the present circumstances, healthcare professionals should make treatment decisions based on the patient's best interests. In making such a decision, healthcare workers should consult with a legal authority to make decisions on behalf of the patient and patient's family.

Children

Children and young people should be involved as much as possible in discussions about their health care

2.3 Preventive Ethics

Tools for systematic impartial ethical case analysis:

2.3.1. Impartial Ethical Case Analysis

1. What is the ethical dilemma and alternative actions/rules?
2. What do we know about the outcome of the alternatives?
3. Are there laws, rules or guidelines regulating the decision?
4. Who are involved stakeholders?

5. What are the stakeholders' potential burdens and benefits?
6. What/who's interests are in conflict?
7. What are the values and principles at stake?

2.3.2. Ethical guidelines:

a. Help health workforce to make better choices for the patient in accordance with agreed norms and values in society
b. Support health workforce and patient to make difficult decisions
c. Reduce disagreements: patients, relatives and health professionals, among the health workforce
d. Function as an arena for debate in the medical community and society
e. Make ethical choices more transparent, accountable and legitimate
f. Be used in teaching, in basic education, through specialization and on the job

2.3.3Ethics Consultations:

Definition: Ethics consultation is a service provided by an individual or group to help patients, families, surrogates, healthcare providers, or other involved parties address uncertainty or conflict regarding value-burdened issues emerging in health care

Goals of Ethics Consultations:

a. To maximize benefit and MINIMIZE HARM to patients, families, professionals and institutions by fostering fair and inclusive decision making processes that honors patients' preferences and individual and cultural value differences and dilemmas among all parties

b. To facilitate resolution of conflicts in a RESPECTFUL atmosphere with attention to interests, rights, and responsibilities of those involved

c. To inform institutional efforts at POLICY development, quality improvement, and appropriate utilization of resources by identifying the causes of ethical problems and promoting practices consistent with ethical norms and standards

d. To assist individuals in handling current and future ethical problems in a compassionate, respectful, responsible and caring manner by providing EDUCATION to the health workforce in healthcare ethics

Highlights on the ethics of priority setting/rationing in health care

The practice of medicine is resource intensive and there is often a gap between demand and supply. Often healthcare systems are required to set priorities and allocate resources within the constraints of limited funding. Decision-makers may not be well-equipped to make explicit rationing decisions. Resources should be understood broadly to include health personnel, time, equipment, infrastructure, medicines, beds, operating rooms and money.

Priority-setting in healthcare is defined as the ranking of health services and recipients of these services through a decision-making process. Health workforce at policy and institutional levels make explicit rationing decisions for large patient groups and future patients, those working at clinical levels also have to make decisions at an individual level. In so doing, health professionals must balance multiple roles when being patient advocates, resource managers of institutions and financial risk protector for patients. The health workforce should play these roles in a CRC manner.

Selected articles from civil code:

Art. 2031. - Professional fault.

1. A person practicing a profession or a specific activity shall observe the rules governing that practice.
2. A person shall be liable where he or she is negligent or ignorant of his or her duties, or accepted rules of his or her professional practice

Art. 2032. - Intent to injure

(1) A person commits an offence where he or she acts with intent to injure another

(2) A person commits an offence where, with full knowledge of the acts, he or she causes substantial damage to another to seek personal gain .Art. 2034 - Purpose of rights.

Subject to the provisions of the preceding Articles, the manner in which a right is used may not be challenged on the ground that it is contrary to the economic or social purpose of that right.

Art. 2035 - Infringement of a law.

(1)A person commits an offence where he or she violates any specific and explicit provision of a law, decree or administrative regulation.

(2)Ignorance of the law is no excuse. Selected Articles from Criminal Code:

Article 81 - Mistake of Law and Ignorance of Law.

(1)Ignorance or mistake of law is no defense

(2)The Court shall, without restriction, reduce the punishment (Art. 180) applicable to a person who in good faith believed he had a right to act and had definite and adequate reasons for holding this erroneous belief.

The Court shall determine the penalty taking into account the circumstances of the case and, in particular, the circumstances that led to the error.

(3)In exceptional cases of absolute and justifiable ignorance and good faith and where criminal intent is not apparent, the Court may impose no punishment.

Article 744- Mistake.

(1) A person who committed a petty offence may not plead as justification ignorance of the law or a mistake as to right (Art. 81).

(2) If a person acted under a proven mistake of fact which excluded knowledge or intention to commit an offence he or she shall not be liable to punishment (Art. 80).

- **Dignity of the Human Being**. This type of dignity is based on the principle of **humanity** and the **universal worth** of human beings and their **inalienable rights** – which can never be taken away. This is a **moral approach**, which considers that we all have a moral obligation to treat other human beings with dignity because of the belief that all human beings have **nobility** and **worth** and people need to be treated with dignity as part of fulfilling their human lives. Various international conventions and legal instruments define this in terms of human rights and how all human beings ought to be treated. This brings with it other ideas such as **equality**, where, for example, it is expected that all people merit treatment as human beings on an equal basis, whoever they are, whatever their age, whatever their background, how they are behaving or whatever they may be suffering from.
- **Dignity of Personal Identity**. This form of dignity is related to personal feelings of self-respect and personal identity, which also provides the basis

for relationships with other people. Most people have a self-image and wish to be treated by others in the manner they believe they deserve. Most people have a very finely tuned sense of being treated in a dignified or an undignified manner. It is relatively easy to damage a person's perception of their self-esteem and self-worth with a few harsh words or with physical mistreatment. On the other hand, many people are quite robust and manage to keep their personal self-esteem, whatever bad happens to them.

- **Dignity of Merit.** This form of dignity is related to an older person's status. Many older people are proud to have held positions in society, been awarded honors and had significant achievements in their lifetime. Uniforms, awards, badges and titles all bring to the owner a level of respect and dignity in society. People have a reasonable expectation of continued recognition for their achievements as they become older and can be very disappointed when this does not happen.
- **Dignity of Moral Status**. This is a variation of dignity of merit, where some people have a personal status because of the way they are perceived and respected by others. This type of dignity is difficult to appreciate because the meaning and value of a person's moral status will vary from situation to situation and time to time. Unlike permanent awards or honors based on merit, an individual's moral status is not something everyone recognizes. For example, an unelected community leader may well have a moral stature and be treated with considerable dignity by members of that community. Yet to others, this unelected individual may be seen as having no legitimate right to represent anyone and just be ignored. In this sense dignity of moral status will be very much in the eye of the beholder. This is a complex aspect of delivering care with dignity. Older people will also have an expectation of continued recognition of their previous moral status no matter how volatile that was.
- The Dignity and Older Europeans (DOE) Project Study (2004) (Note 1) produced a succinct and perceptive classification of four **types of dignity**[1]:

THANK YOU!