

The Oath You Took : How Upholding Oath Details Can Protect You from Medical Mispractice

Natalie Oberle Seabolt, DNP, RD, RN, APRN

Tennessee Bureau of Investigation

Disclosures

I have no financial relationships to disclose.

Objectives

- Recognize the inclusion of healthcare and nursing ethical principles in composure of the Hippocratic Oath and Florence Nightingale Pledge
- Relate current literature to each of the ethical principles discussed
- Identify with application of current established best practices/guidelines for upholding ethical principles discussed
- Examine and identify with self-awareness one's professionalism/behavior as well areas of practice risk-taking

Hippocratic Oath

- Named after Hippocrates – the “father of medicine” - appeared a century after his death – author unknown
- Modern version penned in 1964 by Louis Lasagna of Tufts University

Hippocratic Oath Today

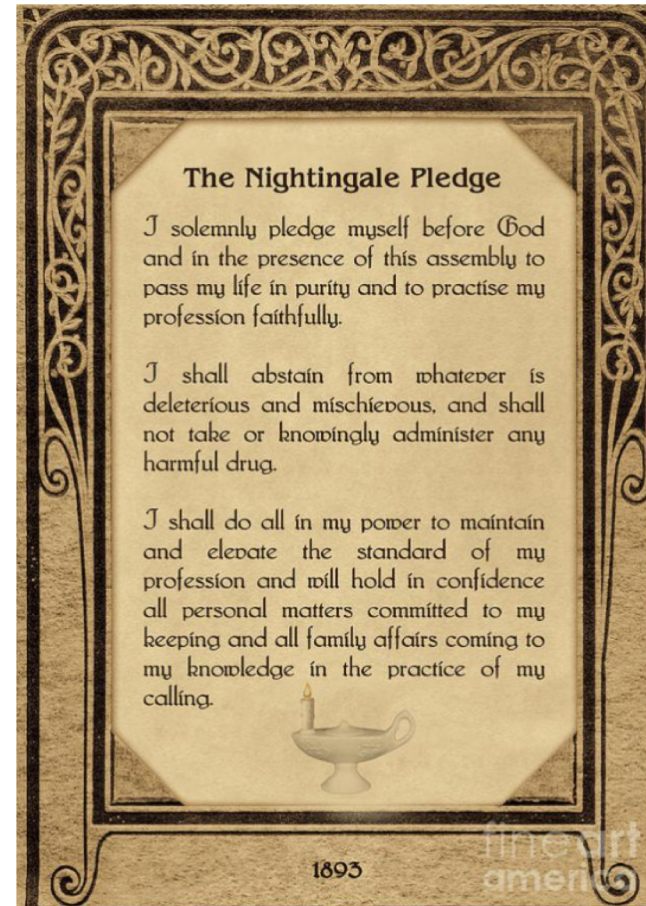
I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow. I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism. I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug. I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery. I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God. I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick. I will prevent disease whenever I can, for prevention is preferable to cure. **I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.** If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

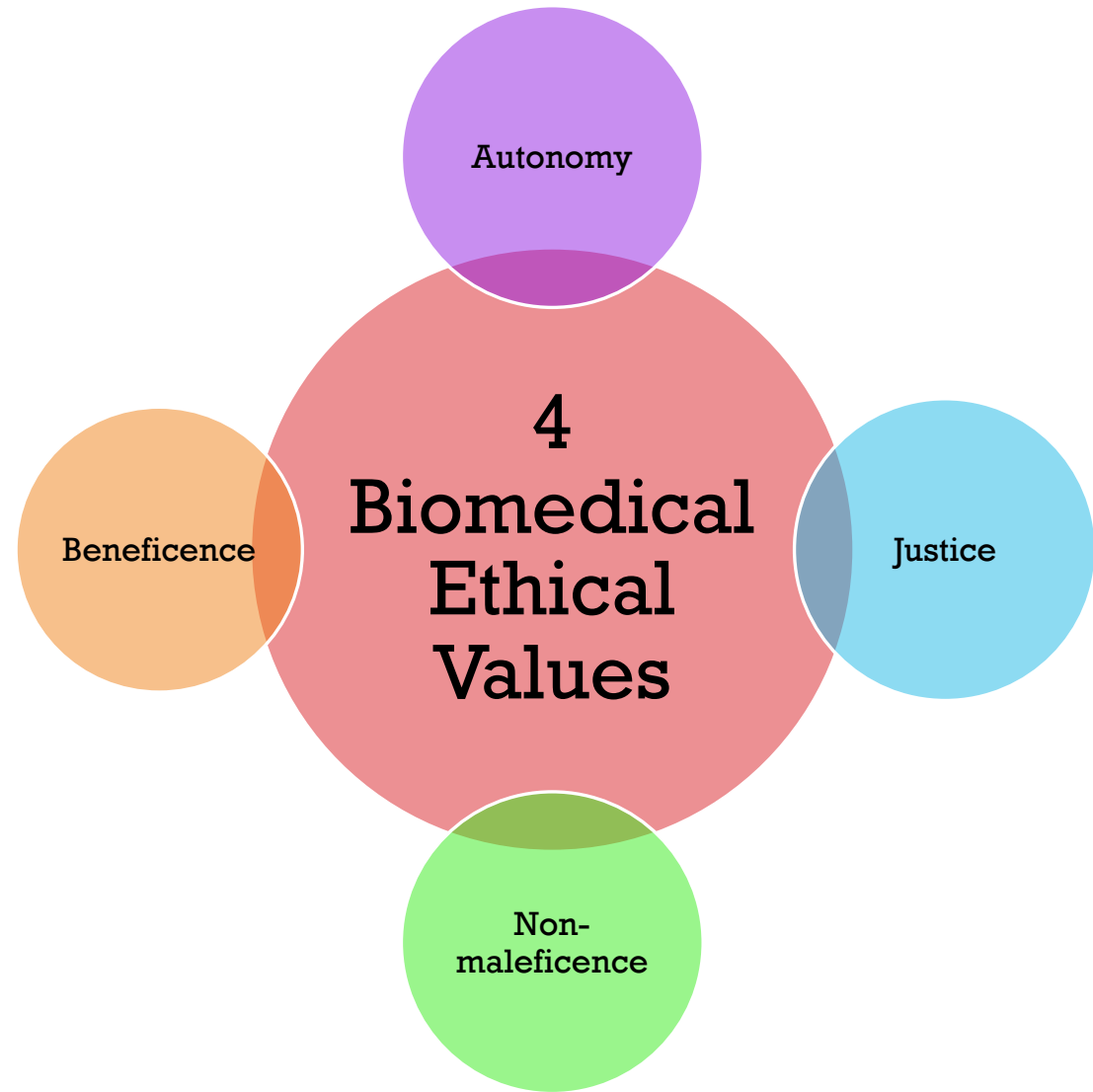
Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, 1964

Nightingale Pledge

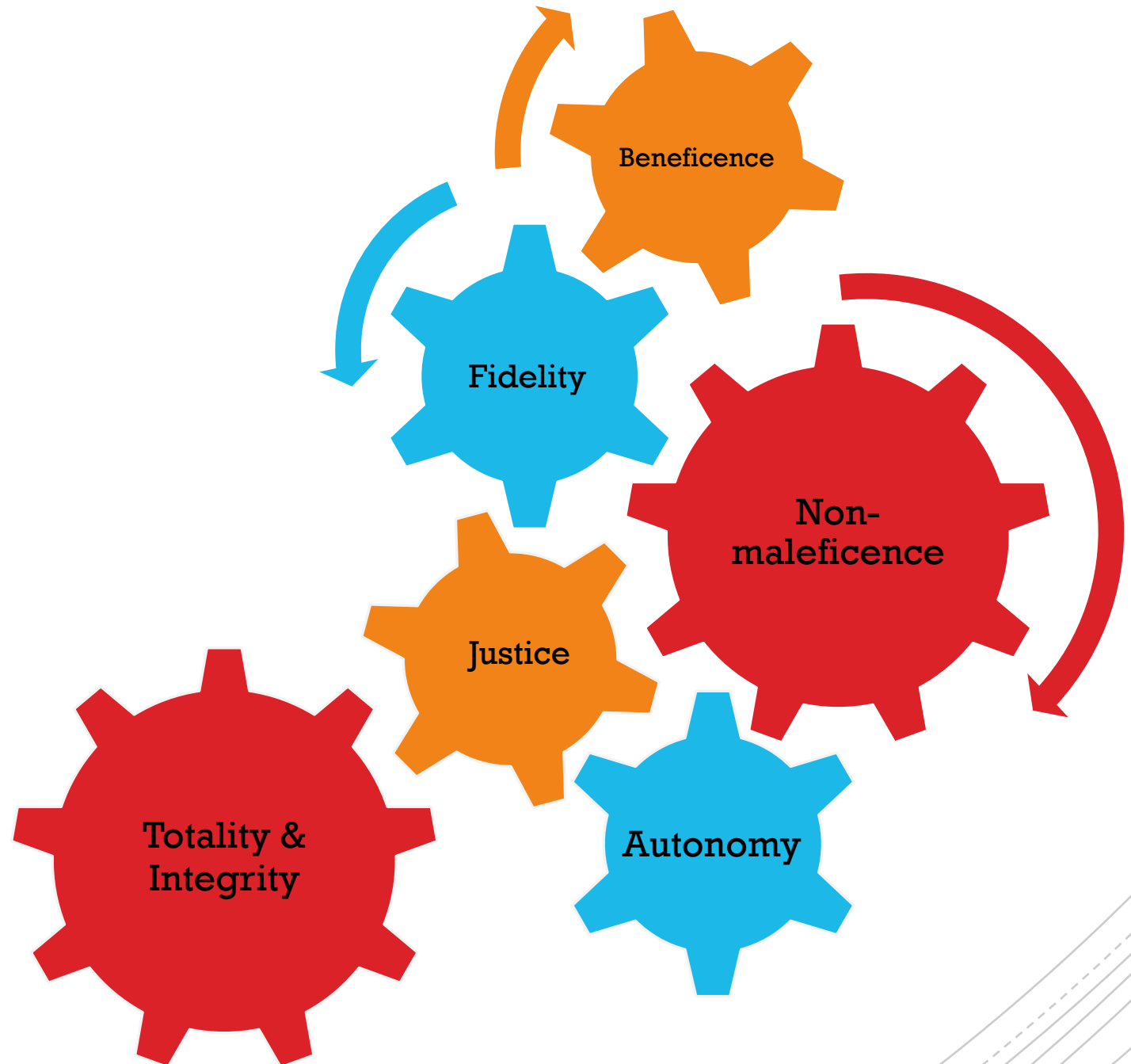
- Named after Florence Nightingale – the “ founder of modern nursing”
- Penned in 1893 by Lystra Gretter (& committee) at the Farrand Training School for Nurses



Principles of Biomedical Ethics



6 Key Ethical Principles of Nursing



Medical Malpractice vs. Medical Mispractice

- **Medical Malpractice:**
 - Provider deviates from the recognized “standard of care” which is defined as what a reasonable prudent medical provider would or would not have done under the same circumstances. Was the provider negligent?
- **Medical Mispractice:**
 - Actions that depart from recognized “standard of care” and resulting abandonment deviations from right, accuracy, and correctness influenced by disregard of rule or principle suggesting heedlessness or ignorance.

Non-maleficence & Beneficence

- **Definition:**
 - **Non-maleficence:** Obligation to not inflict harm intentionally
 - **Beneficence:** The act of doing or producing good
- **Oath:** “I will apply, for the benefit of the sick, all measures (that) are required, avoiding those twin traps of over treatment and therapeutic nihilism”
- **Pledge:** “I shall abstain from whatever is deleterious and mischievous, and shall not knowingly administer any harmful drug”



Do No Harm

Non-maleficence

LITERATURE

- Unethical to under-treat pain based on misplaced fear of causing opioid addiction
- “Do no harm” includes obligation not to impose risks of harm as well

APPLICATION

- TN Chronic Pain Guidelines: Abuse risk assessment screening, mental health disorder screening, CSMD patient report, urine drug screen, and Controlled Substance Agreement
- Knowing and being cognizant of established risk factors for opioid dependence, abuse, and diversion

Beneficence

LITERATURE

- Treatment of pain is a basic human right
- Appropriate goals of pain treatment should guide the plan of care

APPLICATION

- Goals for chronic pain management:
 - Reduction in pain
 - Improved physical function
 - Improved relationships
 - Improved work or avocational activities
 - Improved general quality of life

Autonomy

- **Definition:** The right of patients to make decisions about their medical care without their health care provider trying to influence the decision. Patient autonomy does allow for health care providers to educate the patient but does not allow the health care provider to make the decision for the patient.
- **Oath:** “I will remember that there is an art to medicines as well as science, that warmth, sympathy, and understanding may outweigh the surgeon’s knife or chemist’s drug”
- **Pledge:** N/A- but one of 6 key ethical principles of nursing



Autonomy

LITERATURE

- Key elements:
 - Patient understanding of information communicated
 - Patient fully informed of risks/benefits of all treatment options
 - Freedom to make a decision (w/out coercion)

APPLICATION

- Informed Consent Elements:
 - Diagnosis
 - Nature/purpose of proposed treatment
 - Risks/benefits of proposed treatment
 - Alternative treatments (PT, chiropractor, TENS unit, injections, etc.)
 - Risks/benefits of alternative treatments
 - Risks/benefits of not receiving the treatments

Fidelity

- **Definition:** Faithfulness to obligations, duties, or observances
- **Oath:** “I will respect the privacy of my patients, for their problems are not disclosed to me that the world should know”
- **Pledge:** “[I] will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling”





Fidelity

LITERATURE

- Faithful devotion to duty, plays a major role in healthcare professions. Fidelity encompasses the clinician's responsibilities to patients, legal statutes, the health care organization or employer, and society.

APPLICATION

- Professional Code of Ethics
- State & Federal Laws
- Tennessee Department of Health Rules & Regulations
- Organizational Policies & Procedures

Justice

- **Definition:** Individuals and groups with similar circumstances and conditions should be treated alike; fairness with equal distribution of goods and services.
- **Oath:** “I remember that I remain a member of society, with special obligations to all my fellow human beings; May I [be] respected while I live and remembered with affection thereafter”
- **Pledge:** “I shall [be] devoted towards the welfare of those committed to my care”



Justice

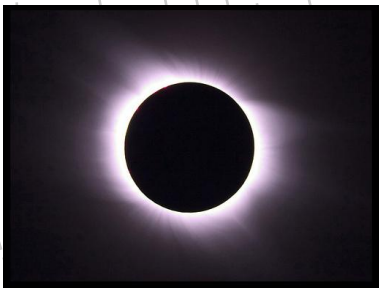
LITERATURE

- Justice does not permit discrimination based on diagnosis or condition (addiction)
- Usually injustice or discrimination is not committed in the decisions made by clinician, but in their attitude

APPLICATION

- Tools for justice:
 - Actions to match risk shift towards prevention/support
 - Be cognizant of personal prejudice
 - View substance abuse d/o as personal/public health issue
 - This value does not extend to pain-faking diverting patients except for addressing any psychopathology that might drive behavior

Totally & Integrity



- Definition:
 - Totality: Viewing the person as an integration of biological, psychological, sociocultural, and spiritual dimensions
 - Integrity: Following of moral or ethical principles, and doing the same as what you say.
- Oath: “ I will remember that I do not treat a fever chart, a cancerous growth, but a human being, whose illness might affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick”





Totality

LITERATURE

- Spiritual and cultural beliefs/systems affect reporting and willingness to communicate about pain
- Spiritual and existential pain can impact the treatment plan as well
- Socioeconomic impacts on healthcare outcomes

APPLICATION

- Cultural/Religious knowledge for sensitivity and barrier breakthrough
- In-depth discussion about coping mechanisms and mentally reframing the experience of pain
- Recognizing Medicaid enrollment as risk factor for opioid unintentional poisoning death



Integrity

LITERATURE

- The informed consent promotes collaborative understanding
- Doctors who empathize have higher patient satisfaction, reduced malpractice claims, and higher levels of clinical competence

APPLICATION

- Create individualized clear treatment plans
- Use reflective listening to ensure understanding
- Give the patient a copy to take home to read again
- Be self-aware about your state of mind

Professionalism

- **Definition:** Adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct, and the informal expectations of colleagues (Segen's Medical Dictionary, 2012)
- **Oath:** "I will respect the hard-won scientific gains of those physicians in whose steps I walk; Act to preserve the finest traditions of my calling"
- **Pledge:** "I shall do all in my power to maintain and elevate the standard of my profession"



Professionalism

LITERATURE

- Universal Healer's Code of Ethics
- The medical profession as a whole abounds with fragile egos and deep vulnerabilities
- Nurses Eat Their Young.

APPLICATION

- You're only as good as those who act in supporting roles for you. Be grateful and helpful.
- Karma really exists.
- When you finally make it home, appreciate and endear whomever is waiting for you.

The image features a central blue speech bubble with a white outline and a small tail pointing downwards. Inside the bubble, the text "Thank you !" is written in a white, sans-serif font. The background consists of several concentric circles of varying radii, some solid and some dashed, in a light gray color, creating a subtle pattern.

Thank you !