

circumstances, unless the patient or legal situations allow it, should patient's health care information be withheld from patients. HIPAA grants rights to patients to access or obtain copies of their own personal health care information when deemed necessary by the patient. Allowing patients access to their own health care information, while prohibiting the transition of patients' health care information to others, assures that the patient will receive all information about his or her health care he or she requires to formulate decisions.

HIPAA not only dictates how information is transmitted between health care professional and patients, it also dictates how information is transmitted among and between health care professionals. Patients' health care information should be transmitted among and between health care professionals on a need to know basis (3). Meaning, if health care professionals do not need access to a given patient's health care information to do their job, then they should not be granted access to said health care information. Furthermore, health care professionals should only be granted access to a patient's health care information pertinent to their role and responsibilities. The following example highlights the aforementioned concept. A patient is under the care of nurse A. While under the care of nurse A the patient undergoes testing for sexually transmitted diseases. Nurse A was made aware of the tests because the patient's physician deemed the tests appropriate. Before the test results come back, the patient was transferred to another unit and is under the care of nurse B. The patient is no longer under the care of nurse A. The patient will be discharged and therefore will not be returning to nurse A's care. Nurse A is curious about the test results of her former patient. Nurse A asks nurse B, the patient's current nurse, about the test results. Under current HIPAA laws, nurse B cannot disclose the patient's test results to nurse A because the patient is no longer under nurse A's care. The information regarding the patient's test results is no longer pertinent to nurse A's current duties. Therefore, she does not need to know the information. In addition to the previous requirements, health care

professionals must follow HIPAA restrictions on patient identifiers when transmitting requisite patient information among colleagues. HIPAA restrictions were put in place to prohibit nonessential personnel from obtaining patients' health care information. HIPAA restrictions regarding the transmission of patients' health care information among and between health care professionals retain respect for patient autonomy by limiting the leakage of patients' health care information to individuals that may use it to influence the patient in any manner. The restrictions also reinforce the flow of patients' health care information to the individual patient. The aforementioned HIPAA restrictions support a figurative pipeline which brings all health care information directly to the patients in order for them make their own individual decisions about the direction of their health care.

Respect For Patient Autonomy Considerations For The Elderly

Elderly can refer to any individual 65 years old or older (4). Elderly patients make up a large portion of the health care population. Typically, elderly patients have very specific needs and pose unique challenges for health care professionals. In addition, aspects of elderly patients' health and overall well-being require special attention and consideration. One consideration is their mental state. Elderly patients often present to health care professionals suffering from a variety of conditions such as: hypertension, diabetes, Alzheimer's disease, Parkinson's disease, depression, anxiety and/or dementia. These serious conditions possess the potential to dramatically impact an elderly patient's mental state and can leave elderly patients feeling confused, disoriented and frightened. They can also affect elderly patients' ability to process information and formulate decisions. In short, elderly patients may be mentally compromised when admitted into the care of a health care professional. Health care professionals must be aware of this possibility and understand how it can affect the ethical principle of respect for patient autonomy. Respect for patient autonomy enables patients to make their own

decisions regarding their own, personal health care. However, it may be a real possibility that elderly patients may not possess the ability to do so. In these cases, alternative channels must be used to grant elderly patients with an opportunity to indirectly dictate their own health care. Elderly patients often have individuals representing them through power of attorney. Power of attorney legally grants another individual, other than the patient, the ability to make health care decisions on behalf of the patient. In cases where elderly patients have individuals representing them through power of attorney, health care information and decision-making opportunities should be directed towards the individual with power of attorney. This diversion of health care information and decision-making to a competent individual provides the patient with an indirect method of health care oversight. Health care decisions are made, on the patient's behalf, by a designated individual as opposed to a health care professional. As a result, respect for patient autonomy is achieved and maintained. Elderly patients present unique challenges for health care professionals. Health care professionals must understand these challenges and work to overcome them in order to achieve and maintain respect for patient autonomy.

The Bottom Line

Maintaining respect for patient autonomy is, arguably, the most important ethical principle regarding health care. Respect for patient autonomy allows the patient to remain independent, while providing an opportunity for the patient to cultivate his or her own decision making process. Respect for patient autonomy, along with its respective safeguards, ensure that patients' health care information be directed towards each individual patient. It secures the patient's right to his or her own personal health care information and enables the patient to receive information regarding the benefits and risks of potential health care interventions before they are administered. Respect for patient autonomy affords patients the freedom to accept or reject any potential health care intervention. In short,

maintaining respect for patient autonomy recognizes the patient as an individual with the ability to make informed decisions about the direction of his or her own personal health care. A health care professional must, in no way, shape or form, misinform, lead, force, coerce, dictate or intimidate a patient into a decision about his or her own health care. A health care professional must act in the best interest of the patient and must not objectify the patient as a means to advancing or achieving their own personal agendas. Health care professionals must respect patients' decisions regarding their health, even if they do not agree with them. What it all comes right down to is as follows. The individual patient, unless the patient and/or legal situations deem otherwise, possesses the right to be the sole decision maker when it comes to their own personal health care. As a result, health care professionals must uphold respect for patient autonomy at all times.

Section 2 Key Concepts

- *Patient autonomy grants patients the opportunity to make their own informed, decisions regarding their personal health care.*
- *Health care professionals must not misinform, lead, force, coerce, dictate or intimidate a patient into forming a decision about his or her own personal health care.*
- *Health care professionals must act in the best interest of the patients at all times.*
- *Health care professionals must provide accurate, unbiased health care information directly to each individual patient, which outlines the potential benefits and risks of proposed health care interventions. The patient has the right to accept or reject any potential health care intervention.*
- *Elderly patients may require special attention and consideration.*
- *Health care professionals must respect patient autonomy at all times.*

Section 2 Key Terms

Autonomy - refers to an individual's capacity to think, act and form decisions about one's own life; free from external control, influence, force and/or coercion; independence.

Patient autonomy - refers to patients' ability and right to all information regarding their current and future health care options, diagnosis, treatments, interventions and/or strategies, including both potential benefits and risks, in order to formulate their own informed decisions regarding their own personal health care (1).

Informed consent - refers to the process health care professionals must go through to inform patients about their potential health care options in order for patients to select the best health care option for them; a process a health care professional goes through to inform a patient about the potential benefits and risks of a proposed health care intervention so they patient can formulate a decision on whether to accept or reject potential interventions (2).

Health Insurance Portability and Accountability Act of 1996 (HIPAA) - refers to the group of laws which protect patient health information.

Elderly - refers to any individual 65 years old or older (4).

Section 2 Personal Reflection Question

How do you personally maintain respect for patient autonomy while administering health care to patients?

Section 3: Beneficence

Beneficence refers to the act of doing good or non-malice. Beneficence can also refer to kindness, mercy and/or altruism. In essence, beneficence is action to prevent or remove harm from others. It is the antithesis of bringing harm upon others. The concept of beneficence has been fueling civilization for thousands of years. Entire cultures, societies, governments and/or law systems have been built around the notion of beneficence. Without beneficence governing the consciousness of the collective,



society as we know it would slip into chaos. Worldwide governments would topple, judicial systems would break down and the global fabric of law and order would cease to exist, allowing malice, mayhem and maleficence to rule. Therefore, beneficence must serve as a shared ethical principle among the majority of the earth's population. It must also serve as a necessary cornerstone of health care professional ethical principles. Without

beneficence, there is no health care as we know it.

Individuals seek health care to improve their state of well-being. Whether they are in pain, injured or sick, individuals enter into the care of another individual to better their situation and quality of life. Typically, individuals do not enter the care of another individual to worsen their situation and/or quality of life. If individuals consistently entered the care of another individual only to find their health, overall well-being and quality of life routinely diminished, they would stop seeking care from that individual. The same can be said for the system of health care as we know it. If patients requiring health care were continually admitted into a system that did not promote and/or consider their health, overall well-being and quality of life, they would refuse to enter into that system. Thus, if there are no patients there is no system. Patients seeking care from health care professionals supports the entire system of health care. In turn, health care professionals administering care to patients which improves their health, overall well-being and quality of life strengthens and perpetuates the system by attracting new patients. Another way to look at it is as follows. Health care professionals providing effective health care to patients ensures the existence of health care by assuring a continuous flow of patients seeking health care. A system which promotes the improvement of

health, overall well-being and quality of life cannot exist if that system diminishes the health, overall well-being and quality of life of those who are admitted into it. Therefore, there must be an understanding between the individuals seeking health care and the individuals providing health care. This understanding, as it relates to health care, is the health care professional ethical principle of beneficence.

Beneficence, as it relates to health care, refers to the act of doing what is best for the patient, with consideration for the patient's pain, physical and mental suffering; risk of disability; risk of diminished health, overall well-being and quality of life; as well as risk of death; promote patients' health (1). Essentially, beneficence, as it relates to health care, dictates that a health care professional must act and administer health care which is best for the patient, while considering the patient and the risks of the health care administered to the patient, e.g. promoting health care interventions, which are best for the patient. With that said, how can health care professionals uphold beneficence, as it relates to health care? The simple, straightforward answer is as follows: health care professionals should act in the best interest of the patient.

As previously outlined, it is critical for health care professionals to always act in the best interest of the patient. Health care professionals should not put their interests or personal agendas first while administering health care to patients. The patient's best interest must come first. Acting in the best interest of the patient is the very reason health care professionals are employed to care for patients. It forms the basis for health care related professions and individual health care professionals' duties. It also goes a long way to promote beneficence. If health care professionals act in the best interest of the patient, they are, in essence, doing what is best for the patient, which makes up one part of the beneficence core, as it relates to health care. Also, acting in the best interest of the patient enables health care professionals to consider the patient, which makes up another piece of the beneficence core. Finally, acting in the best interest of the patient will lead health care professionals to consistently consider the benefits and

risks of potential health care interventions before they are administered to a patient. In doing so, health care professionals will allow themselves an opportunity to understand how the potential intervention will affect the patient and his or her health, overall well-being and quality of life. This opportunity can lead to doing what is best for the patient. If health care professionals believe a health care intervention possesses the potential to do more harm than good for a patient, that reasoning could prevent them from administering that particular intervention and negatively impacting the health, overall well-being and quality of life of the patient. This consideration of patients' well-being and health care risks make up another piece of the beneficence core, as it relates to health care. Putting the aforementioned pieces together will leave you with the entire, complete core of beneficence, as it relates to health care. In assembling the core of beneficence, you have essentially obtained the essence of the ethical principle itself. Therefore, acting in the best interest of the patient can help you achieve and maintain the health care professional ethical principle of beneficence.

Pursuing health care education, continuing education units, clinical research and the most up-to-date health care information can also help health care professionals uphold the ethical principle of beneficence, as it relates to health care. The most essential aspect behind beneficence, as it relates to health care, is doing what is best for the patient. This means selecting and administering health care, which will promote the well-being of the individual patient and, ideally, lead to improvements in the patient's health and quality of life. The best way to do this is by being knowledgeable about health care and the various health care interventions at the disposal of health care professionals. How can a health care professional select and administer the best health care for a patient if he or she does not know what the best health care for a patient is? It has been said that knowledge is a pillar of success. This cannot be more evident than in health care. In the case of health care, knowledge can empower health care professionals with the ability to uphold beneficence, as it

relates to health care. With the most up-to-date knowledge health care professionals can directly impact the course of a patient's treatment, health care and, possibly, life. If a health care professional can identify the best health care intervention for a patient and possesses the know-how to implement that intervention into the patient's direct health care, they can dramatically impact and improve a patient's health, overall well-being and quality of life. A health care professional's knowledge can effectively save a patient's life. The validity of this concept can be exemplified in the following emergency situation example. A 65 year-old, male patient presents unresponsive. Health care professionals quickly observe the patient has stopped breathing. A health care professional steps forward and begin administering cardiopulmonary resuscitation (CPR). The health care professional's knowledge of CPR possesses the potential to save the patient's life. The health care professional observed and understood that the patient was unresponsive and not breathing. The health care professional mentally considered the available health care options. The health care professional then identified CPR as the best course of action. The health care professional quickly administered CPR efficiently and effectively and saved the patient's life. Typically, in emergency situations, there is no room for error and no time to waste. Health care professionals must know precisely what they are doing at all times. Health care professionals' knowledge base has to be strong and they must be able to reactively recall the most up-to-date information at a moment's notice. Health care professionals' decisions can directly impact whether a patient lives or dies. The previous example's message can be extrapolated to general health care. The urgency of the administration of health care may not be as intense as an emergency situation. However, the principles remain the same. A health care professional may be called upon to make health care decisions which can dramatically impact patients' lives. Their knowledge base and ability to reactively recall pertinent health care information can aid them in their attempt to promote what is best for patients. The continual pursuit of education and knowledge can enhance health care professionals' knowledge base and improve upon their ability

to reactively recall vital information in any given scenario. The expansion of health care knowledge and the increased ability to reactively recall information possesses the potential to improve health care professionals' ability to select health care that is best for patients. If health care professionals have a strong health care knowledge base, they will be able to mentally organize their health care options as well as consider how they will impact a patient's health, overall well-being and quality of life. In short, education and health care knowledge will aid health care professionals ability to respect the ethical principle of beneficence, as it relates to health care.

Another way a health care professional can achieve beneficence, as it relates to health care, is by attempting to perceive the administration of health care from the point of view of the patient, i.e. the health care professional puts themselves in the patient's shoes. As previously outlined, acting in accordance with the ethical principle of beneficence, as it relates to health care, means promoting what is best for the patient, while considering the patient and the effects of health care administered to the patient. Viewing health care from the point of view of the patient can assist health care professionals in determining the best course of action for the patient. It can also help health care professionals differentiate between potential health care intervention options. For example, if health care professionals do not want a health care intervention administered to them because it would result in massive discomfort, perhaps it is not the best option for their patient. Also, if health care professionals would not want a health care intervention administered to them because the risk for potentially negative outcomes and side effects is high, again, perhaps it is not the best option for their patient. Viewing health care from the point of view of the patient can be an effective way to maintain the integrity of beneficence, as it relates to health care. However, health care professionals must not completely rule out a health care intervention based on the premise that they would not want it administered to them. As previously discussed, all potential health care options should be presented

to patients and potential benefits and risks of each potential health care option should be outlined for the patient. Viewing health care from the point of view of the patient should be used as a means to filter potential health care options based on their relevance and ability to promote what is best for the patient, not rule out potential options to be brought to the attention of the patient. Furthermore, viewing health care from the point of view of the patient can be utilized as a method to gain valuable insight into health care options and to view health care interventions from varying perspectives to illuminate the true value of their administration to the individual patient. It can be a way for health care professionals to evaluate health care administration on a case by case basis. What is best for one patient may not be best for another patient. Viewing health care from the point of view of the patient can help health care professionals see the patient as an individual with unique and specific needs. The perspective gained in the process of viewing health care from the point of view of the patient can assist health care professionals in the examination of the true value of specific health care interventions being administered to the individual patient. It can help health care professionals comprehend the totality of a patient, which in turn, can promote their overall ability to meet the moral obligations of beneficence, as it relates to health care.

Beneficence Roadblocks

Maintaining beneficence, as it relates to health care, is not always easy. It should come as no surprise that as health care professionals encounter roadblocks on their path towards achieving beneficence. However, what may come as a surprise is that the individual health care professional may possess the potential to prevent themselves from achieving and maintaining beneficence. That is correct, the individual health care professional can prove to be his or her own roadblock to beneficence. One of the key aspects of beneficence, as it relates to health care, is doing what is best for the patient. Typically, the individual patients will determine what is best for them in regards to their health care. The patients

themselves will use their own judgment to make decisions about how health care is administered to them personally. However, there will be times when the interpretation of what is best for the patient will derive from the health care professional. Meaning, there will be situations where the health care professional will have to determine what is best for the individual patient. The following example will highlight the aforementioned concept. A nurse is working in a hospital. Her patient is served a meal at dinner time. After a few minutes, the nurse happens to enter the patient's room to see if the patient needs anything. Immediately the nurse notices the patient is choking on his food. The nurse rushes towards the patient and administers the Heimlich maneuver. The piece of food the patient was choking on dislodges from the airway and the patient begins to breathe. The nurse's observations and quick decision to administer the Heimlich maneuver saved the patient's life. In the previous example, the patient was unable to decide what course of action was best to remove food from the airway. The patient had to rely on the nurse's judgment to decide on what health care intervention was best suited to improve the situation. In the previous case, the nurse was the sole decision maker. Being in the role of the sole health care decision maker can prove to be a way health care professionals can serve as their own roadblock to achieving and maintaining beneficence. Throughout health care professionals' careers they will find themselves in a myriad of situations where they will be the sole health care decision maker. If health care professionals do not utilize their best judgment in those situations and administer health care to promote the health and well being of the patient, they will find themselves acting as their own roadblock to beneficence. However, the good news is there are ways to prevent this from occurring. One method is education. As previously outlined, staying current on health care information can aid health care professionals in determining what is best for the patient. Another method is to observe colleagues. Learning from peers' successes can help health care professionals develop and improve upon their own methods of administering health care to patients. Lastly, health care professionals can learn from their mistakes. If a health care error occurred,

determine what went wrong and how to correct it in order to prevent future errors from occurring. Whatever technique is chosen, it is important to continually grow and develop. If the nurse in the previous example did not know how to properly administer the Heimlich maneuver to the patient, the patient may have died. Health care professionals may never know when they will be the sole decision maker in regards to a patient's health care. However, if they stay up-to-date and utilize their best judgment, they will be better equipped to achieve and maintain beneficence, as it relates to health care.

Another potential roadblock that may be found on the path to achieving and maintaining beneficence, as it relates to health care, may be the very interpretation of beneficence. Beneficence, as it relates to health care, refers to doing what is best for the patient. However, the interpretation of what is best for the individual patient may be up for debate among health care professionals. Health care professionals may have varying opinions as to what is best for individual patients. For example, health care professional A believes a specific health care intervention possesses the potential to help improve patient 1's health. However, health care professional B, based on patient 1's past medical history, does not believe that same health care intervention has the potential to improve patient 1's health. In fact, health care professional B believes the intervention in question will negatively impact patient 1's health, overall well-being and quality of life due to the many risks of the intervention. The two health care professionals in the previous example have differing opinions as to what is best for the patient. Even though both health care professional A and B have the best interest of the patient at hand, they are at a crossroads as to what course of action is best for the patient. Their analysis and interpretation of the patient's current state, past medical history, current diagnosis and treatment direction differ. As a result, their opinion and interpretation of doing what is best for the patient differs. Each health care professional has a different opinion as to what is best for the patient. If both health care professionals do not work together to best administer

health care to patient 1, the patient's health care may suffer. This is how the interpretation for doing what is best for the individual patient can prove to be a roadblock when attempting to achieve and maintain beneficence, as it relates to health care. Fortunately, for patient 1, health care professionals A and B do agree to work together. They meet with each other and discuss the patient's case as well as the best course of action. After a long debate they agree to present the intervention in question as a health care options to patient 1. They outline the benefits and risks of the intervention to the patient and provide the patient with as much information regarding the proposed health care intervention as possible. They also outline additional treatment options for the patient. Health care professional A and B leave the final decision in the hands of the patient. Unfortunately, not every situation where health care professionals have different opinions as to what is best for a patient ends like the previous example. Many times conflict can arise. Debates between health care professionals have the potential to become quite intense. Health care professionals may argue and even refuse to communicate with each other. It may be typical for conflict to arise in scenarios where different opinions exist. However, conflict does not necessarily have to possess negative connotations. Conflict can be a very positive experience. Conflict has the potential to be an opportunity for education, growth, development and improved communication. If individuals involved in a conflict chose to be combative and abrasive, a very negative outcome may surface. However, if individuals choose to listen to each other and pool their collective knowledge in an attempt to educate each other and arrive at the best course of action, a very positive result can emerge. Health care professionals must always have the best interest of the patient at hand. Differing of opinions and interpretations of what is best for the patient should not get in the way of that essential concept. In addition, in most cases, the final decision on health care rests with the patient. Even if health care professionals have different opinions as to what is best for patients, patients should receive an accurate, unbiased account of their health care options in order to make the best decision for them.

Regardless, if health care professionals agree with each other or even the patient, the patient possesses the right to make any and all decisions regarding his or her own personal health care.

Typically, when individuals think of health care they think of action: performing an emergency tracheotomy on a patient to relieve a breathing obstruction; the use of a defibrillator on a patient; administering nitroglycerin sublingual tablets to a patient experiencing chest pain. Those are some of the images that come to mind when individuals consider health care, action and health care interventions. However, what most individuals don't consider is that health care may also involve inaction - especially, when health care professionals attempt to achieve or maintain beneficence, as it relates to health care. In some cases beneficence, as it relates to health care, can imply inaction or not intervening (1). For some, this beneficence concept may appear contradictory to the entire basis of health care, but it does have its place. Furthermore, inability to respect the aforementioned beneficence concept can prove to be a roadblock to any health care professional attempting to achieve or maintain beneficence. For example, if the perceived benefit of a health care intervention is minimal or nonexistent it may be best to withhold the intervention. Some may be asking, why? Others may be thinking if an intervention has even the smallest possibility of succeeding or improving the health of a patient it should be administered. That thought is ideal. If a health care professional perceives even the remotest chance a health care intervention could improve a patient's health, overall well-being and quality of life, it should be administered to the patient. That would be the ideal health care situation. However, most health care professionals understand the ideal health care situation is hard to come by and elusive at best. The truth is, many health care interventions possess the potential to place the patient at risk. Even the simplest health care interventions, like administering an aspirin to a patient, possesses risk. Aspirin has associated side effects as well as drug interactions. Administering an aspirin to a patient could potentiate a side effect or a drug interaction with the potential to diminish

the patient's health and overall well-being. Health care interventions often possess both benefits and risks. Fortunately and frequently, when a health care professional proposes a health care intervention, the benefits outweigh the risks. Nevertheless, there are situations where the risks of a health care intervention outweigh the benefits. In those cases, it may be best to withhold the health care intervention. If the administration of health care possesses little to no potential to promote the health and well-being of a patient while placing the patient at risk, beneficence may simply be not acting or intervening. Another situation where beneficence implies not acting or intervening is when a patient refuses health care. The individual patient does have the right to refuse health care. For example, an 86 year-old woman is admitted to a hospice facility. The patient possesses a do-not-resuscitate order in her records. In this case the patient is evoking her right to refuse health care. She would not like to be resuscitated in the case of an emergency. Therefore, in this case, beneficence may simply be not acting or intervening. With that said, whether the administration of health care requires action or inaction, beneficence must be upheld at all times. A health care professional must promote what is best for the patient.

Safeguards To Ensure Beneficence

Beneficence is essential to health care. Without beneficence, there is no health care as we know it. That sentiment is not lost in the current landscape of health care. There is a firm and shared understanding among all parties involved that health care professionals must do what is best for patients. So much of the success of health care rests on the shoulders of the individual health care professional. Health care professionals must promote the health and overall well-being of patients and patients must believe health care professionals are doing what is best for them at all times. Without that understanding the institution of health care cannot thrive or survive. For that reason, beneficence is necessary. Fortunately, safeguards have been put in place to uphold the integrity of beneficence,

as it relates to health care. These safeguards take many forms. Some of the more crucial safeguards come in the form of standard infection control practices and precautions. The Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA) as well as the World Health Organization, have developed sets of infection control practices to guide health care professionals when administering health care to patients. The first of these sets of practices is referred to as universal precautions. Universal precautions were introduced to health care in the mid to late 1980's as an attempt to combat the spread of bloodborne pathogens - pathogenic microorganisms that are present in human blood which may lead to disease, among health care professionals and patients (5). The guiding principle behind universal precautions is the standard approach for health care professionals to follow when handling or coming in contact with human blood and certain body fluids. Universal precautions informs health care professionals to treat all human blood and certain body fluids as if they were infected with the human immunodeficiency virus (HIV), the hepatitis B virus (HBV) and other bloodborne pathogens (5). Universal precautions dictates that health care professionals must wear gloves, masks, goggles and gowns, when appropriate, to prevent direct contact with human blood and certain body fluids such as semen, vaginal secretions, cerebrospinal fluid and synovial fluid (6). Bloodborne pathogens can be transmitted in a variety of ways. The most common ways they can be transmitted in the administration of health care are as follows: accidental puncture from a contaminated needle, contact between damaged skin and infected body fluid and contact between the mucous membrane and infected body fluid (6). Adhering to universal precautions and donning protective health care equipment can reduce the risk of infection and prevent the transmission of devastating, and in some cases terminal, diseases. Universal precautions remained the mainstay in health care infection control practices until the mid 1990's when a new, broader set of standards was introduced by the CDC. This broader approach to infection control became commonly referred to as standard precautions (6). Standard precautions were

developed to expand the focus of universal precautions beyond human blood and certain body fluids. Standard precautions offer techniques and practices to reduce the transmission risk of bloodborne, airborne and epidemiologically important pathogens (6). Standard precautions apply to all patients and encompass a spectrum of methods, which can be utilized by health care professionals to reduce and prevent infection (6). Standard precautions' key elements include the following: hand hygiene, gloving, facial protection, gowning, prevention of needle sticks, respiratory hygiene, cough etiquette, environmental cleaning, linens, waste disposal and patient care equipment (6). Each of the aforementioned key elements have indications, procedures and recommendations associated with them. These indications, procedures and recommendations are arranged in a clear and concise manner to provide health care professionals with a means to reduce and prevent the transmission of pathogens to patients when administering health care. All health care professionals must, at least, observe standard precautions when administering health care to patients. Standard precautions provide the starting point for all infection control precautions. They are the pillars on which further infection control measures are built upon. As a whole, standard precautions aim to promote a safe health care climate. With that said, how do universal/standard precautions help health care professionals achieve and maintain beneficence, as it relates to health care? Under the ethical principle of beneficence, health care professionals are required to do what is best for the patient. Transmitting pathogens, inadvertently or otherwise, to patients on a consistent basis, possesses the potential to diminish and dramatically impact their health, overall well-being and quality of life, which is not doing what is best for the patient. Preventing the transmission of pathogens to all patients at all times is doing what is best for the patient.

Universal/standard precautions aim to prevent the transmission of pathogens to patients. Therefore, adhering to universal/standard precautions is doing what is best for the patient. Health care professionals, ideally, do not want their patients to leave their care worse off than when they entered it. Adhering to universal/standard precautions is a way to

facilitate and promote the health of patients, while providing them with the best possible opportunity to improve upon their health, overall well-being and quality of life. In addition, adhering to universal/standard precautions can be a way to ensure the health and well-being of the health care professional. Health care professionals consistently engage in situations where the infection risk is high. Following the techniques highlighted by universal/standard precautions can prevent the transmission of pathogens to health care professionals, enabling them to be present to administer the best possible health care to patients.

Section 3 Case Study: Standard precautions and beneficence, as it relates to health care

A nurse administering health care in a nursing home is caring for five elderly patients. The nurse administers medications to each patient one at a time. During the medication administration process the nurse touches each patient while assisting them. The nurse does not wash her hands once during the entire process of medication administration.

Was beneficence, as it relates to health care, properly maintained or achieved in the above case study?

Elderly patients are very susceptible to infections. Pathogens, which may lead to infection, are easily transmitted from patient to patient. Hand washing and complying with standard precautions can prevent the spread of pathogens. The nurse in the above case did not wash her hands once during the medication administration process nor did she comply with standard precautions. As a result, the nurse may have increased the elderly patient's risk of infection. Increasing patients' risk of infection is not doing what is best for the patient.

How could the situation, outlined in the above case study, be handled differently to ensure beneficence, as it relates to health care?

The situation in the above case study could be handled in a variety of ways to ensure beneficence. However, the following key point should be included to maximize efforts to achieve and maintain beneficence. Health care professionals should always adhere to proper hand hygiene and standard precautions.

As a health care professional, what should be your goal when administering health care to patients?

As a health care professional you may have many goals when administering health care to patients, one of which should always be maintaining beneficence. You should never prevent yourself from achieving or maintaining beneficence. Adhering to standard precautions can assist your efforts to achieve and maintain beneficence, as it relates to health care.

Universal/standard precautions go a long way to ensure beneficence, as it relates to health care. They provide techniques, guidelines and standards for the preferred methods of administering health care, which can be applied to a variety of health care facilities and settings. To supplement these standards individual facilities and organizations such as, hospitals, clinics and nursing homes, typically, develop their own, specific policies and procedures. Much like universal/standard precautions, individualized organizational policy and procedures go a long way to ensure beneficence. Organizational policies and procedures address the specific needs of the individual facility. They generally cover everything from the administration of medications to computer systems, fire codes, emergency situations, patient safety protocols, health care equipment and personal conduct. In short, organizational policies and procedures outline the rules, codes, protocols and standards of the specific organization. Almost everything a health care professional needs to know and understand about how to effectively administer health care in his or her own given facility can be found within the organization's policies and procedures. For example, organizational policies and procedures routinely outline how health care professionals should administer health care to patients in times of power outages and emergency situations. Exactly what to do, who to report to, who is in command, how to administer medications, patient safety, etc. are commonly addressed within the organization's policies and procedures. If a health care professional has a question on what to do or how to administer health care during a power outage or an emergency situation,

they can, typically, find the answer within the organization's policies and procedures. Much of what is covered within an organization's policies and procedures centers around doing what is best for the patient and the uninterrupted, continuation of patient health care. Great lengths are taken by an organization to establish how it can best serve patients. Patients' health, safety and individual rights are of the utmost importance for a health care organization. Doing what is best for the patient is a goal for many health care organizations and the implementation of their policies and procedures is a way they achieve that goal. Organizational policies and procedures are constantly updated and improved to best accommodate patient's health and safety. They are also continually updated and improved to provide health care professionals with the best possible methods to administer health care at any given time, independent of outside variables such as emergencies. In short, organizational policies and procedures form a map health care professionals can use to reach beneficence, as it relates to health care. If health care professionals are ever feeling lost or questioning how to do what is best for a patient, they should look to their organization's policies and procedures to acquire the answers they may need.

Universal/standard precautions, as well as organizations' policies and procedures, safeguard beneficence, as it relates to health care. However, if they are not followed or properly adhered to, they cannot work. Their success is reliant on health care professionals. Therefore, it can be said that the individual health care professional is the greatest safeguard for beneficence. The individual health care professional works directly at the point of patient care. They are the decision makers and the health care administrators. Every action and choice they make can directly and indirectly impact patients' health, overall well-being and quality of life. The health care professional must choose to have the best interest of the patient at hand at all times and must choose to do what is best for the patient, while considering the effects of their actions on the patient. If the health care professional does not choose to do what is best for the patient then,

simply put, the best will not be done for the patient. It is up to the individual health care professional. They are the first and last line of defense for the patient health care. They check, test, diagnosis, monitor and aid in the recovery process. If the individual health care professional chooses to not do what is best for the patient anywhere along the health care proceedings, the entire process breaks down and the patient will suffer for it. The patient is the individual who ultimately experiences the effects of health care. If the best is not being done for the patient, the patient may experience life altering and, in some cases, life ending consequences. Patients enter into health care to improve their situation, not to make it worse. Therefore, the health care professional must chose to do what is best for the patient at all times. Doing what is best for the patient can be interpreted in a variety of different ways. It can mean many different things to many different health care professionals. With that said, health care professionals must respect patients' decisions regarding their own personal health care. They must promote the health of the patient and consider the benefits and risks of any health care interventions administered to the patient as well as the potential outcomes of those health care interventions. When a patient enters the care of a health care professional, the health care professional holds the patient's health in his or her hands. In order to achieve and maintain beneficence, as it relates to health care, they must chose to do what is best for the patient.

Beneficence Considerations For The Elderly

Elderly patients are very susceptible to infection. Infections, such as pneumonia, possess the potential to dramatically diminish elderly patients' health, overall well-being and quality of life. They also possess the potential to increase mortality rates among elderly patient populations. Health care professionals must be aware of the aforementioned consideration and take special care when administering health care to elderly patients. Beneficence, as it relates to health care, dictates that health care professionals do what is best for patients. Reducing the

transmission of pathogens can be viewed upon as, ultimately, doing what is best for elderly patients. Thus, health care professionals must always adhere to universal/standard precautions to ensure beneficence is achieved and maintained when administering health care to elderly patients.

The Bottom Line

Beneficence is essential to the very idea, practice and institution of health care. Without beneficence health care cannot truly exist in any form. Beneficence, along with its respective safeguards, secure the best is done for patients. It secures the promotion of a patient's health, overall well being and quality of life, while cementing the patient's place as health care's number one priority. Patients enter into health care to better their situation, not diminish it. Thus, health care professionals must do what is best for patients, while considering patients' pain, physical and mental suffering; risk of disability; risk of diminished health, overall well-being and quality of life; as well as risk of death. In essence, health care professionals must promote the health of the individual patient, while respecting the patient's own personal health care decisions.

Section 3 Key Concepts

- *Beneficence, as it relates to health care, ensures health care professionals will do what is best for the patient at all times, while respecting the individual patient's health care decisions.*
- *Health care professionals must promote the health of patients, while considering how their actions will impact a patient's health, overall well-being and quality of life.*
- *Health care professionals must achieve and maintain beneficence at all times.*

Section 3 Key Terms

Beneficence - *refers to the act of doing good or non-malice; kindness; mercy; altruism.*

Beneficence, as it relates to health care - refers to the act of doing what is best for the patient, with consideration for the patient's pain, physical and mental suffering; risk of disability; risk of diminished health, overall well being and quality of life; as well as risk of death; promote patients' health (1).

Universal precautions - refers to the accepted, standard approach to infection control to treat all human blood and certain body fluids as if they were infected with the human immunodeficiency virus (HIV), the hepatitis B virus (HBV) and other bloodborne pathogens (5).

Standard precautions - refers to the accepted, standard techniques and practices used to reduce the transmission risk of bloodborne, airborne and epidemiologically important pathogens (6). Standard precautions apply to all patients and encompass a spectrum of methods, which can be utilized by health care professionals to reduce and prevent infection (6). Standard precautions' key elements include the following: hand hygiene, gloving, facial protection, gowning, prevention of needle sticks, respiratory hygiene, cough etiquette, environmental cleaning, linens, waste disposal and patient care equipment (6).

Section 3 Personal Reflection Question

How do you personally achieve and maintain beneficence while administering health care to patients?

Section 4: Nonmaleficence

Maleficence refers to the act of committing harm; to harm.

Nonmaleficence refers to the exact opposite of maleficence.

Nonmaleficence refers to committing no harm; non-harming.

Nonmaleficence is one of the core ethical principles of all humanity. Do not harm others. That simple, yet monumental concept has been used as a building block for societies, including our own, throughout history. Some of the first laws ever created by mankind convey and protect this essential, fundamental ethical principle. Without the collective firmly attached to nonmaleficence, the cultural structures we currently live in could not exist. Our very survival and the ability for humanity to thrive depends on



nonmaleficence. Therefore, it is only natural that nonmaleficence serves as one of the four cornerstones of health care professional ethical principles.

Nonmaleficence, as it relates to health care, refers to inflicting no harm; do no harm; inflicting the least amount of harm as possible to

achieve a beneficial outcome (1). Essentially, nonmaleficence takes the ethical principle of beneficence to the next level. Beneficence dictates that health care professionals must do what is best for patients, while considering patients and promoting their health, overall well-being and quality of life. The ethical principle of nonmaleficence takes the concepts behind beneficence and goes even further. Nonmaleficence guides health care professionals to the next step in moral, ethical behavior. It provides an organic progression for health care professionals to follow in their practice. Not only must health care professionals do what is best for the individual patient, they must also do no harm to patients. The relationship between beneficence and nonmaleficence cannot be understated. They are the left and right hand which carry health care into the future. They work together to firmly hold health care together and keep it safe from falling into ethical disrepair. Consequently, what has been said for the importance of beneficence to the institution of health care can be said for the importance of nonmaleficence. For example, the point was made that the current health care system could not exist without the ethical principle of beneficence. The same can be said for the ethical principle of nonmaleficence, as it relates to health care. Health care as an institution, in its current form, could not be possible if nonmaleficence was absent among health care professionals. If patients were continually admitted into a health care system, which was comprised of health care professionals who consistently inflicted harm onto them, they would eventually refuse to

be admitted into that system. A health care system that inflicts harm onto its patients cannot remain intact. Individuals seek health care to improve their situation, not diminish it. A health care system which did more harm than good for its patients would be counterintuitive to its existence and subsequently serve no legitimate purpose. Ultimately, nonmaleficence is necessary to health care to prevent that counterintuitive existence from occurring. Nonmaleficence helps the health care system stay true to its purpose - it helps the system do more good than harm. With that said, how can health care professionals act with nonmaleficence when administering health care to patients?

First and foremost, health care professionals must not intentionally bring harm onto a patient. Not every patient is ideal. Some patients can be extremely stressful to care for in health care settings. They may be ill-tempered, difficult and/or simply noncompliant. However challenging a patient is to care for, in no way, shape or form can a health care professional intentionally bring harm onto the patient. Whether it is physical, emotional or mental, no harm can be brought onto a patient by a health care professional. Typically, patients are not their best selves when they are seeking health care. Their challenging behavior may be a result of their pain, discomfort or illness. A patient may not be making an intentional decision to be challenging. They simply may have no choice due to their situation. Furthermore, for a patient in extreme pain or suffering from the complications of a disease or health related condition, being pleasant and personable may not be a high priority. Whatever the case may be, challenging behavior from a patient may require additional attention and/or care from a health care professional. Challenging or abrasive patient behavior should not be met with reciprocated abrasive behavior from a health care professional. Such behavior may prove to have harmful effects on a patient's health, overall well-being and quality of life. Moreover, challenging patient behavior may prove to be an exceptional learning opportunity for health care professionals. Often new and innovative methods of patient care develop from experience.

Another way health care professionals can achieve and maintain nonmaleficence when administering health care to patients is by adhering to universal/standard precautions. As previously outlined, universal/standard precautions were developed to reduce the transmission risk of bloodborne, airborne and epidemiologically important pathogens (6). Universal/standard precautions apply to all patients and encompass a spectrum of methods, which can be utilized by health care professionals to reduce and prevent infection (6). Universal/standard precautions' key elements include the following: hand hygiene, gloving, facial protection, gowning, prevention of needle sticks, respiratory hygiene, cough etiquette, environmental cleaning, linens, waste disposal and patient care equipment (6). Each of the aforementioned key elements have indications, procedures and recommendations associated with them. These indications, procedures and recommendations are arranged in a clear and concise manner to provide health care professionals with a means to reduce and prevent the transmission of pathogens to patients when administering health care. Pathogens, when transmitted to patients, possess the potential to cause devastating, and in some cases terminal, diseases. The last thing a patient wants to obtain while seeking and receiving health care is a disease or infection that can worsen his or her health, overall well-being and quality of life. When the majority of patients enter into health care they expect to get better, not worse. Unfortunately, that was not always the case with health care. In the infancy of modern health care and medicine, entering into health care was considered to be a dangerous proposition. In some cases being admitted into a hospital or a health care facility was considered a terminal endeavor and some health care interventions, such as surgery, were viewed upon as lethal. At the turn of the 19th century and before, when patients entered into health care they did not always expect to get better. Improved health, overall well-being and quality of life was a hope, not an expectation. In the not so distant past, when patients entered into health care, they did not always make it out. One of the reasons for this grim scenario is that there was very little to no infection control. Health care professionals and health care facilities did

very little to reduce and prevent the transmission of pathogens. As a result, infections and diseases were rampant and many patients suffered and died. To put things into perspective, hand-washing did not become a mainstay of health care until the mid to late 1800's, which means before that time health care professionals were not even necessarily washing their hands before administering health care to patients. To be fair, our current knowledge of pathogens and how they are transmitted is far greater than what it was a 100 to a 150 years ago. However, the point remains intact. Pathogens and a lack of infection control can be harmful to patients. Dramatic changes and improvements, such as universal/standard precautions, have been developed and adopted by health care since the turn of the 19th century to reduce the transmission risk of pathogens. As a result, the majority of patients no longer view health care as a terminal endeavor. They view it as a means of improvement. With that said, the risk of pathogens still remains. Health care does not want to slip back into the times before basic hand hygiene existed - a time when health care was dangerous and in some cases harmful. Health care needs to continue to progress forward, and to do so health care professionals must adhere to universal/standard precautions. The transmission of pathogens to patients can be harmful. Nonmaleficence, as it relates to health care, dictates that health care professionals do no harm to patients. Administering health care without infection control can be harmful to patients due to the high transmission risk of pathogens. Universal/standard precautions reduce the transmission risk of pathogens to patients. Thus, health care professionals must adhere to universal/standard precautions when administering health care to patients in order to achieve and maintain nonmaleficence, as it relates to health care.

Utilizing proper techniques when administering health care can also help health care professionals achieve and maintain nonmaleficence, as it relates to health care. The most important concept behind nonmaleficence, as it relates to health care, is to do no harm to patients. The best way to do no harm to patients is be knowledgeable, well trained

and versed in the proper techniques of administering health care. Everything a health care professional does contains the potential to impact the patient. Even the seemingly most benign action has the potential to dramatically impact a patient's health, overall well-being and quality of life. The following example will highlight the previous concept. A 69 year-old male patient asks his nurse to help him out of his hospital bed. The nurse has helped the patient in the past without incident so agrees to assist the patient without obtaining additional support. The nurse firmly grabs the patient's shoulder and attempts to guide the patient to his feet. The patient sits half way up in bed. The nurse then begins to turn the patient's shoulder to guide him off the bed. The patient swings his left leg off the bed and begins to attempt to stand. The nurse still has his hand on the patient's shoulder. The nurse applies an upwards force to the back of the patient's shoulder in an attempt bring the patient to his feet. The force proves to be too much. The patient is pushed forward. The patient is unable to obtain stable footing and falls hard onto the ground. The patient only sustains light bruising and mild pain as a result of the fall. The patient in the preceding example was very lucky. Elderly patients are very susceptible to bone fractures and breaks. An unexpected fall could very easily end in a broken arm, leg or even worse, a broken hip, which could seriously impact an elderly patient's health, overall well-being and quality of life. A broken hip is a very painful and devastating injury for an elderly patient. It typically leads to a long, bedridden recovery period marked by recurrent pain. Often elderly patients do not fully recover from a broken hip. Typically, it serves as a precipitating cause for a stark decline in an elderly patient's health. Broken bones and injury to elderly patients, and all patients for that matter, should be avoided at all costs. So what went wrong in the previous example? Simply put, the nurse did not use proper technique when assisting the elderly patient out of bed. The nurse did not notify the patient as to what he was doing. The nurse did not help the patient swing his feet off the edge of the bed onto the floor. The nurse did not stabilize the patient in a seated position before he helped the patient to his feet. The nurse simply held the patient's shoulder and forced him

forward. Essentially, the nurse, inadvertently, pushed the patient right out of his bed and onto the ground. In the prior example, proper technique was not used and as a result, harm was done to the patient. The injuries sustained by the patient were minor. However, harm was still brought to the patient. If the nurse had used proper technique to help the patient out of his hospital bed and made sure the patient was stable before assisting him to his feet, the patient, most likely, would not have been injured. The previous example illustrates that every action towards patients while they are receiving health care, no matter how harmless or safe it appears to be, poses risk of harm to the patient. As previously stated, the best way to minimize patient risk of harm is to use proper technique, at all times, while administering health care to patients - everything from helping a patient out of bed to administering medications to hand washing requires proper health care techniques. The good news is, there are a multitude of sources available to become educated on proper health care techniques. The proper health care techniques which can be found, depending on the source, are often very well researched and developed. Typically, proper health care techniques being utilized today have evolved over a long period of time and have been tried and tested. They have proved themselves and are there for patients' protection as well as the protection of the health care professional. Utilizing proper health care techniques can limit harm brought to patients and help the health care professional, achieve and maintain nonmaleficence, as it relates to health care.

In general health care does pose risk to patients. Danger, side-effects and negative treatment outcomes are ever present. The key is to limit the risk of harm to patients as much as possible in order to achieve a beneficial outcome (1). One of the most prudent ways to limit the risk of harm to patients while administering health care, is to assess the benefits and risks of a health care intervention before it has been administered to a patient. This is not the first time examining the benefits and risks of health care interventions before they are administered to patients has been discussed. However, it does warrant further evaluation to understand how it can

enable health care professionals to achieve and maintain nonmaleficence, as it relates to health care. According to nonmaleficence, as it relates to health care, health care professionals must not do harm to patients. In situations where harm must be done to patients in order to achieve a beneficial outcome, such as improved health or long-term improved quality of life, health care professionals must limit the amount of harm inflicted onto a patient. In other words, health care interventions may put a patient at risk for harm. A health care professional must limit the risk of harm as much as possible, while still treating the patient. This is how contemplating the benefits versus risks of health care interventions relates to nonmaleficence. If a health care intervention will bring more harm to a patient than benefit, it should not be administered to the patient.

Essentially, any health care intervention that possesses danger to a patient's health, overall well-being and quality of life should be avoided and another health care intervention should be considered. The following example highlights the preceding concept. A 67 year-old male patient admitted to a hospital is on Warfarin therapy. The patient begins to suffer from a headache. The patient asks his nurse for a medication to relieve his headache symptoms. The nurse consults the patient's medications orders and identifies that the patient does not have any as needed medication indicated for headache. The nurse contacts the patient's physician and requests a medication order for the patient's headache. The physician orders aspirin for the patient. The nurse pauses and then notifies the physician that the patient is currently on Warfarin therapy. The physician cancels the aspirin order and then orders acetaminophen for the patient. The nurse administers the acetaminophen to the patient and the patient's headache is eventually relieved. What happened in the previous example and how does it illustrate nonmaleficence, as it relates to health care?

Both the nurse and the physician examined the benefits and the risks of a health care intervention before it was administered to the patient in order to limit the risk of harm to the patient, while achieving a beneficial outcome. In this case the health care intervention was a medication to treat the symptoms of a headache. Initially, aspirin was ordered for the

patient. Upon hearing the medication order the nurse notified the physician that the patient was on a Warfarin regimen. The physician immediately changed the order to acetaminophen. Why? Aspirin is more likely to potentiate a serious drug-drug interaction with Warfarin than acetaminophen. Both medications will help treat the patient's headache. However, for the purposes of this example, when compared to acetaminophen, aspirin has more risk associated with it. Aspirin when used concurrently with Warfarin may increase the patient's bleeding risk and, more importantly, increase the patient's risk of harm. Aspirin will treat the patient's headache but it may also do harm to the patient. On the other hand, acetaminophen will help relieve the patient's headache symptoms with a far lower risk of harm. Therefore, it is the better option when compared to aspirin. In the previous example, both the nurse and physician recognized the potential benefits and risks associated with the headache treatment options and acted accordingly. In doing so they limited the amount of harm inflicted onto the patient, while achieving a beneficial outcome. Thus, the nurse and physician were able to achieve and maintain nonmaleficence, as it relates to health care. There are many more factors which, traditionally, come into play when selecting medications for patients, especially the elderly, such as: medication allergies, liver function and kidney function. In a real life scenario the best treatment option may not be as clear cut. However, the point of the example remains. Health care professionals can achieve and maintain nonmaleficence, as it relates to health care, by identifying the benefits and the risks of health care interventions.

Nonmaleficence Roadblocks

Nonmaleficence is very closely related to beneficence. As a result, the roadblocks which apply to beneficence may also apply to nonmaleficence, as it relates to health care. For example, the individual health care professional may prove to be his or her own roadblock to achieving and maintaining nonmaleficence. Much of health care comes down to the

personal judgment of the individual health care professional. A health care professional must be able to observe, filter information, synthesize complex scenarios, interpret data and form decisions to administer health care effectively and efficiently. In other words, a health care professional must often rely on his or her own judgment to administer health care to a patient, without inflicting harm to that patient. Typically, the individual patients will determine the path of their own health care. The patients themselves will use their own judgment to make decisions about how health care is administered to them in order to inflict the least amount of harm as possible, while achieving a beneficial outcome. However, there will be times when the health care professional will have to determine the best course of treatment for a patient. For example, in an emergency situation the health care professional may have to act fast and administer health care to a patient. A health care professional will have to use his or her best judgment and proceed in a way which limits risk of harm and maximizes beneficial outcomes. A health care decision may rest solely with the health care professional. To be best prepared for these situations, health care professionals should be educated and practice using the proper health care techniques. Health care professionals should also be up-to-date on health care related information, seek training when applicable and strive to meet the goals of their individual health care organization. Being prepared and establishing the best possible health care related judgment can assist health care professionals in achieving nonmaleficence, as it relates to health care.

Section 4 Case Study: Nonmaleficence, as it relates to health care

A 67 year-old female patient is admitted into a psychiatric hospital. After a few hours on the unit, the patient begins to get anxious. The patient's nurse reviews the patient's medication profile and identifies that the patient has the following medication order: Ativan 1 mg oral as needed for anxiety. The nurse immediately enters the medication room and attempts to remove Ativan from the automated medication dispensing station. The nurse selects her patient, then selects the medication she requires. Upon

medication selection, an error message appears on the screen. The automated medication dispensing station is experiencing a draw failure. The station is unable to open for medication dispensing until the error is resolved. The station is requesting that the nurse resolve the draw failure. The nurse does not possess the information necessary to resolve the draw failure. Therefore, she cannot obtain the Ativan for her patient. Several minutes pass as the nurse attempts to locate an individual to assist her. The patient becomes increasingly anxious and exceedingly aggressive. Subsequently, the patient has to be physically restrained. The patient experiences mild bruising as a result of the physical restraint and is shaken up by the incident.

Was nonmaleficence, as it relates to health care, properly achieved or maintained in the above case study?

Elderly patients are very susceptible to bruising, injury and emotional stress. The patient required medication to treat her anxiety symptoms. Due to an equipment failure, the patient was unable to receive the treatment she required. As a result, the patient's symptoms escalated and the patient had to be physically restrained, which led to both physical and emotional trauma. Physical and emotional trauma may be viewed upon as harm.

How could the situation, outlined in the above case study, be handled differently to ensure nonmaleficence, as it relates to health care?

The situation in the above case study could be handled in a variety of ways to ensure nonmaleficence. However, the following key point should be included to maximize efforts to achieve and maintain nonmaleficence. Equipment failure does occur in health care. However, proper education, training and techniques can be used to overcome such failure. Health care professionals should be well trained and educated on how to use health care equipment as well as what to do in times of equipment failures. Health care professionals should also be well versed in the use of automated medication dispensing stations. The use of automated medication dispensing stations in health care facilities is ubiquitous. Understanding automated medication dispensing stations can be essential to your responsibilities as a health care professional. Health care professionals should be well trained in patient de-escalation to avoid patient injury.

As a health care professional, what should be your goal when administering health care to patients?

As a health care professional you may have many goals when administering health care

to patients, one of which should always be maintaining nonmaleficence. You should never prevent yourself from achieving or maintaining nonmaleficence. Education, training and the use of proper health care techniques can further your efforts to achieve and maintain nonmaleficence, as it relates to health care.

Safeguards To Ensure Nonmaleficence

As the beneficence roadblocks apply to nonmaleficence, so do the safeguards. Due to the very close relationship between beneficence and nonmaleficence, the safeguards which ensure beneficence can also be said to ensure nonmaleficence, as it relates to health care. For example, organizational policies and procedures can help limit the risk of harm done to patients. Organizational policies and procedures are designed and developed with the best interest of the patient in mind. They serve as answers to questions which may arise on how to best administer health care to patients. They provide safety regulations, emergency protocols and professional standards. In essence, organizational policies and procedures serve as a guide to help health care professionals inflict the least amount of harm on patients, while achieving a beneficial outcome. With that said, in order for organizational policies and procedures to safeguard nonmaleficence, as it relates to health care, health care professionals must adhere to and follow their organization's policies and procedures. An organization's policies and procedures are only as effective as a health care professional's ability to follow them. If health care professionals choose to not adhere to their organization's policies and procedures then they may not be effective. Therefore, as with beneficence, one of the most important safeguards to nonmaleficence is the individual health care professional. A health care professional must choose to follow his or her organization's policies and procedures or, if he or she believes they can be improved upon, work to revise them. Ultimately, the individual health care professional is responsible for administering health care to patients. As a result he or she, in many cases, has the final say in whether harm is done to a patient. A health care professional must chose to ensure no harm is

done to the patient or at the, very least, limit the amount of harm done to a patient in order to achieve a beneficial outcome. Essentially, health care professionals must safeguard the health care they administer.

Another safeguard to nonmaleficence, as it relates to health care, is the Joint Commission. The Joint Commission is an independent, non-profit organization, which accredits and certifies health care organizations, facilities and programs across the United States of America (7). One of the goals of the Joint Commission is to ensure the safe and effective administration of health care. The Joint Commission establishes health care standards and works to verify those standards are being met by health care institutions. The Joint Commission regularly reviews health care institutions and inspects their health care administration process via quality checks and health care setting evaluations (7). Everything from facility ceiling tiles to hospital unit doors to medication management is reviewed by Joint Commission representatives to ensure the utmost safety is being met by each individual health care institution with which it is affiliated. A Joint Commission accreditation and/or certification is typically synonymous with the highest quality and safest health care possible. In essence, the Joint Commission is an outside body, which is invited into health care institutions to verify each, individual health care institution is achieving and maintaining nonmaleficence, as it relates to health care. The following example will highlight the previous concept. A new hospital is opening up within the United States. The new hospital seeks Joint Commission accreditation and/or certification. Joint Commission representatives are sent to the new hospital to review the hospital's facilities and health care administration process. The Joint Commission surveys the hospital and makes recommendations to the hospital administration and staff regarding how they can improve upon health care quality and safety. The hospital takes The Joint Commission's recommendations and makes improvements. As a result the new hospital receives Joint Commission accreditation and/or certification. Periodically Joint Commission representatives visit the hospital for unannounced

inspections to verify the new hospital is meeting the Joint Commission's quality and safety standards required for continued accreditation and/or certification. Recommendations are continually made by the Joint Commission to the new hospital, which allow it to maintain and improve upon health care quality and safety. Subsequently, the hospital is able to provide safe and effective health care to the many patients it serves. The cycle of the Joint Commission evaluations and hospital health care quality and safety improvements continues for the duration of the hospital's Joint Commission accreditation and/or certification, ultimately allowing the hospital and its staff to achieve and maintain nonmaleficence, as it relates to health care. The Joint Commission has become a permanent fixture in the current structure and culture of health care. It exists to ensure patients are receiving the safest and effective health care possible, while instilling confidence in health care professionals that they are meeting the ethical and best practice standards required of them. Nonmaleficence must be achieved and maintained by health care professionals - the Joint Commission provides the feedback, insight and assurance to allow them to do so.

Nonmaleficence Considerations For The Elderly

Elderly abuse, more often referred to as elder abuse, refers to any act which causes harm or a serious risk of harm to a vulnerable adult (8). Elder abuse is very common and can include physical abuse, sexual abuse, domestic violence, psychological abuse, financial abuse and neglect (8). Elder abuse can diminish an elderly patient's health, overall well-being and quality of life. Nonmaleficence, as it relates to health care, dictates that health care professionals do no harm to patients. Therefore, health care professionals must not abuse elderly patients in any way.

The Bottom Line

Nonmaleficence is absolutely necessary to health care. It dictates that health care professionals do no harm to patients and/or inflict the least

amount of harm as possible to achieve a beneficial outcome. Without nonmaleficence, health care, as we know and understand it, cannot exist. A system which was developed to prevent harm cannot stand if it is continually causing harm. Health care professionals must not do harm to patients. They must weigh the benefits and risks of health care interventions before they are administered to patients. They must adhere to universal/standard precautions, organizational policies and procedures and utilize proper health care techniques when administering health care. Health care professionals must also be well trained, educated and knowledgeable to prevent and limit the harm done to patients. Patients seek health care to improve their situations and reduce harm, not to receive harm. Health care professionals must honor that fundamental understanding by preventing and/or limiting the amount of harm done to patients, while promoting the health of the individual patient and respecting the patient's own personal health care decisions.

Section 4 Key Concepts

- *Nonmaleficence, as it relates to health care, ensures that health care professionals will do no harm to patients.*
- *Health care professionals must prevent harm to patients and/or inflict the least amount of harm as possible to patients in order to achieve a beneficial outcome.*
- *Health care professionals must achieve and maintain nonmaleficence at all times.*

Section 4 Key Terms

Maleficence - refers to the act of committing harm; to harm.

Nonmaleficence - refers to committing no harm; non-harming.

Nonmaleficence, as it relates to health care - refers to inflicting no harm; do no harm; inflicting the least amount of harm as possible to achieve a beneficial outcome

(1).

The Joint Commission - refers to the independent, non-profit organization, which accredits and certifies health care organizations, facilities and programs across the country (7).

Elder abuse - refers to any act which causes harm or a serious risk of harm to a vulnerable adult (8). Elder abuse can include physical abuse, sexual abuse, domestic violence, psychological abuse, financial abuse and neglect (8).

Section 4 Personal Reflection Question

How do you personally achieve and maintain nonmaleficence while administering health care to patients?

Section 5: Justice

The last of the four cornerstones which support the foundation on which the ethical principles of all health care professionals are built upon is justice. In general, justice can refer to just behavior - fairness, objectivity, and equality. Beyond those basic terms, the concept of justice can be subdivided into many categories to encapsulate specific points of interest. The same can be said for justice, as it relates to health care. The ethical principle of justice, as it relates to health care, can be broken down into a few different categories. Justice, as it relates to health care, refers to the fair and legal allocation of health care resources to patients (1).

Essentially, what that means is that patients in similar situations should have access to the same health care or the same level of health care. For example, two patients are admitted to a hospital unit. One patient is a 67 year-old male. The other patient is a 68 year-old female. Both patients have the same health insurance coverage and are suffering from pneumonia. The patients are in similar situations. They are both elderly.



They both have the same health insurance coverage and they both have the same diagnosis. Therefore, they must receive the same level of health care. One patient cannot be neglected for any reason, while the other patient receives extra attention or health care. Resources cannot be diverted from one patient and distributed to the other. The patients must receive equal, unbiased allocation of health care resources. Health care professionals must administer health care in an objective, fair manner. Specific patients cannot be favored or receive different health care resources at the expense of other patients. Patients in similar situations should be recipients of the same health care.

Health care professionals can achieve and maintain justice by administering health care in an unbiased manner. Once a patient is admitted into a health care setting, health care professionals should treat patients equally and fairly. Health care should be administered to patients based on need. Race, gender and/or socioeconomic status should not dictate how health care is administered to patients. Patients' personalities and or personal backgrounds should also not dictate the administration of health care. In addition, personal relationships between health care professionals and patients should not affect the delivery of health care. A patient should not receive a higher level of health care due to a personal relationship with an individual health care professional; nor should health care be withheld based on a personal relationship. Justice, as it relates to health care, dictates the impartial allocation of available health care resources to patients in need. Similar patients in similar situations have the same right to available health care resources. A fair-minded approach to the administration of health care can ensure the aforementioned concepts are obtained.

Another way health care professionals can achieve and maintain justice, as it relates to health care, is by providing patients with the appropriate health care opportunities and options. Justice, as it relates to health care, dictates the fair and legal allocation of health care resources to patients. Health care resources include: medications, health care equipment, health

care facility beds, health care professional's time etc. These resources often equate to health care opportunities and options, which can result in the improved health, overall well-being and quality of life of a patient. In order for patients to improve upon their health, they must be given an opportunity and options to do so. In other words, they must be given access to health care resources. Ultimately, patients decide the course of their own personal health care. However, all health care opportunities and options must be brought to the attention of the individual patient for him or her to make an informed decision about his or her own health care. Health care opportunities and options cannot be withheld from patients for any reason. A health care professional cannot suppress health care information in order to divert resources from one patient to another. All patients have a right to their health care information and patients must be granted an opportunity to select the best health care option for them. As a result, all patients, admitted into health care, have the same right to available health care resources. For example, two patients are admitted into a hospital. One patient is a 70 year-old male. The other patient is a 65 year-old female. Both patients have the same health care insurances and are suffering from the same type of infection. They will require the same antibiotic for treatment. However, as it turns out, the hospital only has enough medication available to provide one of the patients with a complete course of therapy. Knowing this, health care professionals cannot limit the health care information provided to the patients in order to divert the existing supply of antibiotics to one patient over the other. Both patients must be given the option to accept the antibiotic as treatment for their infection and both patients must be given the opportunity to receive the antibiotic as treatment for their infection. One patient cannot be favored over the other. Both patients are similar and have the right to the same resources. If both of the patients accept the antibiotic therapy then it is up to the hospital to find enough antibiotics for both patients to receive a complete course of therapy. If the hospital cannot secure enough medication for both patients then other arrangements, such as a hospital transfer, have to be made by the hospital. Both patients have been

admitted into a health care setting and therefore have the same right to the available health care resources. Health care resources have to be shared equally among all patients in similar conditions. Every patient, when admitted into health care, deserves the right to an opportunity to improve their health, overall well-being and quality of life.

Justice Roadblocks

Health care is not a limitless enterprise. In fact the opposite can be true. Health care resources, at times, can be very limited and the demand for health care can far exceed the supply of health care resources. Patients' needs can greatly outweigh the supply of available health care resources required to improve their health, overall well-being and quality of life. This imbalance in the relationship of health care supply and demand can prove to be the biggest roadblock health care professionals can face while attempting to achieve and maintain justice, as it relates to health care. The following example highlights the aforementioned concept. A psychiatric hospital requires injectable Ativan solution for its patients. The health care professionals administering health care at the psychiatric hospital rely on injectable Ativan solution for patient treatment and utilize it during emergency situations. Injectable Ativan solution is a very important health care resource for the psychiatric hospital as well as the patients it services. Often the improved health, overall well-being and quality of life of the hospital's patients depends on the availability of Ativan solution. The psychiatric hospital goes to great lengths to assure a continual supply of Ativan solution is available for use. However, recently the psychiatric hospital has had difficulty meeting its minimum Ativan solution requirements. Medication suppliers are finding it increasingly difficult to keep the medication in stock due to a national shortage. As a result, medication suppliers cannot meet the psychiatric hospital's orders. Subsequently, the psychiatric hospital's supply of Ativan dwindles to a critical low. At the same time, the hospital patient census is up. More and more patients are being admitted into the hospital and require Ativan

solution for treatment. The situation escalates and the supply of Ativan solution becomes increasingly exhausted. Health care professionals are left questioning how they can properly allocate the remaining Ativan solution. A portion of the remaining supply is reserved for emergency situations and some patients are ordered additional medications to circumvent the use of Ativan solution. However, many patients' treatment strategies remain dependent on Ativan solution. There does not appear to be enough surplus of Ativan solution to meet the demands of the ever increasing patient population. What patients should receive the medication and how should it be allocated fairly? Fortunately, the psychiatric hospital does not have to provide an answer to that very difficult question. A shipment of Ativan solution arrives and the psychiatric hospital is able to meet its demands. In the previous example, the situation worked out for the best. The psychiatric hospital was able to receive enough Ativan solution to meet its needs. However, not all scenarios, like the previous example, end with there being enough health care resources to meet the demand. More often than not, the health care demand exceeds the supply of health care resources. In these cases where supply continually exceeds demand, how can health care professionals allocate resources in a manner which achieves and maintains justice, as it relates to health care? The simple, straightforward answer is: triage.

Triage, as it relates to health care, refers to the prioritization of patient treatment in terms of clinical urgency (9). For example in a triage situation, a patient suffering from cardiac arrest would receive treatment before a patient suffering from mild pain. Cardiac arrest is of higher clinical urgency than mild pain. Therefore, the patient experiencing cardiac arrest is administered health care before the patient experiencing mild pain. The urgency of the clinical situation dictates the priority of the patient, not the patient themselves. A patient's gender, race and/or socioeconomic status play little to no role in the triaging of patients. Prioritization is based on clinical necessity, which is why the concept of triage can be used to achieve and maintain justice, as it relates to health care, in situations

where health care demand exceeds health care supply. Justice, as it relates to health care, dictates the fair allocation of health care resources to patients. Allocating available resources, in times where health care demand exceeds health care supply, based on clinical urgency as opposed to patients' gender, race and/or socioeconomic status can be viewed upon as fair. In an ideal health care situation there would be enough health care resources for every patient. Patients in need would be able to receive whatever resources were required to improve their health, overall well-being and quality of life. There would be no hesitation and no worry for both the health care professional and the patient. Unfortunately, health care does not operate in ideal situations. The very real truth is that health care demand will more likely than not exceed health care supply. Difficult decisions must be made by health care professionals and triaging patients may be the best solution to meeting the clinical demands and necessities of patients.

The current climate of health care is one of fluctuating resources. There are times when health care professionals have everything they need to treat patients effectively and there are times when health care professionals lack the necessary health care resources to treat the ever growing influx of patients. Whatever the case may be, health care professionals must achieve and maintain justice, as it relates to health care. The allocation of whatever health care resources are available to patients must be done fairly.

Section 5 Case Study: Justice, as it relates to health care

A nurse administering health care in a nursing home is caring for four elderly patients. One of the patients is related to the nurse. The nurse spends much of his time caring of the patient he is related to. He often neglects his other patients to focus on the patient to whom he is related. The nurse is diverting his time away from three other patients and directing it towards one patient. The patient the nurse is related to is of equal clinical urgency to the other three patients.

Was justice, as it relates to health care, properly maintained or achieved in the

above case study?

The nurse in the above case is not spreading his time out equally among his patients. The nurse is diverting his time from three patients to focus on one patient. A health care professional's time with patients can be considered a health care resource. Diverting health care resources from a group of patients to one patient due to a personal relationship may be considered a breach in justice, as it relates to health care.

How could the situation, outlined in the above case study, be handled differently to ensure justice, as it relates to health care?

The situation in the above case study could be handled in a variety of ways to ensure beneficence. However, the following key point should be included to maximize efforts to achieve and maintain justice. Health care professionals should always administer health care equally among all patients.

As a health care professional, what should be your goal when administering health care to patients?

As a health care professional you may have many goals when administering health care to patients, one of which should always be maintaining justice. You should never prevent yourself from achieving or maintaining justice.

Safeguards To Ensure Justice

With the understanding that health care resources are limited, safeguards have been established to ensure justice, as it relates to health care. The greatest current safeguards in place to ensure health care justice may be national laws and organizations, which help manage the distribution of health care resources. The best example of a national law, which safeguards health care justice may be the National Organ Transplant Act of 1984. The best example of a national organization, which assists in the management of health care resources may be the United Network for Organ Sharing (UNOS). One of the most valuable and scarce health care resources available are organs for transplant. Organs for transplant not only have the potential to improve patients' health, overall well-being and

quality of life, they can give patients a new lease on life. Simply put, organs for transplant can help save patients' lives. However, organs for transplant are in very limited supply and there are not enough available to meet the patient demand. With that said, what is the best and fair way to allocate such a valuable health care resource? That question plagued health care professionals for years until the answer came in the form of the National Organ Transplant Act of 1984 .

The National Organ Transplant Act of 1984 outlawed the sale of human organs (10). Before the National Organ Transplant Act of 1984, there was no clear national system to govern the availability and distribution of human organs. Human organs were essentially available for purchase and often went to the highest bidder. As the demand for organs increased, the United States government stepped in to prevent the private trafficking of human organs. The National Organ Transplant Act of 1984 was born and the Organ Procurement and Transplant Network (OPTN) was established. The OPTN, for the first time, provided a fair allocation of organs for transplant. No longer were organs available for purchase and no longer did socioeconomic status dominate the distribution of organs for transplant. After the National Organ Transplant Act of 1984 and the OPTN were established, organs were allocated fairly among all patients in need. After 1984 transplantable organs were allocated based on need. The new system, after 1984, was fair and in line with justice, as it relates to health care. To help manage this new, fair method of allocating organs for transplant, the UNOS was established.

The UNOS maintains a national list of patients who require organs for transplant (10). The UNOS ensures the fair allocation of organs for transplant. The individuals behind the UNOS match patients with organs for transplant based on medical urgency, blood type, proximity to the donor and tissue and size match with the donor (10). Essentially, the UNOS triages patients and allocates organs for transplant based on prioritization. Patients in need of an organ for transplant are placed on a list. The patient order on the organ for transplant list is based on the

aforementioned criteria. When an organ becomes available for transplant the organ is best matched with the best possible prioritized patient. When a match has been established, the patient will receive an opportunity to obtain an organ for transplant. If for some reason the patient cannot receive the organ, the organ will be allocated to the next prioritized patient on the list. With over 100,000 patients across the country in need of an organ for transplant, a prioritized patient list may be the fairest way to allocate such a valuable health care resource.

Organs for transplant, like all health care resources, are extremely valuable to patients who require them. A patient's health, overall well-being and very life itself may depend on the availability of health care resources. Similar patients in similar situations have the same right to available health care resources. When health care resources are limited, prioritizing patients in a manner such as the UNOS may provide a fair method to allocating health care resources. Justice, as it relates to health care, must be maintained at all times and national laws and organizations may be the best way to ensure justice is upheld.

Justice Considerations For The Elderly

There is a debate among health care professionals regarding the allocation of health care resources among the elderly. Due to the rising cost of health care, along with the dwindling supply of health care resources, some health care professionals are calling for an age-based allocation of health care resources. An age-based allocation of health care resources would include a patient's age as a determining factor for the distribution of health care (11). Health care professionals who support an age-based allocation of health care resources argue that valuable health care resources are being expended on patients with a very limited quality of life. Instead of allowing health care resources to be evenly dispersed among all patients, independent of age, health care professionals who support an age-based allocation system prefer a prioritization of patients, with younger patients receiving a higher priority over elderly patients (11). An age-base health

care system would allocate health care resources first to younger patients and then to the elderly. Health care professionals who do not support an age-based allocation system cite justice, as it relates to health care, as their supporting argument (11). Currently, health care resources are allocated intergenerational among all patients, placing need and clinical urgency as the top determining factors of health care resource allocation. The health care professionals who do not support an age-based allocation system claim that an adoption of such a system would oppose justice, as it relates to health care, and therefore be unethical (11). Whatever personal beliefs health care professionals may have in regards to the allocation of health care resources, the following concept remains intact: an intergenerational system of allocating health care resources based on clinical need and urgency is currently in place. Thus, health care professionals must achieve and maintain justice, as it relates to health care, under the current system.

The Bottom Line

Similar patients in similar situations have the same right to health care. Justice, as it relates to health care, dictates the fair and legal allocation of health care resources to all patients. In times when health care demand exceeds health care supply, triaging patients may prove to be a fair method of allocating resources. Health care resources are limited. However, health care professionals must achieve and maintain justice, as it relates to health care, under the current system, while administering health care to all patients.

Section 5 Key Concepts

- *Justice, as it relates to health care, ensures that health care resources are fairly allocated to patients.*
- *Similar patients in similar situations have the same right to available health care resources.*

- *In times where health care demand exceeds health care supply, triaging patients may prove to be a fair method of allocating available health care resources.*
- *Health care professionals must achieve and maintain justice, as it relates to health care, while administering health care to all patients.*

Section 5 Key Terms

Justice - *refers to just behavior; fairness; objectivity; equality.*

Justice, as it relates to health care - *refers to the fair and legal allocation of health care resources to patients (1).*

Triage, as it relates to health care - *refers to the prioritization of patient treatment in terms of clinical urgency (9).*

The National Organ Transplant Act of 1984 - *refers to the act which places restrictions on human organs for transplant (10).*

Organ Procurement and Transplant Network (OPTN) - *refers to the system, which provides a fair allocation of human organs for transplant (10).*

United Network for Organ Sharing (UNOS) - *refers to the organization, which manages the fair allocation of human organs for transplant (10).*

Section 5 Personal Reflection Question

How do you personally achieve and maintain justice, as it relates to health care?

Conclusion

Personal ethical principles are forged over time and can help individuals distinguish right from wrong. Each individual may have his or her own personal set of ethical principles. However, health care professionals take oaths to abide by a specific set of health care professional ethical principles. The four cornerstones of health care professional ethical principles include: respect for patient autonomy, beneficence, nonmaleficence and justice. Respect for patient autonomy ensures patients' right to formulate informed decisions regarding their health care

(1). Beneficence establishes that health care professionals must do what is best for the patient (1). Nonmaleficence dictates that a health care professional must not inflict harm on a patient or limit the amount of harm inflicted on a patient to achieve a beneficial outcome (1). Finally, justice secures the fair and legal allocation of health care resources to all patients (1). Health care professionals must achieve and maintain the aforementioned ethical principles when administering health care to patients.

The continued existence of the health care system depends on the relationship between patients and health care professionals. A trust must exist between the patient and the health care professional. Patients must be able to fully trust health care professionals. Patients must also believe that health care professionals have their best interests at hand. In order for health care to work as a system this trust and belief must be secure and stable. The stability of the health care system rests on the shoulders of the individual health care professional. He or she must chose to administer health care in an ethical manner to all patients including the elderly. Health care professionals continued dedication to the ethical administration of health care can ensure the health care system endures to provide help to those in need.

References

1. Bhanji SM (2013) Health Care Ethics. J Clinic Res Bioeth 4:142. doi:10.4172/2155-9627.1000142.
2. Mueller et al. Ethical Issues in Geriatrics: A Guide for Clinicians. Mayo Clin Proc. 2004;79:554-562.
3. "The Health Insurance Portability and Accountability Act of 1996," <https://www.hhs.gov/>
4. Sieber et al. The Elderly Patient - Who is That? Internist (Berl). 2007 Nov;48(11):1190, 1192-4.

5. Buowari et al. Universal Precautions: A Review. The Nigerian Health Journal, Vol. 12, No 3, July-September, 2012.
6. "Standard precautions in health care," <http://www.who.int>
7. "The Joint Commission," www.jointcommission.org
8. "What is Elder Abuse," <https://aoa.acl.gov>
9. Aacharya et al. Emergency Department Triage: An Ethical Analysis. BMC Emergency Medicine 2011. doi: 10.1186/1471-227X-11-16.
10. "Understanding the Organ Transplant Waiting List."
<http://www.donors1.org>
11. Brauer et al. Age rationing and prudential lifespan account in Norman Daniels' Just health. J Med Ethics 2009;35:27-31.
doi:10.1136/jme.2008.024398.





“The material contained herein was created by EdCompass, LLC (“EdCompass”) for the purpose of preparing users for course examinations on websites owned by EdCompass, and is intended for use only by users for those exams. The material is owned or licensed by EdCompass and is protected under the copyright laws of the United States and under applicable international treaties and conventions. Copyright 2017 EdCompass. All rights reserved. Any reproduction, retransmission, or republication of all or part of this material is expressly prohibited, unless specifically authorized by EdCompass in writing.”