**The Ethics and Legalities of Medication Error Disclosure**

**Student Name**

**University Name**

**Course Name**

**Submission Date**

**The Ethics and Legalities of Medication Error Disclosure**

**Introduction**

Treatment errors occur in daily clinical practice. Research has indicated that even with highly competent measures in any hospital aimed at curbing the situation may not be as effective fault proof. Consistent with British Medical Journal (quoted in Adams 2005), “about 850,000 medical errors occurs in National Health hospitals every year resulting in 40,000 deaths…. Adverse events occur in 10% of all hospital patients" (p. 274). At present times 2004 (quoted in Adams 2005) alleges a price of 2 billion pounds each year because of medical errors.

**Medical Errors**

Micco, Albert, Cavanaugh, McPhee, along with Bernard ( 1997) describe Treatment error as “Commission or omission with potentially negative consequences for the patient that have been judged wrong by knowledgeable peers at the time it occurred , independent of whether there were any negative consequences” (p.770). Incidentally comprehension of the error as well as recognition that it is an error is extremely vital. Even when some errors cannot be avoided or addressed effectively, and on time, one has to wonder what would be the most appropriate way of communicating that an error occurred during a treatment process to the patient or their family. More so if the error led to the death or worsened the condition of a patient, should the hospital reveal what happened leading to the situation. This research seeks to address the ethics surrounding the disclosure and nondisclosure of medical errors in a clinical setup.

**The Legal and Ethical inferences of Nondisclosure and Disclosure**

**Medical Errors Disclosure**

According to Arcangelo et al (2017), medical errors ought to be revealed as a moral as well as decent liability of the health care employees in addition to the organisation in its entirety. In 2001, JCAHO and JCIA sought to address ethics surrounding this issue and stated that errors disclosure ought to be instigated in infirmaries. (Henry 2005, Connell, White, Gallagher, Studdert, Levinson 2007, Platt 2003). Furthermore, the cipher of principles of American Medical Association, The National Safety Foundation as well as the American College of Physicians have likewise stressed on errors disclosure. The disclosure standardization through numerous global corporations mainly JCAHO and JCIA provides the communication that the civilization as well as the transformational process that the issue of disclosing medical errors has taken in the most recent years. These organisations are recognized globally, and they argue that the errors disclosure process should be standardized for all health care providers. Arcangelo et al (2017) also points out that ethical issues surrounding errors disclose is of significant importance; hence, every healthcare provider should team up with these organizations and understand what they aspire to achieve.

The authors are also of the perception that disclosing medical errors has numerous advantages. Although the initial patients or family’s response would be negative at first since they don’t expect to be told some errors occurred during treatment, establishing these errors helps the institution understand how to handle a similar situation in the future. Researches conducted into this matter have shown positive outcomes on patients and also offer a sense of relieve to health care workers. Disclosure of error assists patients acquire any recompense in the mode of fiscal aid or supplementary treatment. The majority health care staffs deem that disclosure may destroy their association with patients as well as may bring litigation in addition to their picture down amongst their associates. However, Witman (quoted in Boyle et. al.2006) argue that patients and their loved ones are more likely to demand litigation if the healthcare organization fails to reveal errors or complications that may develop in a treatment process.

**Non-disclosure of medical errors**

From the numerous number of litigation cases in the courts today, it is safe to say that there are many hospitals out there that conceal the truth when treatment errors occur in practice. Most of the times litigation cases involve a patient or their relative versus a health care organization that failed to disclose treatment complications or errors that had emanated from a treatment process. The patients only move to court after realizing that an error took place during a treatment process and the organization never bothered to reveal the information to the concerned parties. Kaldijan et al(2005) performed fiction appraise of 316 clauses on medical related errors then created four types which comprise attitudinal difficulties, vulnerability from the organisation, vagueness regarding how to reveal with its results, in addition to worries as well as nervousness.

Errors non-disclosure may contain certain advantageous influences of patients and for the doctor. Patients don’t develop passionately distressed on getting the news of happening of unanticipated occasion in the course of the hospitalization.

**What I Would Perform As the Superior Exercise Nurse in Such a Situation and My Reasoning**

The matter of medical disclosure of errors is quite significant from management as well as leadership viewpoint since it is not limited to a certain organisation. However, it is has become an ethical issue of concern across the globe. Nursing managers are tasked with the responsibility of upholding integrity as well as nursing principles and ethics. This means that they have to lead from the front and ensure that all their subjects maintain the highest nursing standards when performing their duties. This would be my duty as a nursing manager and disclosing any medical errors that may occur during practice would a priority. Nursing principles contain an extremely significant dwelling in corporation in addition to leadership. Leaders provide way to the juniors or disciples. They contain an extremely firm influence on their disciples. Thus, suppose leaders shall have firm worth on making a cultural setting whereby each person acquires privileges also perform their responsibilities, afterward this leads to a responsible organization that adheres to ethical code of conduct guiding the practice in question. This is simply probable if, and just if the manager lead by example more so on issues that can affect health outcomes of another person. Therefore, it is a nursing manager’s duty to ensure that the issue of treatment errors disclosure is instilled into the organization’s culture.

**The Process of Inscribing Remedies Comprising Policies to Minimalize Treatment Errors**

**Hospital Policies**

Health care associations and hospitals labour to lessen treatment errors by using technological means, humanizing courses, nullifying errors that trigger damage, as well as making an ethnicity of security. The following are just some examples some healthcare organizations install to address clinical errors.

**Pharmacy intercession:**

This is a fitness task care workers, particularly physicians, at Edina, Minn within Fairview South dale Hospital. This task is aimed at guaranteeing that patients sadmitted at the hospital acquiring their consistently recommended drugs as they joined the hospital. According to the administrator of prescription security at Fairview Health Services, Steven Meisel, Pharm.D. "Surgeons are not typically the original prescribers,". The resolution was to have chemist's experts note whole prescription records on a system. In a preliminary plan, the experts rang the majority of patients on the telephone a number of days prior to surgery. A chemist re-examined the report, besides then the physician resolved which prescription sought to be sustained. 3 months later, the amount of order errors for each patient declined by 84%, plus the initial platform turned out to be perpetual.

**CPOE (Computerized Physician Order Entry):**

Reports have revealed that Computerized Physician Order Entry is highly effective in decreasing treatment errors (Arcangelo et al (2017). It comprises recording tools for treatment orders straight into a comp structure instead of theoretically or orally recorded orders. Safe Medication Practices Institute supervised a review of 1,500 infirmaries around 2001 and realised that approximately3% of infirmaries were utilizing CPOE to reduce medical orders errors. Furthermore, M.D., health director in Pittsburgh’s Children's Hospital, Eugene Wiener, articulates, "There is no misinterpretation of handwriting, decimal points, or abbreviations. This puts everything in a digital world."

**Conclusion**

Errors relating to medical creates about vast sum of demises that requires a lot of expertise to be addressed effectively. Medical errors normally happen daily inside our clinical performs, however, there is below coverage of the faults. Also suppose stated there exist philosophy of “non-disclosure” of faults till it amounts to patient’s understanding by whichever ways or results of which fault are in that it can’t be concealed. The grounds recognised via encounters as well as literature are dread of damaging associations with patients, shortfall of patients’ confidence on health care staffs, lawful matters, losing the reliability within the occupation, disgrace, self-reproach as well as not recognising to reveal deliberating it perfect as of patients’ viewpoint. Nevertheless, current trend proposes that institutes who established as well as executed disclosure rule had incredibly positive outcomes. Patients believed that they act contrite for that also were earned into trust.

**References**

Adams,H. (2005). “Why there is error, may we bring truth.” A misquote by Margaret Thatcher as she entered No 10, downing street in 1979. *Anaesthesia, 60 ,* 274-277.

Arcangelo, V. P., Peterson, A. M., Wilbur, V., & Reinhold, J. A. (Eds.). (2017). Pharmacotherapeutics for advanced practice: A practical approach (4th ed.). Ambler, PA: Lippincott Williams & Wilkins.

Berstein, M. & Brown, B.(2004). Doctors’ duty to disclose error: a deontological ethical

analysis. The *Canadian Journal of Neurological Sciences,31,* 169-174.

Boyle, D., O’Connell, D., Platt, F. W., & Albert, R. K.(2006). Disclosing errors and adverse

events in the intensive care unit. *Critical Care Medicine,34* (5), 1532-1537.

Connell, D. O., White, M. K., Platt, F. W. (2003). Disclosing unanticipated outcomes and

medical errors. JCOM, 10(1), 25-29.

Gallagher, T. H., Studdert, D., & Levinson, W. (2007). Disclosing harmful medical errors to

patients. *The New England Journal Of Medicine,356*, (26), 2713-9.

Henry, L. L. (2005). Disclosure of medical errors: Ethical considerations for the development

of a facility policy and organizational culture change. *Policy, Politics, & Nursing Practice,* <*6*(2), 127-134.

Kaldijan,L. C., Jones , E. W., Rosenthal, G. E., Reimer, T. T., &Hillis, S. L. (2006). An

empirically derived taxonomy of factors affecting physicians’ willingness to disclose medical errors. *Journal General Internal Medicine, 21,* 942-948.